

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF BERKS COUNTY, INC.		D Employer identification number 23-1655375
	Doing business as		E Telephone number (610) 685-4550
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 26,492,263.
	P.O BOX 702		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code READING, PA 19603-0702		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: TAMMY L. WHITE SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.UWBERKS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1963	M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INSPIRING COLLABORATION, VOLUNTEERISM AND FINANCIAL SUPPORT TO BUILD A STRONGER COMMUNITY
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 41
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 41
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 29
	6 Total number of volunteers (estimate if necessary) 6 3133
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 38 7b 13,598.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 10,883,467. 11,084,477.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 441,910. 312,230.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,761. 27,624.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,354,138. 11,424,331.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,497,436. 7,707,268.
	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) 2,067,845. 2,129,795.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,432,008.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 995,491. 1,073,212.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,560,772. 10,910,275.
19 Revenue less expenses. Subtract line 18 from line 12 793,366. 514,056.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 22,563,810. 22,017,343.
	21 Total liabilities (Part X, line 26) 1,825,444. 2,039,331.
	22 Net assets or fund balances. Subtract line 21 from line 20 20,738,366. 19,978,012.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	TAMMY L. WHITE, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LINDA S HIMEBACK, CPA	Preparer's signature LINDA S HIMEBACK, CP	Date 06/11/19	Check if self-employed <input type="checkbox"/>	PTIN P00042618
	Firm's name ▶ HERBEIN+COMPANY, INC.	Firm's EIN ▶ 23-2415973	Phone no. 610-378-1175		
Firm's address ▶ 2763 CENTURY BOULEVARD		READING, PA 19610			

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 [X]

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,807,274. including grants of \$ 7,707,268.) (Revenue \$) MORE THAN 100,000 CHILDREN, FAMILIES AND SENIORS BENEFITTED FROM VITAL HEALTH AND HUMAN SERVICES PROGRAMS FUNDED BY UNITED WAY OF BERKS COUNTY (UWBC) THROUGHOUT 2018. UWBC'S WORK AND INVESTMENTS FOCUS ON FOUR AREAS: EDUCATION, INCOME (FINANCIAL STABILITY), HEALTH AND SAFETY NET SERVICES.

DURING 2018, UWBC INVESTED FUNDING IN 50 PROGRAMS DELIVERED BY 34 AGENCY PARTNERS, AS WELL AS SUPPORTED COMMUNITY INITIATIVES AND PROVIDING VARIOUS ONE-TIME GRANTS. ALL PROGRAMS IN WHICH UWBC INVESTS ARE EVALUATED BY OUR COMMUNITY IMPACT CABINET, FOCUS AREA PANELS (FAP) AND ACCOUNTABILITY REVIEWERS, REPRESENTING OVER 60 VOLUNTEER COMMUNITY MEMBERS FROM VARIOUS SECTORS. THESE VOLUNTEERS DEDICATE INVALUABLE

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 8,807,274.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 41		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 41		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 - (610) 685-4550
501 WASHINGTON STREET, PO BOX 702, READING, PA 19603-0702

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) SCOTT L. GRUBER CHAIR	1.00	X		X				0.	0.	0.
(2) JOANNE JUDGE VICE CHAIR	1.00	X		X				0.	0.	0.
(3) LAURIE PEER DIRECTOR	1.00	X						0.	0.	0.
(4) SARA AULESTIA DIRECTOR	1.00	X						0.	0.	0.
(5) PAMELA TERRY BARBEY DIRECTOR	1.00	X						0.	0.	0.
(6) PETER BARBEY DIRECTOR	1.00	X						0.	0.	0.
(7) RAMIRO M. CARBONELL DIRECTOR	1.00	X						0.	0.	0.
(8) BRUCE COLE DIRECTOR	1.00	X						0.	0.	0.
(9) PETER CONNORS DIRECTOR	1.00	X						0.	0.	0.
(10) SANTINA CONNORS DIRECTOR	1.00	X						0.	0.	0.
(11) SHARON DANKS DIRECTOR	1.00	X						0.	0.	0.
(12) STEVEN FISHER ASST. SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(13) AARON FRIES DIRECTOR	1.00	X						0.	0.	0.
(14) SARA GALOSI DIRECTOR	1.00	X						0.	0.	0.
(15) DR. JILL HACKMAN DIRECTOR	1.00	X						0.	0.	0.
(16) BARBARA HALL DIRECTOR	1.00	X						0.	0.	0.
(17) ALISA HARRIS DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JOSEPH HARTZ DIRECTOR	1.00	X					0.	0.	0.	
(19) KIM HIPPERT-EVERSGERD DIRECTOR	1.00	X					0.	0.	0.	
(20) ROBERT HOFFMASTER DIRECTOR	1.00	X					0.	0.	0.	
(21) DANIEL B. HUYETT DIRECTOR	1.00	X					0.	0.	0.	
(22) ELLEN HUYETT DIRECTOR	1.00	X					0.	0.	0.	
(23) MICHAEL KRUT DIRECTOR	1.00	X					0.	0.	0.	
(24) NICK MARMONTELLO DIRECTOR	1.00	X					0.	0.	0.	
(25) BETH GALLEN MASTROMARINO DIRECTOR	1.00	X					0.	0.	0.	
(26) EDWARD MCKEANAY, SR. DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							465,123.	0.	59,638.	
d Total (add lines 1b and 1c)							465,123.	0.	59,638.	

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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DR. KHALID MUMIN DIRECTOR	1.00	X						0.	0.	0.
(28) JONI NAUGLE DIRECTOR	1.00	X						0.	0.	0.
(29) SCOTT REHR DIRECTOR	1.00	X						0.	0.	0.
(30) DANIEL SANSARY DIRECTOR	1.00	X						0.	0.	0.
(31) MICHAEL SCHMIDTLEIN DIRECTOR	1.00	X						0.	0.	0.
(32) DAVID SHAFFER DIRECTOR	1.00	X						0.	0.	0.
(33) SHELLEY SHAFFER DIRECTOR	1.00	X						0.	0.	0.
(34) MEG MCGLINN SHIELDS DIRECTOR	1.00	X						0.	0.	0.
(35) PATRICK SHIELDS DIRECTOR	1.00	X						0.	0.	0.
(36) EDWARD SHUTTLEWORTH DIRECTOR	1.00	X						0.	0.	0.
(37) JEROME T. SIMCIK DIRECTOR	1.00	X						0.	0.	0.
(38) TIMOTHY J. SIMMONS SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(39) TIMOTHY SNYDER DIRECTOR	1.00	X						0.	0.	0.
(40) KAREN WANG DIRECTOR	1.00	X						0.	0.	0.
(41) CHRISTINA WEEBER DIRECTOR	1.00	X						0.	0.	0.
(42) TAMMY L. WHITE PRESIDENT	42.00			X				157,118.	0.	21,262.
(43) JEAN MORROW SR VP RESOURCE DEVELOPMENT	42.00			X				96,220.	0.	10,817.
(44) YAMIL SANCHEZ SR VP COMMUNITY IMPACT	42.00			X				115,017.	0.	10,326.
(45) MONICA RUANO-WENRICH SR VP FINANCE & ADMIN	42.00			X				96,768.	0.	17,233.
Total to Part VII, Section A, line 1c								465,123.		59,638.

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	23,137.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,061,340.				
	g Noncash contributions included in lines 1a-1f: \$		629,860.				
	h Total. Add lines 1a-1f		11,084,477.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		188,278.			188,278.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		15,191,884.					
		b Less: cost or other basis and sales expenses		15,067,932.			
		c Gain or (loss)		123,952.			
	d Net gain or (loss)		123,952.	123,952.			
	8 a 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					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a 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					
11 a ADMINISTRATION FEES	561000		27,624.	27,624.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			27,624.				
12 Total revenue. See instructions			11,424,331.	151,576.	0.	188,278.	

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	7,707,268.	7,707,268.		
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	524,761.	202,395.	156,115.	166,251.
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	1,210,214.	396,000.	258,901.	555,313.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	265,725.	69,120.	53,443.	143,162.
10 Payroll taxes	129,095.	44,261.	31,508.	53,326.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,299.	8,198.	2,559.	7,542.
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 Sch. O.)	277,586.	124,359.	38,820.	114,407.
12 Advertising and promotion	158,273.	12,832.	457.	144,984.
13 Office expenses	116,651.	96,033.	6,700.	13,918.
14 Information technology				
15 Royalties				
16 Occupancy	150,229.	48,977.	37,359.	63,893.
17 Travel	44,167.	17,762.	5,961.	20,444.
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	127,068.	40,038.	32,136.	54,894.
22 Depreciation, depletion, and amortization	35,918.	12,590.	7,652.	15,676.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES	123,301.	22,996.	33,265.	67,040.
b EQUIPMENT RENTAL & MAIN	21,720.	4,445.	6,117.	11,158.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,910,275.	8,807,274.	670,993.	1,432,008.
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	3,764,129.	2	3,548,890.
	3 Pledges and grants receivable, net	8,054,167.	3	7,770,358.
	4 Accounts receivable, net	18,954.	4	54,924.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35,702.	9	35,862.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 351,773.		
	b Less: accumulated depreciation	10b 311,745.		
	11 Investments - publicly traded securities	42,454.	10c	40,028.
	12 Investments - other securities. See Part IV, line 11	9,719,456.	11	9,734,209.
	13 Investments - program-related. See Part IV, line 11	906,688.	12	809,796.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	22,260.	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,563,810.	15	23,276.	
		16	22,017,343.	
Liabilities	17 Accounts payable and accrued expenses	258,469.	17	384,976.
	18 Grants payable		18	
	19 Deferred revenue		19	76,863.
	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	1,566,975.	25	1,577,492.
	26 Total liabilities. Add lines 17 through 25	1,825,444.	26	2,039,331.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,650,881.	27	4,541,252.
	28 Temporarily restricted net assets	9,517,733.	28	9,165,311.
	29 Permanently restricted net assets	6,569,752.	29	6,271,449.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	20,738,366.	33	19,978,012.	
34 Total liabilities and net assets/fund balances	22,563,810.	34	22,017,343.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,424,331.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,910,275.
3	Revenue less expenses. Subtract line 2 from line 1	3	514,056.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,738,366.
5	Net unrealized gains (losses) on investments	5	-1,177,518.
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	-96,892.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,978,012.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,132,601.	9,889,099.	10,574,048.	10,883,467.	11,084,477.	52,563,692.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,132,601.	9,889,099.	10,574,048.	10,883,467.	11,084,477.	52,563,692.
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)						1,333,592.
6 Public support. Subtract line 5 from line 4.						51,230,100.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	10,132,601.	9,889,099.	10,574,048.	10,883,467.	11,084,477.	52,563,692.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	117,093.	111,395.	146,400.	106,905.	188,278.	670,071.
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.)	52,139.	59,990.	142,193.	28,761.	27,624.	310,707.
11 Total support. Add lines 7 through 10						53,544,470.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	95.68 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.44 %
16a 33 1/3% support test - 2018. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI.) **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):		
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	<input type="checkbox"/> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

ADMINISTRATION FEES

2014 AMOUNT: \$ 52,139.

2015 AMOUNT: \$ 59,990.

2016 AMOUNT: \$ 142,193.

2017 AMOUNT: \$ 28,761.

2018 AMOUNT: \$ 27,624.

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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?

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)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,503,258.	6,578,090.	6,479,174.	6,554,413.	6,373,055.
b Contributions	557,141.	279,034.	1,050.	250,000.	1,000.
c Net investment earnings, gains, and losses	-644,916.	952,391.	367,955.	-62,630.	433,937.
d Grants or scholarships					
e Other expenditures for facilities and programs	343,754.	306,257.	270,089.	262,609.	253,579.
f Administrative expenses					
g End of year balance	7,071,729.	7,503,258.	6,578,090.	6,479,174.	6,554,413.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 22.77 %
 - b Permanent endowment 77.23 %
 - 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 | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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" on 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.	35,166.	948.
d Equipment		279,280.	240,200.	39,080.
e Other		36,379.	36,379.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				40,028.

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2) DUE TO OTHER UNITED WAYS	301,352.
(3) DUE TO DESIGNATED AFFILIATED	
(4) AGENCIES	1,276,140.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,577,492.

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	8,688,354.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,177,518.	
b	Donated services and use of facilities	2b	139,157.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-96,892.	
e	Add lines 2a through 2d	2e	-1,135,253.	
3	Subtract line 2e from line 1	3	9,823,607.	
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	1,600,724.	
c	Add lines 4a and 4b	4c	1,600,724.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,424,331.	

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	9,448,708.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	139,157.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	139,157.	
3	Subtract line 2e from line 1	3	9,309,551.	
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	1,600,724.	
c	Add lines 4a and 4b	4c	1,600,724.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,910,275.	

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.

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:

IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS RELATIVE TO UNRELATED BUSINESS INCOME, IF ANY, AS REQUIRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

UNREALIZED GAINS/(LOSSES) ON BENEFICIAL INTEREST -96,892.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS 1,600,724.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED ALLOCATIONS 1,600,724.

**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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
18TH WONDER IMPROVEMENT ASSOCIATION, C/O READING HOUSING AUTHORITY - 300 HANCOCK BLVD - READING, PA 19611			5,000.	0.			LIVE UNITED GRANT-YOUTH ENGAGEMENT
ALVERNIA UNIVERSITY 400 ST BERNARDINE ST READING, PA 19607		501(C)(3)	6,000.	0.			RAPID RESPONSE GRANT TO PROVIDE ASSISTANCE AND OTHER BASIC NEEDS
AMERICAN CANCER SOCIETY 498 BELLEVUE AVENUE READING, PA 19605		501(C)(3)	220,786.	0.			PARTNER AGENCY INVESTMENTS
AMERICAN RED CROSS - BERKS COUNTY CHAPTER - 701 CENTRE AVENUE - READING, PA 19601		501(C)(3)	182,484.	0.			PARTNER AGENCY INVESTMENTS: DISASTER RESPONSE, VETERANS TRANSPORTATION
ANTIETAM SCHOOL DISTRICT 100 ANTIETAM ROAD READING, PA 19606			5,000.	0.			READY SET READ SUMMER LEARNING GRANT
ANTIETAM VALLEY RECREATION AND COMMUNITY CENTER - 905 BYRAM STREET - READING, PA 19606		501(C)(3)	5,000.	0.			LIVE UNITED GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 63.

3 Enter total number of other organizations listed in the line 1 table ▶ 5.

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRIO ALEGRIA 140 N. 5TH STREET READING, PA 19601		501(C)(3)	5,000.	0.			LIVE UNITED GRANT: NOURISHMENT CO-OP
BERKS AIDS NETWORK/CO-COUNTY WELLNESS - 429 WALNUT STREET, PO BOX 8626 - READING, PA 19603		501(C)(3)	142,902.	0.			PARTNER AGENCY INVESTMENTS: CASE MGMT FOR OLDER ADULTS, BERKS TEENS MATTER
BERKS COALITION TO END HOMELESSNESS - PO BOX 7712 - READING, PA 19603		501(C)(3)	10,000.	0.			GRANT TO SUPPORT FAMILIES COMING OUT OF HOMELESSNESS
BERKS COALITION TO END HOMELESSNESS - PO BOX 7712 - READING, PA 19603		501(C)(3)	30,900.	0.			PARTNER AGENCY INVESTMENTS: HOMELESS PREVENTION
BERKS CONNECTIONS/PRETRIAL SERVICES - 633 COURT STREET, 16TH FLOOR - READING, PA 19601		501(C)(3)	98,048.	0.			PARTNER AGENCY INVESTMENTS: RE-ENTRY PROGRAM
BERKS COUNTY INTERMEDIATE UNIT 111 COMMONS BOULEVARD READING, PA 19612		501(C)(3)	15,000.	0.			ONE-TIME SUPPORT OF EARLY LEARNING COALITION
BERKS COUNTY INTERMEDIATE UNIT 111 COMMONS BOULEVARD READING, PA 19612		501(C)(3)	15,000.	0.			ONE-TIME SUPPORT OF DISPLACED STUDENTS BY HURRICANE MARIA
BERKS COUNTY INTERMEDIATE UNIT 111 COMMONS BOULEVARD READING, PA 19612		501(C)(3)	267,566.	0.			PARTNER AGENCY INVESTMENTS: CHILD CARE
BERKS DEAF & HARD OF HEARING SERVICES - 2045 CENTRE AVENUE - READING, PA 19605		501(C)(3)	19,444.	0.			PARTNER AGENCY INVESTMENTS: ADVOCACY AND CLIENT SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS ENCORE 40 NORTH 9TH STREET READING, PA 19601		501(C)(3)	134,707.	0.			PARTNER AGENCY INVESTMENTS: MEALS ON WHEELS
BERKS ENCORE 40 NORTH 9TH STREET READING, PA 19601		501(C)(3)	20,000.	0.			ONE-TIME GRANT TO SUPPORT TAX PREPARATION SERVICES
BERKS VISITING NURSE ASSOCIATION 1170 BERKSHIRE BOULEVARD WYOMISSING, PA 19610		501(C)(3)	334,821.	0.			PARTNER AGENCY INVESTMENTS: SKILLED NURSING AND RELATED SERVICES
BIG BROTHERS/BIG SISTERS OF BERKS COUNTY - 303 WINDSOR STREET - READING, PA 19601		501(C)(3)	256,031.	0.			PARTNER AGENCY INVESTMENTS: BIG BROTHERS/SISTERS
BIRDSBORO COMMUNITY MEMORIAL CENTER - 201 EAST MAIN STREET - BIRDSBORO, PA 19508		501(C)(3)	8,762.	0.			ONE-TIME SUPPORT OF AFTER SCHOOL CLUB HOUSE
BIRDSBORO COMMUNITY MEMORIAL CENTER - 201 EAST MAIN STREET - BIRDSBORO, PA 19508		501(C)(3)	59,850.	0.			PARTNER AGENCY INVESTMENTS: OUT OF SCHOOL
BOY SCOUTS OF AMERICA - HAWK MOUNTAIN COUNCIL - 5027 POTTSVILLE PIKE - READING, PA 19605		501(C)(3)	293,029.	0.			PARTNER AGENCY INVESTMENTS: COMPREHENSIVE YOUTH DEVELOPMENT, SCOUT REACH
BOY SCOUTS OF AMERICA - HAWK MOUNTAIN COUNCIL - 5027 POTTSVILLE PIKE - READING, PA 19605		501(C)(3)	13,900.	0.			ONE-TIME SUPPORT FOR EXPANSION OF STEM SCOUTS PROGRAM
BOYERTOWN AREA MULTI-SERVICE 200 WEST SPRING STREET BOYERTOWN, PA 19512		501(C)(3)	50,625.	0.			PARTNER AGENCY INVESTMENTS: BASIC NEEDS, SUPPORTIVE SERVICES FOR OLDER ADULTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANDYWINE HEIGHTS AREA SCHOOL DISTRICT - 200 W. WEIS STREET - TOPTON, PA 19562			5,000.	0.			READY SET READ SUMMER LEARNING GRANT
CASA OF BERKS COUNTY 845 N. PARK ROAD WYOMISSING, PA 19610		501(C)(3)	30,000.	0.			SAFETY NET GRANT TO SUPPORT AT RISK YOUTH
CATHOLIC CHARITIES, DIOCESE OF ALLENTOWN - 400 WASHINGTON STREET, SUITE 100 - READING, PA 19601		501(C)(3)	58,237.	0.			PARTNER AGENCY INVESTMENTS: CASE MANAGEMENT/COUNSELING FOR VETERANS AND FAMILIES
CENTER FOR MENTAL HEALTH - THE READING HOSPITAL & MEDICAL CENTER - PO BOX 16052 - READING, PA 19612		501(C)(3)	55,118.	0.			PARTNER AGENCY INVESTMENTS: CHILDREN PSYCHIATRIC SERVICES
CENTRO HISPANO DANIEL TORRES, INC. 501 WASHINGTON STREET READING, PA 19601		501(C)(3)	257,226.	0.			PARTNER AGENCY INVESTMENTS: SOCIAL SERVICES, OPENING DOORS
CENTRO HISPANO DANIEL TORRES, INC. 501 WASHINGTON STREET READING, PA 19601		501(C)(3)	10,000.	0.			ONE-TIME GRANT TO SUPPORT TAX PREPARATION SERVICES
CENTRO HISPANO DANIEL TORRES, INC. 501 WASHINGTON STREET READING, PA 19601		501(C)(3)	40,000.	0.			ONE-TIME SUPPORT FOR CASE MGMT FOR DISPLACED FAMILIES OF HURRICANE MARIA
CLARE OF ASSISI HOUSE 325 S 12TH STREET READING, PA 19602		501(C)(3)	10,000.	0.			ONE-TIME GRANT TO PROVIDE TRANSITIONAL RESIDENTIAL SERVICES AND LIFE SKILLS FOR NON-VIOLENT OFFENDERS
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY - 1501 LEHIGH ST #206 - ALLENTOWN, PA 18103		501(C)(3)	50,750.	0.			PARTNER AGENCY INVESTMENTS: INTENSIVE CASE MGMT SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS EASTERN PENNSYLVANIA 1040 LIGGETT AVENUE READING, PA 19611		501(C)(3)	350,357.	0.			PARTNER AGENCY INVESTMENTS: PEDIATRIC THERAPEUTIC RECREATION
EASTER SEALS EASTERN PENNSYLVANIA 1040 LIGGETT AVENUE READING, PA 19611		501(C)(3)	20,000.	0.			ONE-TIME GRANT FOR EARLY INTERVENTION SCREENING
FAMILY GUIDANCE CENTER 1235 PENN AVENUE, SUITE 205-206 READING, PA 19610		501(C)(3)	426,668.	0.			PARTNER AGENCY INVESTMENTS: COUNSELING
FAMILY PROMISE OF BERKS COUNTY 325 N. 5TH STREET READING, PA 19601		501(C)(3)	15,000.	0.			RAPID RESPONSE GRANT
FAMILY PROMISE OF BERKS COUNTY 325 N. 5TH STREET READING, PA 19601		501(C)(3)	30,000.	0.			VENTURE GRANT TO SUPPORT UNACCOMPANIED HOMELESS YOUTH
FRIEND, INC. COMMUNITY SERVICES 658D NOBLE STREET KUTZTOWN, PA 19530		501(C)(3)	160,100.	0.			PARTNER AGENCY INVESTMENTS: COMMUNITY RESOURCE CONNECTIONS
GIRL SCOUTS OF EASTERN PENNSYLVANIA - 330 MANOR ROAD - MIQUON, PA 19444		501(C)(3)	126,810.	0.			PARTNER AGENCY INVESTMENTS: OUTREACH TO MINORITY & AT-RISK GIRLS
GOVERNOR MIFFLIN SCHOOL DISTRICT 10 WAVERLY STREET SHILLINGTON, PA 19607			5,000.	0.			READY SET READ SUMMER LEARNING GRANT
GREATER BERKS FOOD BANK 1011 TUCKERTON COURT READING, PA 19605		501(C)(3)	69,476.	0.			PARTNER AGENCY INVESTMENTS: FOOD DISTRIBUTION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER READING MENTAL HEALTH ALLIANCE - 1234 PENN AVENUE - WYOMISSING, PA 19610		501(C)(3)	126,559.	0.			PARTNER AGENCY INVESTMENTS: INFORMATION/REFERRAL/ADVOCACY/SUPPORT GROUPS
HABITAT FOR HUMANITY OF BERKS COUNTY - 531 CANAL ST SUITE #404 - READING, PA 19602		501(C)(3)	36,171.	0.			PARTNER AGENCY INVESTMENTS: HOMEOWNERSHIP FOR NEEDY FAMILIES
HOLY SPIRIT LUTHERAN CHURCH 421 WINDSOR STREET READING, PA 19601		501(C)(3)	5,000.	0.			ONE-TIME SUPPORT FOR AFTER SCHOOL PROGRAM WITH OLIVET BOYS & GIRLS CLUB
HOPE RESCUE MISSION 645 N 6TH ST READING, PA 19601		501(C)(3)	25,000.	0.			ONE-TIME GRANT TO SUPPORT RENOVATION TO EMERGENCY SHELTER
HOPE RESCUE MISSION 645 N 6TH ST READING, PA 19601		501(C)(3)	15,000.	0.			RAPID RESPONSE GRANT TO ASSIST WITH CASE MGMT FOR GROWING # OF CLIENTS
I M ABLE FOUNDATION 220 N PARK RAOD WYOMISSING, PA 19610		501(C)(3)	5,000.	0.			ONE-TIME GRANT TO SUPPORT GROTH OF IM FIT PROGRAM
JEWISH FEDERATION OF READING, PA 1100 BERKSHIRE BOULEVARD WYOMISSING, PA 19610		501(C)(3)	74,224.	0.			PARTNER AGENCY INVESTMENTS: FOOD BANK, CASE MGMT, TRANSPORTATION AND SUPPORTIVE SERVICES
KUTZTOWN STRONG 306 WEST MAIN STREET KUTZTOWN, PA 19530		501(C)(3)	15,000.	0.			ONE-TIME GRANT TO SUPPORT INITIATIVE & PREVENTION PROGRAM
LITERACY COUNCIL OF READING-BERKS 35 SOUTH DWIGHT STREET WEST LAWN, PA 19609		501(C)(3)	15,000.	0.			RAPID RESPONSE TO SUPPORT ESL CLASSES ELIMINATED BY STATE FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY COUNCIL OF READING-BERKS 35 SOUTH DWIGHT STREET WEST LAWN, PA 19609		501(C)(3)	115,095.	0.			PARTNER AGENCY INVESTMENTS: LITERACY TRAINING & ESL
LITERACY COUNCIL OF READING-BERKS 35 SOUTH DWIGHT STREET WEST LAWN, PA 19609		501(C)(3)	10,546.	0.			RAPID RESPONSE GRANT TO SUPPORT EMERGENCY RENOVATIONS
MARY'S SHELTER 615 KENHORST BLVD READING, PA 19611		501(C)(3)	30,000.	0.			VENTURE GRANT TO SUPPORT UNACCOMPANIED HOMELESS YOUTH
MENTORS FOR BERKS YOUTH 400 WASHINGTON ST READING, PA 19601		501(C)(3)	5,000.	0.			ONE-TIME GRANT TO SUPPORT MENTORING PROGRAMS FOR YOUTH
MIDPENN LEGAL SERVICES 501 WASHINGTON STREET, SUITE 401 READING, PA 19601		501(C)(3)	76,875.	0.			PARTNER AGENCY INVESTMENTS: LEGAL REPRESENTATION FOR BASIC NEEDS
NEW JOURNEY COMMUNITY OUTREACH, INC. - 138 S 6TH STREET - READING, PA 19602		501(C)(3)	20,000.	0.			ONE-TIME GRANT TO SUPPORT SOUP KITCHEN AND FOOD PANTRY PROGRAMS
OLEY VALLEY COMMUNITY LIBRARY 339 MAIN STREET OLEY, PA 19547		501(C)(3)	5,000.	0.			LIVE UNITED GRANT: STEM ARRIVES AT OVCL
OLIVET BOYS & GIRLS CLUB OF READING & BERKS COUNTY - 1161 PERSHING BOULEVARD - READING, PA 19611		501(C)(3)	982,197.	0.			PARTNER AGENCY INVESTMENTS: COMPREHENSIVE YOUTH DEVELOPMENT
OLIVET BOYS & GIRLS CLUB OF READING & BERKS COUNTY - 1161 PERSHING BOULEVARD - READING, PA 19611		501(C)(3)	5,000.	0.			READY SET READ SUMMER LEARNING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY HOUSE 430 NORTH SECOND STREET READING, PA 19601		501(C)(3)	15,000.	0.			RAPID RESPONSE GRANT TO SUPPORT CODE BLUE FOR WOMEN & CHILDREN
OPPORTUNITY HOUSE 430 NORTH SECOND STREET READING, PA 19601		501(C)(3)	235,761.	0.			PARTNER AGENCY INVTS: CHILD CARE, SHELTER PROGRAM, CHILDREN'S ALLIANCE CENTER
OPPORTUNITY HOUSE 430 NORTH SECOND STREET READING, PA 19601		501(C)(3)	4,000.	0.			READY SET READ SUMMER LEARNING GRANT
OUTREACH, INC. 301 CENTER STREET, PO BOX 361 UNION, IA 50258		501(C)(3)	115,625.	0.			SUBCONTRACTED GRANT TO SUPPORT ACCESS TO FOOD
PENN STATE HEALTH - ST. JOSEPH'S 2500 BERNVILLE RD BERN TOWNSHIP, PA 19605		501(C)(3)	25,000.	0.			ONE TIME GRANT TO SUPPORT EXPANSION OF VEGGIE RX PROGRAM
READING AREA COMMUNITY COLLEGE 10 SOUTH SECOND STREET, PO BOX 1706 READING, PA 19603		501(C)(3)	76,158.	0.			PARTNER AGENCY INVESTMENTS: ESL LANGUAGE CLASSES
READING PUBLIC LIBRARY 100 SOUTH FIFTH STREET READING, PA 19602		501(C)(3)	25,000.	0.			ONE TIME GRANT TO SUPPORT EARLY LITERACY PROGRAMMING
READING PUBLIC LIBRARY 100 SOUTH FIFTH STREET READING, PA 19602		501(C)(3)	5,000.	0.			READY SET READ SUMMER LEARNING GRANT
READING RISK REDUCTION PO BOX 1191 READING, PA 19603		501(C)(3)	12,000.	0.			ONE-TIME GRANT TO SUPPORT AN EMERGENCY DRUG OVERDOSE RESPONSE INITIATIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING SCHOOL DISTRICT 800 WASHINGTON STREET READING, PA 19601		501(C)(3)	5,000.	0.			READY SET READ SUMMER LEARNING GRANT
READING SCHOOL DISTRICT 800 WASHINGTON STREET READING, PA 19601		501(C)(3)	40,000.	0.			VENTURE GRANT TO SUPPORT DISCONNECTED YOUNG ADULT & HOMELESS YOUTH
SAFE BERKS 255 CHESTNUT ST READING, PA 19602		501(C)(3)	187,905.	0.			PARTNER AGENCY INVESTMENTS: SHELTER, HOTLINE, COUNSELING, CRISIS SERVICES
SALVATION ARMY: SERVICE EXTENSION UNITS - 701 BROAD STREET - PHILADELPHIA, PA 19123		501(C)(3)	44,327.	0.			PARTNER AGENCY INVESTMENTS: COMMUNITY WELFARE
SERVICE ACCESS MANAGEMENT 19 N 6TH STREET READING, PA 19601		501(C)(3)	5,000.	0.			ONE-TIME GRANT TO SUPPORT BERKS INITIATIVE FOR SCHOOL ATTENDANCE PROGRAMMING
THE CHILDREN'S HOME OF READING 1010 CENTRE AVENUE READING, PA 19601		501(C)(3)	69,943.	0.			PARTNER AGENCY INVESTMENTS: ALTERNATIVE EDUCATION PROGRAM
THE SALVATION ARMY OF READING PO BOX 1099 READING, PA 19602		501(C)(3)	281,596.	0.			PARTNER AGENCY INVESTMENTS: LEARNING CENTER, SUPPORTIVE HOUSING, SHARE
THRESHOLD REHABILITATION SERVICES, INC. - 1000 LANCASTER AVENUE - READING, PA 19607		501(C)(3)	83,442.	0.			PARTNER AGENCY INVESTMENTS: EMPLOYMENT SERVICES
TOWER HEALTH PO BOX 16052 READING, PA 19612		501(C)(3)	55,669.	0.			PARTNER AGENCY INVESTMENTS: SUPPORT MENTAL HEALTH SERVICES AT PRIMARY CARE SITES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED LABOR COUNCIL OF READING & BERKS COUNTY - 1251 N FRONT STREET - READING, PA 19601		501(C)(3)	96,771.	0.			PROGRAM FUNDING INVESTMENTS
UNITED WAY OF LANCASTER 630 JANET AVENUE LANCASTER, PA 17601		501(C)(3)	60,000.	0.			SUBCONTRACTED GRANTS: 211 CALL CENTER
UNITED WAY OF PENNSYLVANIA 909 GREEN STREET HARRISBURG, PA 17102		501(C)(3)	6,000.	0.			SUBCONTRACTED GRANT: ALICE PROGRAM (ASSET LIMITED INCOME CONSTRAINED EMPLOYED
WILSON SCHOOL DISTRICT 2601 GRANDVIEW BLVD WEST LAWN, PA 19609			5,000.	0.			ONE-TIME GRANT TO SUPPORT KINDERGARTEN READINESS
WOOD-TO-WONDERFUL 1044 N 8TH ST READING, PA 19604		501(C)(3)	5,000.	0.			LIVE UNITED GRANT: "READING IS TOYRIFIC" PROGRAM
YMCA OF READING & BERKS COUNTY 631 WASHINGTON STREET READING, PA 19603		501(C)(3)	472,411.	0.			PARTNER AGENCY INVESTMENTS: CHILD CARE/ HEALTHY YOUTH, RESIDENCE, BABY UNIVERSITY
YOCOM INSTITUTE FOR ARTS EDUCATION 1100 BELMONT AVE WYOMISSING, PA 19610		501(C)(3)	25,000.	0.			ONE-TIME SUPPORT FOR NEIGHBORHOOD BRIDGES PROGRAM

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 noncash assistance

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

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 2018, WE ALLOCATED FUNDS TO 37 AGENCY PARTNERS,
 SUPPORTING OVER 50 PROGRAMS AND SERVICES. IN TOTAL, MORE THAN 100,000 BERKS
 COUNTIANS RECEIVED UNITED WAY-FUNDED SERVICES.

Part IV Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **UNITED WAY OF BERKS COUNTY, INC.**
 Employer identification number: **23-165375**

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on 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.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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**

b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**

c Participate in, or receive payment from, an equity-based compensation arrangement? **4c**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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**

b Any related organization? **5b**

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**

b Any related organization? **6b**

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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2018

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 aren't 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)	148,118.	0.	9,000.	3,419.	17,843.	178,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	33	629,860.	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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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.

Multiple horizontal lines for supplemental information.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

UNITED WAY OF BERKS COUNTY, INC.

Employer identification number

23-1655375

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

OAKBROOK COLLECTIVE IMPACT COUNCIL - EXPANDED SERVICES:

UNITED WAY'S EFFORTS IN THE OAKBROOK HOUSING NEIGHBORHOOD IS CENTERED ON FIRST LEARNING FROM RESIDENTS WHAT THEY BELIEVE TO BE THEIR MOST CRITICAL ISSUES. ALTHOUGH CENSUS DATA CAN POINT TO CRITICAL ISSUES LIKE LOW EDUCATION ATTAINMENT, BELOW POVERTY INCOME LEVELS, AND/OR HEALTH DISPARITIES, WE TOOK AN APPROACH OF GIVING RESIDENTS THE OPPORTUNITY TO CONFIRM WHAT SOME EXTERNAL SOURCES ALREADY NOTE OF THIS COMMUNITY AND/OR PROVIDE ADDITIONAL INSIGHT TO THEIR CHALLENGES. ONE OF THE MANY NOTEWORTHY FINDINGS FROM OUR DOOR TO DOOR SURVEY WAS HEARING DIRECTLY FROM RESIDENTS THEIR CHALLENGE TO MEET THE HOUSEHOLD FOOD DEMAND. WE LEARNED THAT 50% OF THE FAMILIES WHO PARTICIPATED IN THE SURVEY WORRIED ABOUT RUNNING OUT OF FOOD AND 39% OF THE PARTICIPANTS ACTUALLY RAN OUT OF MONEY TO BUY ENOUGH FOOD BY THE END OF EACH MONTH. IN THE ARTICLE, THE NEGATIVE EFFECTS OF POVERTY & FOOD INSECURITY ON CHILD DEVELOPMENT, THE AUTHORS CHILTON, CHYATTE, AND BREAUX EXPLAIN THAT "AS DEVELOPMENT EXPERTS LEARN MORE ABOUT THE IMPORTANCE OF THE FIRST THREE YEARS OF LIFE, THERE IS GROWING RECOGNITION THAT INVESTMENTS IN EARLY EDUCATION, MATERNAL-CHILD ATTACHMENT AND NURTURANCE, AND MORE CREATIVE NUTRITION INITIATIVES ARE CRITICAL TO HELP BREAK THE CYCLE OF POVERTY. EVEN THE SLIGHTEST FORM OF FOOD INSECURITY CAN AFFECT A YOUNG CHILD'S DEVELOPMENT AND LEARNING POTENTIAL. THE RESULT IS THE PERPETUATION OF ANOTHER GENERATION OF POVERTY."

AS A RESULT OF INFORMATION LEARNED FROM THE DOOR TO DOOR SURVEY, UNITED

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification number 23-1655375
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WAY OF BERKS COUNTY STAFF LAUNCHED A COLLECTIVE IMPACT PROJECT TO BEGIN ADDRESSING ROOT CAUSES TO THE CHALLENGES IDENTIFIED. WITH UNITED WAY OF BERKS COUNTY STAFF SERVING AS THE BACKBONE, THE OAKBROOK COLLECTIVE IMPACT COUNCIL (OCIC) LAUNCHED IN JANUARY OF 2018. TO DATE, THE COLLECTIVE OF OVER 45 ORGANIZATIONS AND RESIDENT MEMBERS, HAVE CREATED:

- PREAMBLE THAT HELPS PUT THE OAKBROOK RESIDENTS AT THE CENTER OF THIS WORK

- PRIORITIZED LIST OF ISSUES THAT LED TO THE SELECTION OF 1) FOOD INSECURITY/ACCESS AND 2) INCREASED AWARENESS/KNOWLEDGE OF RESOURCES AS THE TOP TWO ISSUES TO ADDRESS.

- PROBLEM STATEMENTS TO BEST ARTICULATE THE ISSUES SELECTED FROM THE SURVEY AND PRIORITIZATION PROCESS

- DRAFTED 3 GOALS TO HELP SET DESIRED OUTCOMES BY OCIC

- DRAFTED 4 KEY STRATEGIES TO DELIVER ON THE GOALS

THE OCIC AND SURVEY DATA COLLECTED HAVE ALSO INSPIRED OTHER FOCUSED RESPONSES TO ISSUES IDENTIFIED AND/OR PARTNERSHIPS, SUCH AS:

- SUMMER READING PROGRAM PARTNERSHIP BETWEEN THE READING HOUSING AUTHORITY, READING SCHOOL DISTRICT, BERKS COMMUNITY HEALTH CENTER, AND UNITED WAY OF BERKS COUNTY

- ROCK THE BLOCK PARTIES: A FUN WAY TO BRING RESIDENTS OUT TO MEET AGENCIES AND LEARN ABOUT RESOURCES AVAILABLE TO THEM

- INCREASED RESIDENT ENGAGEMENT AND ELEVATED THE VOICE OF OAKBROOK RESIDENTS

- PROVIDED FINANCIAL ASSISTANCE TO SUPPORT READING HOUSING AUTHORITY RESIDENT COUNCILS (VIA ALVERNIA UNIVERSITY GRADUATE STUDENT)

THE NEXT PART OF OUR OCIC WORK INVOLVES CREATING WORK GROUPS TO ADDRESS

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THE STRATEGIES AND CREATING A LIST OF TACTICS UNDER EACH STRATEGY. THE TACTICS PROVIDE THE OPERATIONAL GUIDE FOR HOW THE WORK WILL BE ACCOMPLISHED. THREE WORK GROUPS HAVE BEEN IMPLEMENTED: 1) COMMUNICATIONS, 2) RESIDENT ENGAGEMENT AND 3) RESOURCES.

THE PREAMBLE, OR MESSAGE TO THE COMMUNITY STATES: OAKBROOK RESIDENTS ARE THE FOUNDATION ON WHICH WE BUILD A COLLABORATION OF SUPPORT. THROUGH PARTNERSHIPS WITH A DIVERSE REPRESENTATION OF RESIDENTS, COMMUNITY ORGANIZATIONS AND BUSINESSES, THE OAKBROOK COLLECTIVE IMPACT COUNCIL (OCIC) IS COMMITTED TO IMPROVING THE OVERALL HEALTH OF THE OAKBROOK COMMUNITY AND PROVIDING A SUPPORT STRUCTURE TO ENSURE EACH RESIDENT HAS THE OPPORTUNITY TO SUCCEED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TIME TO ENSURE UWBC DOLLARS ARE INVESTED IN HIGH-PRIORITY PROGRAMS THAT ADDRESS CRITICAL CURRENT COMMUNITY NEEDS, AS WELL AS PROGRAMS THAT ARE HIGH-PERFORMING CONSISTENTLY, AND EFFECTIVELY DELIVERING A HIGH-QUALITY PROGRAM PRODUCING MEANINGFUL RESULTS FOR PARTICIPANTS. ANNUALLY, PROGRAMS RECEIVING UWBC INVESTMENTS ARE REQUIRED TO SUBMIT AN APPLICATION THAT DETAILS HOW UWBC DOLLARS ARE SPENT TO SUPPORT PROGRAMMING, AND THE OUTCOMES ACHIEVED BY CLIENTS. THESE OUTCOMES PLAY A CRUCIAL ROLE IN DETERMINING THE EFFECTIVENESS OF UWBC INVESTMENTS IN PROGRAMS. AGENCY REPRESENTATIVES ALSO MEET WITH FOCUS AREA PANEL VOLUNTEERS FOR FURTHER DISCUSSION AND EVALUATION OF PROGRAM EFFECTIVENESS.

UWBC INVESTED IN THE FOLLOWING PROGRAMS IN 2018:

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EDUCATION FOCUS AREA:

UWBC 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 UWBC 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. THESE PROGRAMS IMPACT MORE THAN 25,000 YOUTH IN BERKS COUNTY.

EARLY CARE AND SCHOOL READINESS:

- COMMUNITY-LEVEL OUTCOME: CHILDREN REACH APPROPRIATE DEVELOPMENTAL MILESTONES.

-BERKS COUNTY INTERMEDIATE UNIT, CHILDCARE: OVER 100 FAMILIES RECEIVED ACCESS TO KEYSTONE STAR RATED 3 OR 4 CHILD CARE FOR THEIR CHILDREN IN 2018 IN UWBC'S INVESTMENT. BCIU CHILDCARE PROVIDES QUALITY CHILDCARE SERVICES FOR CHILDREN AGES 13 MONTHS TO 12 YEARS OF AGE. BCIU'S DEVELOPMENTAL APPROACH FOCUSES ON OFFERING EXPOSURE TO ACTIVITIES IN THE FOLLOWING AREAS: SCIENCE, TECHNOLOGY, ENGINEERING, MATH, LITERACY, MUSIC, CREATIVE ARTS, DRAMATIC PLAY, SOCIAL STUDIES, FINE AND GROSS MOTOR, COOKING, AND FIELD TRIPS FOR SCHOOL AGE STUDENTS. CARE IS PROVIDED 12 MONTHS PER YEAR BY HIGHLY TRAINED STAFF. BCIU CHILD CARE SETTINGS INCLUDE SCHOOL AGE, PRESCHOOL, TODDLER AND INCLUSION OPPORTUNITIES.

- COMMUNITY-LEVEL OUTCOME: FAMILIES HAVE ACCESS TO AFFORDABLE AND QUALITY EARLY LEARNING EXPERIENCES THAT RESULT IN KINDERGARTEN

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READINESS.

- OPPORTUNITY HOUSE, CHILDCARE: THE SECOND STREET LEARNING CENTER IS A COMPREHENSIVE COMMUNITY CHILDCARE PROGRAM FOR CHILDREN AGES 6 WEEKS TO 13 YEARS FOCUSING ON CREATIVITY, SOCIALIZATION, AND THE DEVELOPMENT OF HIGH SELF-ESTEEM. ACTIVITIES ARE DESIGNED TO MEET THE NEEDS OF EACH INDIVIDUAL CHILD. MULTI-CULTURAL AND DEVELOPMENTALLY APPROPRIATE MATERIALS AND EQUIPMENT ARE OFFERED.

- YMCA OF READING & BERKS COUNTY, CHILDCARE: OFFERS A SCIENTIFICALLY-BASED, IMPLEMENTED EARLY CHILDHOOD CURRICULUM THAT ALIGNS WITH THE PENNSYLVANIA LEARNING STANDARDS FOR EARLY CHILDHOOD. SINCE PLAY IS THE FOUNDATION FOR YOUNG CHILDREN'S LEARNING AND DEVELOPMENT, THE YMCA PROVIDES WELL-EQUIPPED AND CAREFULLY ARRANGED CLASSROOMS.

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS GAIN KNOWLEDGE AND DEVELOP SKILLS TO ESTABLISH STRONG FAMILIES AND HELP CHILDREN REACH THEIR POTENTIAL.

- CENTRO HISPANO, ABRIENDO PUERTAS/OPENING DOORS PROGRAM: AN EVIDENCE-BASED, COMPREHENSIVE TRAINING PROGRAM, DEVELOPED BY AND FOR LATINO PARENTS WITH CHILDREN AGES 0 TO 5; AIMS TO IMPROVE THE OUTCOMES OF THE NATION'S LATINO CHILDREN BY BUILDING THE CAPACITY AND CONFIDENCE OF PARENTS TO BE STRONG AND POWERFUL ADVOCATES IN THEIR CHILDREN'S LIVES. ALSO ALIGNS WITH UWBC'S READY.SET.READ! INITIATIVE.

- YMCA OF READING & BERKS COUNTY, BABY UNIVERSITY: OFFERED AS A 6-WEEK SESSION, EACH PARTICIPANT - A PARENT OR CAREGIVER WITH A CHILD FROM PRENATAL TO FIVE YEARS OLD - RECEIVES A WEEKLY HOME VISIT IN ADDITION TO THE WEEKLY CLASSROOM INSTRUCTION, WHICH INCLUDES EDUCATION ON EARLY CHILDHOOD DEVELOPMENT AND EVIDENCE-BASED PARENTING CURRICULUM.

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SCHOOL SUCCESS

- COMMUNITY-LEVEL OUTCOME: STUDENTS WILL ACHIEVE ACADEMIC SUCCESS BY IMPROVED ATTENDANCE AND/OR PROMOTION TO THE NEXT GRADE LEVEL.

-BIG BROTHERS BIG SISTERS OF BERKS COUNTY, MENTORING PROGRAM SERVICES: THEIR MISSION IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING PROFESSIONALLY SUPPORTED 1-TO-1 RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER FOREVER. THIS IS ACHIEVED THROUGH PROFESSIONALLY-DIRECTED MENTORING PROGRAMS UTILIZING CAREFULLY SCREENED AND TRAINED VOLUNTEERS, AND INCLUDES ONE-TO-ONE PROGRAM, COUL (THE CLUB OF UNMATCHED LITTLES) GROUP-MENTORING, TEEN PROGRAM THAT PROVIDES GROUP-MENTORING, AND SMART (STUDENTS & MENTORS ACHIEVING RESULTS TOGETHER), A SCHOOL-BASED PROGRAM.

- COMMUNITY-LEVEL OUTCOME: STUDENTS WILL PARTICIPATE IN EDUCATIONAL EXPERIENCES DURING THE SUMMER TO MAINTAIN READING SKILLS.

- BIRDSBORO COMMUNITY MEMORIAL CENTER, OUT OF SCHOOL EDUCATION PROGRAMS: THE SUMMER READING PROGRAM FOR YOUTH IN GRADES FIRST THROUGH SIXTH ALLOWS PARTICIPANTS TO PRACTICE AND LEARN NEW STRATEGIES THAT WILL ASSIST THEM IN MAINTAINING CURRENT READING LEVELS, OR INCREASE LEVELS, THROUGHOUT THE SUMMER MONTHS.

- OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY, COMPREHENSIVE YOUTH DEVELOPMENT: OLIVET SUMMER CAMP PROGRAMS PICK UP WHEN THE AFTERSCHOOL PROGRAM ENDS, KEEPING YOUTH ENGAGED IN PROGRAMS DURING THE SUMMER MONTHS.

YOUTH DEVELOPMENT

- COMMUNITY-LEVEL OUTCOME: BY PARTICIPATING IN DIVERSE, SAFE, AND EFFECTIVE OUT-OF-SCHOOL TIME PROGRAMS, YOUTH WILL DEVELOP ACADEMIC, ARTISTIC, AND/OR LEADERSHIP SKILLS.

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- BIRDSBORO COMMUNITY MEMORIAL CENTER, OUT OF SCHOOL EDUCATION

PROGRAMS: LITERACY PROGRAMS OFFERED AS PART OF THE AFTERSCHOOL

CLUBHOUSE, WHICH ENGAGES STUDENTS GRADES 1-6. STAFF ASSIST STUDENTS

WITH HOMEWORK AND READING SUPPORT. THE PROGRAM ALSO ENCOMPASSES SOCIAL

ACTIVITIES.

- GIRL SCOUTS OF EASTERN PA, OUTREACH TO AT-RISK GIRLS: GIRLS IN FUNDED

INITIATIVES PROGRAMS PROVIDE HIGH-QUALITY OUT-OF-SCHOOL-TIME THROUGH

EDUCATION OPPORTUNITIES FOR GIRLS IN UNDERSERVED COMMUNITIES IN THE

CITY OF READING. GIRLS ATTEND WEEKLY MEETINGS AT CONVENIENT COMMUNITY

LOCATIONS BOTH DURING THE SCHOOL YEAR AND IN THE SUMMER.

- HAWK MOUNTAIN COUNCIL BOY SCOUTS OF AMERICA, TRADITIONAL SCOUTING:

THIS PROGRAM OPERATES WITHIN THE LOCAL NEIGHBORHOOD AT LOCATIONS

PROVIDED BY PARTNERSHIPS THAT HAVE A CONTINUED INTEREST IN CITIZENSHIP

TRAINING, PERSONAL FITNESS, AND CHARACTER DEVELOPMENT. ADULT VOLUNTEERS

ADMINISTER THE PROGRAMS AT ALL LEVELS WITH SUPPORT FROM THE HAWK

MOUNTAIN COUNCIL. THE LEVEL OF YOUTH LEADERSHIP IS BASED UPON AGE

APPROPRIATE ACTIVITIES.

- HAWK MOUNTAIN COUNCIL BOY SCOUTS OF AMERICA, URBAN SCOUTING:

SCOUTREACH IS THE HAWK MOUNTAIN COUNCIL'S COMMITMENT TO ENSURING ALL

YOUNG PEOPLE HAVE AN OPPORTUNITY TO JOIN SCOUTING, REGARDLESS OF THEIR

CIRCUMSTANCES, NEIGHBORHOOD, OR CULTURAL OR ETHNIC BACKGROUND.

SCOUTREACH IS THE SAME PROGRAM AS SCOUTING IN ANY OTHER AREA BUT IS

TYPICALLY AN AFTER-SCHOOL PROGRAM THAT PROVIDES AN ADDITIONAL EMPHASIS

ON SPECIAL NEEDS OF PARTICIPANTS, SUCH AS PARENTAL INVOLVEMENT,

FINANCIAL ABILITY, ACADEMIC PERFORMANCE, ACCESS TO TECHNOLOGY AND

CULTURAL AND LANGUAGE DIFFERENCES. UWBC PROVIDED AN INCREASED

INVESTMENT TO ASSISTING WITH PILOTING THE NEW STEM SCOUTS WITHIN THE

CITY OF READING. THIS VALUES-BASED PROGRAM FOCUSES ON SCHOOL SUCCESS

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AND YOUTH DEVELOPMENT. STEM SCOUTS EXPANDS BOY SCOUTING OPPORTUNITIES

TO GIRLS. SCOUTS SPEND 90 MINUTES PER MEETING WORKING ON

SELF-IMPROVEMENT, CRITICAL THINKING, AND HANDS ON EXPERIMENTATION

FOCUSING ON TOPICS SUCH AS PHYSICS OF LIGHT, PROPERTIES OF MATTER,

MAGNETISM, PROPERTIES OF SOUND, ROBOTICS, ARCHAEOLOGY, AND SPACE.

- OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY, COMPREHENSIVE

YOUTH DEVELOPMENT: DURING THE SCHOOL YEAR, KIDS ATTEND THEIR CLUBS

MONDAY THROUGH FRIDAY, AND PARTICIPATE IN MANY ACTIVITIES AND PROGRAMS

THAT ENRICH THEIR LIVES AND HELP MAKE THEM SUCCESSFUL STUDENTS,

ATHLETES AND CITIZENS. MEMBERS AGES 6-12 PARTICIPATE FROM 2:30-6:00

P.M. MEMBERS 13 AND OLDER UTILIZE THE CLUBS FROM 6-9 P.M. THESE

PROGRAMS INCLUDE TUTORING, ARTS AND CRAFTS, SPORTS AND RECREATION,

COMPUTER AND TECHNOLOGY, LEADERSHIP AND CHARACTER BUILDING, AND COLLEGE

ACCESS AND CAREER DEVELOPMENT, VISUAL AND PERFORMING ARTS.

EDUCATIONAL CASE MANAGEMENT

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE CASE MANAGEMENT TO

IMPROVE THEIR LIVES.

- COMMUNITIES IN SCHOOLS (CIS), INTEGRATED STUDENT SUPPORT: THE CIS

MODEL OF INTEGRATED STUDENT SUPPORT OPERATES THROUGH THE COORDINATION

AND DELIVERY OF SCHOOL-WIDE SUPPORT, GROUP-LEVEL SUPPORT, AND

INDIVIDUALIZED SUPPORT FOCUSING ON IMPROVING ATTENDANCE, BEHAVIOR, AND

ACADEMIC PERFORMANCE. AT THE READING INTERMEDIATE HIGH SCHOOL, CIS IS

WORKING TO ESTABLISH AND STRENGTHEN RELATIONSHIPS WITH STUDENTS,

FAMILIES, SCHOOL DISTRICT STAFF, AND COMMUNITY PARTNERS.

- CHILDREN'S HOME OF READING (CHOR), ALTERNATIVE EDUCATION PROGRAMS:

CHOR DAY ACADEMY PROVIDES A COMPREHENSIVE EDUCATIONAL ENVIRONMENT FOR

ITS STUDENTS. THE ULTIMATE GOAL OF THIS PROGRAM IS TO HELP THE STUDENTS

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MODIFY THEIR BEHAVIOR SO THAT THEY CAN SUCCESSFULLY RE-ENTER PUBLIC SCHOOL. THIS IS ACCOMPLISHED THROUGH A PROGRESSIVE LEVEL SYSTEM THAT PROVIDES FREQUENT REWARDS AND REINFORCEMENT, AS WELL AS A POSITIVE SCHOOL-WIDE BEHAVIORAL INTERVENTION SYSTEM.

READY.SET.READ!:

THIRD GRADE READING PROFICIENCY IS A KEY INDICATOR OF FUTURE SUCCESS, YET RECENT PSSA SCORES SHOW THAT A HIGH PERCENT OF THIRD GRADERS IN BERKS COUNTY FALL SHORT OF BEING PROFICIENT. LAUNCHING IN 2012, READY.SET.READ! (RSR) IS A COLLABORATION AMONG UNITED WAY OF BERKS COUNTY, THE EDUCATIONAL AND BUSINESS COMMUNITIES AND COMMUNITY ORGANIZATIONS WORKING TO IMPROVE READING PROFICIENCY FOR STUDENTS BY THE END OF THIRD GRADE. 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. DURING 2018, UWBC CONTINUED TO ENGAGE WITH LECTIO, A BOSTON-BASED CONSULTING ORGANIZATION SPECIALIZING IN COMMUNITY-BASED EARLY LITERACY PROGRAMS TO REDESIGN AND IMPROVE RSR PROGRAMMING.

RSR 2018 PROGRAM OVERVIEW:

- STAR READERS PROVIDES TUTORS TO 29 ELEMENTARY SCHOOLS IN 12 SCHOOL DISTRICTS AND IS DELIVERED BY OVER 450 VOLUNTEER TUTORS SERVING OVER 500 STUDENTS IN 1ST, 2ND AND 3RD GRADES.
- GROWING READERS: LATINO-OWNED CHILDCARE CENTERS IN THE CITY OF READING RECEIVE COACHING AND MENTORING SERVICES ALONG WITH CURRICULUM

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SUPPORT TO ENHANCE LITERACY DEVELOPMENT FOR THEIR STUDENTS. GROWING READERS ALSO OFFERS A PROGRAM TO ASSIST CHILDCARE TEACHERS IN OBTAINING THEIR CHILD DEVELOPMENT CREDENTIAL (CDA) THROUGH A PARTNERSHIP WITH READING AREA COMMUNITY COLLEGE.

- RAISING A READER PROVIDES A BOOK BAG PROGRAM TO PROMOTE HOME BOOK READING ROUTINES IN FIVE READING ELEMENTARY SCHOOLS AND FIVE HEAD START CENTERS (54 TOTAL CLASSROOMS). VOLUNTEERS ALSO ASSIST WITH THE IMPLEMENTATION OF THIS PROGRAM, REVIEWING AND ROTATING THE BOOK BAGS ON A WEEKLY BASIS.

- EARLY LITERACY IS INCORPORATED INTO PEDIATRIC PRACTICES THROUGH REACH OUT AND READ, PROVIDING PARENTS TOOLS TO HELP PREPARE THEIR CHILDREN TO LEARN.

- SUMMER LEARNING GRANTS 2018: THIS COMPETITIVE GRANT WAS OPENED TO RSR PARTNER SCHOOLS, SUMMER LEARNING COALITION MEMBERS, AND OTHER ORGANIZATIONS SERVING BERKS COUNTY TITLE 1 STUDENTS. THE GRANT WAS DESIGNED TO PROVIDE UP TO \$5,000 IN SUPPORT OF SUMMER LEARNING PROGRAMMING WHICH INCLUDED A LITERACY COMPONENT UP TO AND INCLUDING 3RD GRADERS WITH THEIR PROGRAM OCCURRING BETWEEN JUNE - AUGUST 2018. IN 2018, 8 SUMMER PROGRAMS RECEIVED GRANTS TOTALING \$37,767. THIS IMPACTED 1,626 CHILDREN PRE-KINDERGARTEN TO 3RD GRADE.

- UWBC HAS BEEN WORKING WITH THE OAKBROOK COMMUNITY INCLUDING ORGANIZING A SUMMER READING PROGRAM FOR THE SECOND YEAR THROUGH PARTNERSHIPS WITH BERKS COMMUNITY HEALTH CENTER, CUSTOMERS BANK, READING HOUSING AUTHORITY AND READING SCHOOL DISTRICT, AND AS A RESULT CONNECTING WITH OVER 80 CHILDREN IN 2018. OF THESE CHILDREN, 43 RECEIVED NEW BIKES AND HELMETS COURTESY OF CUSTOMERS BANK FOR ATTAINING A 75% PARTICIPATION RATE IN THE BOOKS FOR BIKES PROGRAM.

- YOCUM INSTITUTE FOR ARTS EDUCATION RECEIVED A \$25,000 INVESTMENT FROM

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UWBC TO SUPPORT NEIGHBORHOOD BRIDGES, A COMPREHENSIVE PROGRAM OF STORYTELLING AND CREATIVE DRAMA THAT IS CURRICULUM-BASED AND DEVELOPS CHILDREN'S CRITICAL AND CULTURAL LITERACY, VOCABULARY, WRITING AND COMMUNICATION SKILLS. IT IS RECOGNIZED BY THE U.S. DEPARTMENT OF EDUCATION'S OFFICE OF IMPROVEMENT AND INNOVATION AS AN EFFECTIVE MODEL FOR INTEGRATING THE ARTS WITH STANDARDS-BASED EDUCATION PROGRAMS. THROUGH THE LECTIO PROCESS, NEIGHBORHOOD BRIDGES HAS BEEN IDENTIFIED AS A SUCCESSFUL "CHANGING BEHAVIOR PROGRAM," IMPROVING PSSA PERFORMANCE FOR 3RD GRADE STUDENTS IN THE READING SCHOOL DISTRICT.

- READING PUBLIC LIBRARY (RPL) RECEIVED A \$25,000 INVESTMENT TO SUPPORT FAMILY LITERACY WITH A DEDICATED BILINGUAL FAMILY LITERACY OUTREACH WORKER WHO PROVIDED LIBRARY PROGRAMS OUTSIDE THE WALLS TO DAYCARE CENTERS, PARKS, PLAYGROUNDS, AND AFTER SCHOOL PROGRAMS. DURING THE SUMMER, TWO LIBRARY STAFF TOOK RPL'S MOBILE TECH VAN TO PARKS SUCH AS SCHLEGEL POOL, OAKBROOK COMMUNITY CENTER, BAER PARK, PENDORA PARK AND MORE. BOOKS, CRAFTS, AND ACTIVITIES ENGAGED CHILDREN IN PREVENTING SUMMER SLIDE. DURING THE SCHOOL YEAR, THE OUTREACH SPECIALIST VISITED HEAD START CLASSROOMS, DAY CARES, AND COMMUNITY CENTERS. EARLY LEARNING ACTIVITIES WERE PROVIDED ONCE A MONTH. THE OUTREACH SPECIALIST ALSO VISITED ELEMENTARY SCHOOL PTA MEETINGS AND FAMILY EVENTS WITH LIBRARY INFORMATION AND LITERACY ACTIVITIES.

FINANCIAL STABILITY

UNITED 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. THIS IS ACCOMPLISHED THROUGH FUNDING PROGRAMS WITH OUR AGENCY PARTNERS, IN ADDITION TO PROVIDING

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SPECIAL GRANTS FOR OTHER ORGANIZATIONS HELPING PEOPLE TO ATTAIN
FINANCIAL INDEPENDENCE IN DIFFERENT WAYS.

AFFORDABLE HOUSING

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS HAVE ACCESS TO SAFE AND
AFFORDABLE HOUSING.

- HABITAT FOR HUMANITY OF BERKS COUNTY, INC., HOME

CONSTRUCTION/RENOVATION FOR LOW INCOME FAMILIES: HABITAT FOR HUMANITY
BUILDS, RENOVATES, AND REPAIRS HOMES USING VOLUNTEER LABOR AND
DONATIONS TO PROVIDE SAFE, AFFORDABLE HOUSING FOR LOW-INCOME FAMILIES.

RECIPIENTS OF HOMES INVEST THEIR OWN LABOR, CALLED "SWEAT EQUITY", INTO
THE BUILDING/RENOVATION, AND PURCHASE THE HOME THROUGH AN AFFORDABLE
FINANCING PROGRAM.

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS HAVE ACCESS TO TRANSITIONAL OR
PERMANENT SUPPORTIVE HOUSING.

- THE SALVATION ARMY READING CORPS, PERMANENT SUPPORTIVE HOUSING:

SUPPORTIVE HOUSING PROGRAM OFFERS PERMANENT HOUSING TO CHRONICALLY
HOMELESS AND DISABLED ADULTS AND FAMILIES. IN 2018, THE PROGRAM

IMPACTED 27 FAMILIES; 92 INDIVIDUALS. THE PROGRAM INCLUDES RENTAL

ASSISTANCE, LANDLORD RELATIONS, LIFE SKILLS TRAINING, MONITORING OF

BOTH FISCAL (BUDGET) AND PHYSICAL/MENTAL HEALTH ISSUES, CONNECTION WITH

THE SALVATION ARMY'S FAMILY SERVICES PROGRAM, AND OTHER COMMUNITY

PROGRAMS. SKILLED CASEWORKERS DEVELOP AND MONITOR A 12-POINT

ENCOURAGEMENT PLAN FOR EACH INDIVIDUAL AND FAMILY.

- YMCA OF READING & BERKS COUNTY, TRANSITIONAL HOUSING: INDIVIDUALS WHO

ARE EXPERIENCING HOMELESSNESS, CHEMICALLY DEPENDENCY, MENTAL HEALTH

ISSUES AND SOCIAL SERVICE NEEDS IN BERKS COUNTY HAVE A SAFE AND SECURE

PLACE TO STAY. THE TRANSITIONAL LIVING PROGRAMS PROVIDE INTENSIVE CASE

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MANAGEMENT SERVICES AND SUPPORTIVE RESOURCE CONNECTIONS IN AN EFFORT TO ADDRESS AND RESOLVE THE ROOT CAUSES OF HOMELESSNESS, CHEMICAL DEPENDENCY, MENTAL HEALTH AND OTHER SOCIAL SERVICE NEEDS.

EMPLOYMENT/JOB SKILLS

- COMMUNITY-LEVEL OUTCOME: UNEMPLOYED AND UNDEREMPLOYED INDIVIDUALS PARTICIPATE IN JOB PREPAREDNESS AND SOFT SKILLS TRAINING, AND RECEIVE SUPPORT TO BETTER CONNECT THEM WITH, AND HELP MAINTAIN, EMPLOYMENT.

- THRESHOLD REHABILITATION SERVICES, INC., BERKS PERSONNEL NETWORK: PROVIDES COMPREHENSIVE EMPLOYMENT SERVICES DESIGNED TO SUPPORT AND EMPOWER PEOPLE WITH DISABILITIES TO OBTAIN AND MAINTAIN COMPETITIVE EMPLOYMENT IN THE COMMUNITY. THE SERVICES ARE INDIVIDUALLY TAILORED TO MEET EACH PERSON'S AREAS OF NEED. ACTIVITIES MAY INCLUDE CAREER EXPLORATION, RESUME AND EMPLOYMENT APPLICATION SUPPORT, JOB INTERVIEW SUPPORT, ADVOCACY, TRANSPORTATION TRAINING, JOB DEVELOPMENT AND PLACEMENT, ON-THE-JOB TRAINING, SERVICE COORDINATION, AND FOLLOW-UP SUPPORT.

- BERKS CONNECTIONS PRETRIAL SERVICES, PRISONER REENTRY SERVICES: INMATES AT THE BERKS COUNTY JAIL ARE ASSESSED UTILIZING A NATIONALLY-VALIDATED RISK-NEEDS TOOL AND SCREENED FOR POST-RELEASE NEEDS. INMATES WHO QUALIFY ARE TRANSFERRED TO THE BERKS COUNTY COMMUNITY REENTRY CENTER (CRC). ALL RESIDENTS ARE ASSIGNED A CASE MANAGER AND RECEIVE AN INDIVIDUALIZED TRANSITION PLAN. SECURING STABLE, SUSTAINABLE EMPLOYMENT IS A GOAL THAT BCPS SPENDS THE MOST TIME WORKING ON WITH CLIENTS POST-RELEASE. REENTRANTS REVIEW LESSONS LEARNED FROM EMPLOYMENT GROUPS AT THE CRC AND ARE PROVIDED WITH ONGOING COACHING AND SUPPORT TO AID IN OBTAINING AND MAINTAINING EMPLOYMENT. CLIENTS RECEIVE

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DIRECT ASSISTANCE THROUGH JOB LEADS, INTERVIEWING SKILLS PRACTICE, RESUME UPDATES AND SUPPORT UTILIZING THE COMPUTER BASED LEARNING CENTER (CBLC) FOR COMPLETING APPLICATIONS AND CHECKING EMAIL FOR CORRESPONDENCE FROM POTENTIAL EMPLOYERS.

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS IMPROVE LITERACY AND ENGLISH LANGUAGE SKILLS.

- LITERACY COUNCIL OF READING-BERKS, LITERACY TRAINING AND ESL: ONE-ON-ONE TUTORING MATCHES ADULTS WITH A TRAINED VOLUNTEER TUTOR TO WORK ON THE BASIC SKILLS NEEDED TO GET OR RETAIN A JOB, OR ENTER POST-SECONDARY EDUCATION. ESL CLASSES AND ENGLISH-LANGUAGE CIVICS CLASS ARE CONDUCTED WEEKLY, RANGING FROM THE BEGINNING LEVEL TO HIGH ADVANCED LEVEL. CLASSES HELP ADULTS LEARN TO SPEAK, READ AND WRITE ENGLISH AND PREPARE THEM FOR SUCCESSFUL CAREERS. THEY ALSO OFFER CITIZENSHIP PREPARATION CLASSES, A WORKFORCE DEVELOPMENT PROGRAM, HIGH SCHOOL EQUIVALENCY CERTIFICATION CLASSES, AND MORE.

- LITERACY COUNCIL OF READING-BERKS, ENGLISH FORWARD: INCREASES ACCESS TO ESL CLASSES IN BERKS COUNTY AND IMPROVES THE QUALITY OF ESL INSTRUCTION IN ADULT CLASSROOMS THROUGH INSTRUCTOR TRAINING AND SUPPORT, CLASSROOM RESOURCE DEVELOPMENT, AND TECHNICAL ASSISTANCE. ONCE INSTRUCTORS COMPLETE THE 11-HOUR INSTRUCTOR TRAINING, THEY CAN BEGIN THEIR OWN ESL PROGRAMS. THE COUNCIL PROVIDES CONTINUED LEARNING OPPORTUNITIES FOR INSTRUCTORS TO ENSURE THE QUALITY OF ADULT INSTRUCTION ACROSS ALL ESL PROGRAMS.

- READING AREA COMMUNITY COLLEGE, BILINGUAL ESL PROGRAM : SINCE 2008, UNITED WAY HAS PROVIDED A YEARLY GRANT TO READING AREA COMMUNITY COLLEGE TO OFFER ESL CLASSES FOR PEOPLE WITH THE MOST BASIC ENGLISH LANGUAGE SKILLS, OR NONE AT ALL, AND PROVIDE THEM WITH A MORE FLEXIBLE AND CUSTOMIZED LEARNING ENVIRONMENT. OVER 1200 STUDENTS HAVE

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SUCCESSFULLY COMPLETED THE CLASSES, CONSISTING OF 90 HOURS OF INSTRUCTION PROVIDED OVER EACH 11-WEEK SESSION. IN 2018, 225 PEOPLE COMPLETED THE PROGRAM. MANY STUDENTS HAVE ALSO FURTHERED THEIR FORMAL EDUCATION AND/OR IMPROVED THEIR EMPLOYMENT AS WELL.

PERSONAL FINANCIAL MANAGEMENT

- INDIVIDUALS DEVELOP BASIC FINANCIAL MANAGEMENT SKILLS.
- BERKS COALITION TO END HOMELESSNESS, HOMELESS PREVENTION
- BOYERTOWN AREA MULTI-SERVICE, INC., BASIC NEEDS
- FRIEND, INC. COMMUNITY SERVICES, COMMUNITY RESOURCE CONNECTIONS
- GREATER READING MENTAL HEALTH ALLIANCE, ADVOCACY & SUPPORT GROUPS
- HABITAT FOR HUMANITY OF BERKS COUNTY, HOME OWNERSHIP OPPORTUNITIES

FOR MODERATE INCOME FAMILIES

- THE SALVATION ARMY READING CORPS, PERMANENT SUPPORTIVE HOUSING

FINANCIAL STABILITY CASE MANGEMENT

- INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES.
- BERKS COALITION TO END HOMELESSNESS, HOMELESS PREVENTION
- BERKS CONNECTIONS PRETRIAL SERVICES, PRISONER REENTRY SERVICES
- LITERACY COUNCIL OF READING-BERKS, LITERACY TRAINING AND ESL
- THE SALVATION ARMY READING CORPS, PERMANENT SUPPORTIVE HOUSING
- YMCA OF READING & BERKS COUNTY, TRANSITIONAL HOUSING.

HEALTH FOCUS AREA

HEALTH IMPACTS EVERY ASPECT OF A PERSON'S LIFE. GOOD HEALTH ALLOWS CHILDREN TO LEARN BETTER AND ADULTS TO LIVE MORE PRODUCTIVE, FULLER LIVES. THROUGH FUNDING PROGRAMS WITH OUR PARTNER AGENCIES AND OUR INVOLVEMENT IN VARIOUS COMMUNITY COLLABORATIONS, UWBC IS CREATING

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OPPORTUNITIES FOR PEOPLE TO ACHIEVE THEIR OPTIMAL HEALTH AND INDEPENDENCE. PROGRAMS UNITED WAY SUPPORTS ADDRESS BOTH THE PREVENTIVE ASPECT OF PHYSICAL AND MENTAL HEALTH ISSUES, WHILE ALSO ADDRESSING INTERVENTIONAL NEEDS AND IMPACTED 28,000 BERKS RESIDENTS IN 2018.

MENTAL HEALTH

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH PROBLEMS RECEIVE SERVICES THAT IMPROVE THEIR ABILITY TO FUNCTION.

- FAMILY GUIDANCE CENTER, COUNSELING: ASSISTS PERSONS IN IMPROVING THEIR QUALITY OF LIFE BY PROVIDING AFFORDABLE, ACCESSIBLE, QUALITY COUNSELING SERVICES. THEY UTILIZE QUALIFIED, CREDENTIALLED, COMPETENT STAFF TRAINED IN EVIDENCE-BASED PRACTICE APPROACHES.

- GREATER READING MENTAL HEALTH ALLIANCE, ADVOCACY AND SUPPORT GROUPS: ASSIST INDIVIDUALS, INCLUDING CHILDREN AND THEIR FAMILIES, AS WELL AS ADULTS, WITH MENTAL ILLNESS TO DEVELOP STRATEGIES AND ADVOCATE FOR THEMSELVES IN ORDER TO RECEIVE THE SERVICES THEY NEED.

- READING HOSPITAL/TOWER HEALTH, PRIMARY CARE/MENTAL HEALTH INTEGRATION: THIS PROGRAM INTEGRATES BEHAVIORAL HEALTH IN PRIMARY CARE SETTINGS, WHICH WILL INCREASE ACCESS AND IMPROVE EARLY DETECTION, TREATMENT, AND RECOVERY.

- SAFEBERKS, COUNSELING: SERVICES ARE PROVIDED TO VICTIMS AND SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, AS WELL AS FOR THEIR FAMILY MEMBERS, AND SIGNIFICANT OTHERS. SERVICES INCLUDE SAFETY PLANNING, GOAL-SETTING, OPTIONS COUNSELING, EDUCATION, AND REFERRALS TO ADDITIONAL SAFEBERKS AND COMMUNITY RESOURCES.

HEALTH AND WELLNESS

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE ADVOCACY AND

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PREVENTATIVE AND MANAGED CARE FOR CHRONIC DISEASES AND HEALTH

CONDITIONS.

- BERKS DEAF AND HARD OF HEARING SERVICES ADVOCACY AND CLIENT SERVICES:

SERVICES INCLUDE SIGN LANGUAGE CLASSES, ADVOCACY, SOCIAL EVENTS,

HEARING AID ASSISTANCE, AND INTERPRETING SERVICES.

- BOYERTOWN AREA MULTI-SERVICE, SUPPORTIVE SERVICES FOR OLDER ADULTS:

SINCE ITS INCEPTION, BAMS HAS PROVIDED CASE MANAGEMENT SERVICES TO

FAMILIES AND INDIVIDUALS OVER AGE 60. A CASE MANAGER ASSESSES CLIENT'S

NEEDS AND GUIDES THE FAMILY OR INDIVIDUAL TO SERVICES THAT ARE

AVAILABLE, MAKING UNIQUE RECOMMENDATIONS BASED ON THE SITUATION.

- CO-COUNTY WELLNESS SERVICES, CASE MANAGEMENT FOR OLDER ADULTS: AS HIV

HAS TRANSITIONED TO A CHRONIC DISEASE, CASE MANAGEMENT HELPS PEOPLE

LIVING WITH HIV BY PROVIDING THEM WITH INFORMATION ABOUT HIV DISEASE,

CONNECTING THEM TO MEDICAL CARE SO THEY CAN LIVE WELL WITH HIV, AND

MAKING SURE THEY ARE AWARE OF THE SUPPORTIVE SERVICES THEY MAY BE

ELIGIBLE FOR.

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS DEVELOP AND PRACTICE ACTIVE

LIFESTYLES.

- EASTERSEALS EASTERN PENNSYLVANIA, THERAPEUTIC RECREATION: SEVERAL

THERAPEUTIC PROGRAMS ARE OFFERED THROUGHOUT THE YEAR THAT PROVIDE

SOCIAL, FITNESS, COMMUNITY, LIFE SKILLS, AND OUTDOOR RECREATIONAL

OPPORTUNITIES. PROGRAMS ARE OFFERED FRIDAY EVENINGS, SATURDAYS, AND ALL

WEEK LONG DURING THE SUMMER MONTHS. IN ADDITION, THERE ARE A NUMBER OF

EVENTS THROUGHOUT THE YEAR IN COMMUNITY-BASED SETTINGS.

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS HAVE ACCESS TO HIGH-QUALITY,

PATIENT-CENTERED HEALTH CARE.

- TOWER HEALTH AT HOME BERKS, SKILLED NURSING AND RELATED SERVICES:

PATIENTS ARE REFERRED TO THIS PROGRAM BECAUSE THEY HAVE A MEDICAL

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CONDITION THAT MAY BE TREATED EFFECTIVELY IN THEIR HOME, RATHER THAN A HOSPITAL OR NURSING HOME SETTING. AS MEDICAL TECHNOLOGY HAS IMPROVED, MANY TREATMENTS AND RECOVERY SURGICAL PROCEDURES NOW TAKE PLACE IN THE HOME RATHER THAN IN HOSPITALS, NURSING HOMES, OR REHABILITATION FACILITIES. NURSES ESTABLISH A PLAN OF CARE THAT INCLUDES A VISIT-FREQUENCY PLAN AND OUTLINES THE TYPES OF CARE NEEDED.

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS HAVE ACCESS TO HEALTHY FOODS TO IMPROVE THEIR HEALTH.

- BERKS ENCORE, MEALS ON WHEELS: HOME-BOUND, ISOLATED SENIORS AGED 60+ AND HOME-BOUND DISABLED ADULTS UNDER THE AGE OF 60 RECEIVE A HOT, HOME-DELIVERED MEAL, FIVE DAYS A WEEK. THIS HOME DELIVERED MEAL SERVICE ENABLES THE HOME-BOUND SENIOR TO LIVE INDEPENDENTLY AS LONG AS POSSIBLE AND RELIEVES THE ISOLATION AND LONELINESS THEY EXPERIENCE.

SELF-SUFFICIENCY AND INDEPENDENT LIVING

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE EARLY ASSESSMENT AND INTERVENTION SERVICES.

- BERKS ENCORE, MEALS ON WHEELS

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS MAINTAIN INDEPENDENT LIVING IN THEIR RESIDENCE.

- EASTERSEALS EASTERN PENNSYLVANIA, OUTPATIENT THERAPY: AT THEIR CENTER IN READING, EASTERSEALS OFFERS PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES TO HELP CHILDREN OF ALL AGES DEVELOP NEW SKILLS AND IMPROVE THEIR OVERALL LEVEL OF FUNCTIONING.

- EASTERSEALS EASTERN PENNSYLVANIA, PEDIATRIC CLINICS: SPECIALTY MEDICAL CLINICS BRING THE SERVICES OF TOP-QUALITY MEDICAL AND SURGICAL SPECIALISTS TO BERKS COUNTY TO WORK WITH CHILDREN WITH COMPLEX MEDICAL NEEDS. EASTERSEALS PROVIDE SPECIALTY PEDIATRIC NEUROLOGY, ORTHOPEDIC,

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ORTHOTIC AND FEEDING CLINICS ALL UNDER ONE ROOF. CLINIC SERVICES ARE OFFERED AT NO CHARGE TO THE FAMILIES.

HEALTH CASE MANAGEMENT

- INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES.
- BERKS TEENS MATTER (MANAGED BY CO-COUNTY WELLNESS SERVICES): UNITED WAY IS A FOUNDING PARTNER AND FUNDER IN THE DEVELOPMENT OF BERKS TEENS MATTER, A NEW TEEN PREGNANCY PREVENTION INITIATIVE MANAGED BY CO-COUNTY WELLNESS SERVICES, TO MEASURABLY DECREASE TEEN PREGNANCY RATES THROUGHOUT BERKS COUNTY.
- BERKS ENCORE, MEALS ON WHEELS
- CO-COUNTY WELLNESS SERVICES, CASE MANAGEMENT FOR OLDER ADULTS
- EASTERSEALS EASTERN PENNSYLVANIA, OUTPATIENT THERAPY SERVICES
- EASTERSEALS EASTERN PENNSYLVANIA, PEDIATRIC CLINICS
- SAFE BERKS, COUNSELING

COMMUNITY COLLABORATIONS

COMMUNITY HEALTH NEEDS ASSESSMENT: UNITED WAY ASSISTED READING HOSPITAL/TOWER HEALTH WITH THE NEW COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). MANDATED TO BE DONE BY NONPROFIT HOSPITALS EVERY THREE YEARS UNDER THE AFFORDABLE CARE ACT, WE USE THIS COLLABORATIVE EFFORT TO GET THE LATEST DATA ON KEY HEALTH ISSUES IN BERKS COUNTY, FOLLOWED BY JOINT PLANNING AND DEVELOPMENT OF NEW PROGRAMS AND STRATEGIES TO BETTER ADDRESS THOSE KEY ISSUES.

BERKS COMMUNITY HEALTH CENTER: TO ASSIST IN MAKING HEALTH CARE EASIER TO OBTAIN FOR BERKS COUNTY RESIDENTS WHO ARE UNINSURED OR UNDERINSURED,

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UNITED WAY PARTNERED WITH LOCAL HOSPITALS AND OTHER ORGANIZATIONS TO ESTABLISH THE BERKS COMMUNITY HEALTH CENTER (BCHC), WHICH OPERATES OUR COMMUNITY'S TWO FEDERALLY QUALIFIED HEALTH CENTERS AND PROVIDES QUALITY, PRIMARY HEALTH CARE FOR ADULTS AND CHILDREN, REGARDLESS OF ABILITY TO PAY. UNITED WAY'S ROLE IN THIS EFFORT INCLUDES PROVIDING STAFF TO SERVE ON THE ADVISORY COUNCIL TO THE BOARD, BUILDING RELATIONSHIPS WITH OTHER COMMUNITY ORGANIZATIONS TO IDENTIFY POTENTIAL CLIENTS, AND ASSISTING WITH MARKETING AND AWARENESS FOR THE CENTER.

UWBC INVESTED \$25,000 IN PENN STATE HEALTH ST. JOSEPH FOR PHASE 2 OF VEGGIE RX PROGRAM:

WITH MORE FAST FOOD AND CORNER STORES THAN GROCERY OR MARKET OPTIONS, THE CITY OF READING IS CONSIDERED A "FOOD DESERT." IN A 2014 READING FOOD NEEDS ASSESSMENT, RESPONDENTS LISTED AFFORDABILITY AND ACCESSIBILITY AS BARRIERS AND 62 PERCENT CONSUMED VEGETABLES AND FRUIT LESS THAN FOUR TIMES A WEEK. RESULTS FROM TWO RECENT COMMUNITY HEALTH NEEDS ASSESSMENTS FOR BERKS COUNTY PRIORITIZE OBESITY AND CHRONIC ILLNESS AS AREAS OF GREATEST NEED. OVER 20 PERCENT OF ADULTS SUFFER FROM DIABETES, NEARLY 40 PERCENT HAVE HIGH BLOOD PRESSURE, AND 35 PERCENT ARE CONSIDERED OBESE.

([HTTP://WWW.THEFUTUREOFHEALTHCARE.ORG/ASSETS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF](http://www.thefutureofhealthcare.org/assets/community-health-needs-assessment.pdf)).

IN RESPONSE TO THESE COMMUNITY NEEDS, PENN STATE HEALTH ST. JOSEPH IMPLEMENTED A PREVENTATIVE HEALTHCARE PROGRAM IN WHICH PHYSICIANS AT THEIR DOWNTOWN READING CAMPUS PRESCRIBE VOUCHERS FOR DISCOUNTED FRUITS AND VEGETABLES TO PATIENTS AT-RISK FOR, OR CURRENTLY FACING, FOOD INSECURITY AND/OR DIET-RELATED CHRONIC ILLNESSES. THROUGH PARTNERSHIPS WITHIN THE LOCAL COMMUNITY AND ADAPTING THE NATIONALLY USED,

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EVIDENCE-BASED VEGGIE RX MODEL, PATIENTS REDEEM VOUCHERS AT PARTICIPATING FARMER'S MARKETS, GROCERY STORES, AND BODEGAS. AUGMENTED WITH COOKING DEMONSTRATIONS AND NUTRITION EDUCATION, THIS PROGRAM IS CLOSELY MONITORED TO TRACK KEY PATIENT HEALTH INDICATORS, WHICH EVALUATE PROGRESS AND OVERALL PROGRAM EFFECTIVENESS.

FAMILYWISE DISCOUNT PRESCRIPTION DRUG PROGRAM

UNITED WAY OF BERKS COUNTY HAS JOINED WITH 1,000 UNITED WAYS ACROSS THE NATION IN LOWERING THE COSTS OF PRESCRIPTION MEDICATION THROUGH ADMINISTERING THE FAMILYWISE PROGRAM. THE FAMILYWISE DISCOUNT PRESCRIPTION CARD IS AVAILABLE FREE-OF-CHARGE TO ANYONE WHO NEEDS ASSISTANCE IN PAYING FOR PRESCRIPTIONS NOT COVERED BY AN INSURANCE PLAN. IN 2018, INDIVIDUALS WERE ASSISTED WITH A PRESCRIPTION DISCOUNT UTILIZING FAMILYWISE, REPRESENTING \$228,491.91 IN SAVINGS FOR PEOPLE ACROSS THE COUNTY.

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. THE FOLLOWING PROGRAM SUPPORTS MORE THAN 26,000 RESIDENTS IN BERKS COUNTY.

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BASIC NEEDS

- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS IN CRISIS HAVE THEIR BASIC NEEDS MET.

- AMERICAN RED CROSS TRI-COUNTY CHAPTER, DISASTER SERVICES: DISASTER CYCLE SERVICES PROVIDES IMMEDIATE EMERGENCY ASSISTANCE TO THE RESIDENTS OF BERKS COUNTY WHO HAVE BEEN AFFECTED BY NATURAL OR MAN-MADE DISASTERS. TRAINED RED CROSS VOLUNTEERS AND STAFF RESPOND TO DISASTER SITUATIONS AND PROVIDE FOR THE IMMEDIATE EMERGENCY NEEDS OF SHELTER, FOOD, AND CLOTHING. ADDITIONAL ASSISTANCE IN OBTAINING LOST MEDICATIONS AND EYEGLASSES IS ALSO PROVIDED. RED CROSS STAFF CONTINUES TO WORK LONGER TERM WITH CLIENTS THAT NEED HELP WITH RENT OR BEDDING OR REFERRALS FOR HOUSEHOLD FURNISHING. IN LARGER DISASTER SITUATIONS, THE RED CROSS IS RESPONSIBLE FOR MASS CARE SHELTERING AND FEEDING OF DISPLACED RESIDENTS. RED CROSS ALSO PROVIDES MASS CARE FEEDINGS FOR EMERGENCY RESPONSE PERSONNEL ON THE SCENE OF A DISASTER. STAFF AND VOLUNTEERS ARE TRAINED IN RED CROSS DISASTER SERVICES.

- BERKS COALITION TO END HOMELESSNESS (BCEH), HOMELESS PREVENTION: EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM PROVIDES FUNDING FOR RENTAL AND UTILITY ASSISTANCE. IF A CLIENT IS UNABLE TO PAY THEIR PORTION OF THE BILL, A REQUEST IS MADE TO BCEH FOR UNITED WAY ASSISTANCE. THIS ALLOWS BCEH TO MAKE SURE THE ASSISTANCE GETS TO THE NEEDIEST, IN THE FASTEST AMOUNT OF TIME. A CHECK IS MADE OUT TO THE LANDLORD OR UTILITY COMPANY AFTER THE ESG CASE MANAGER HAS DETERMINED THE CLIENT NEED FOR AN OUTSIDE SOURCE OF MATCHING FUNDS.

- GREATER BERKS FOOD BANK, ACCESS TO FOOD: THE WEEKENDER PROGRAM WAS ESTABLISHED TO HELP NOURISH LOW-INCOME, AT-RISK, ELEMENTARY SCHOOL STUDENTS OVER THE WEEKEND; A TIME WHEN THEY MAY OTHERWISE GO WITHOUT

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PROPER NOURISHMENT. CHILDHOOD POVERTY, AND AS A RESULT HUNGER, ARE UNFORTUNATELY GROWING PROBLEMS IN BERKS COUNTY. ACCORDING TO THE PENNSYLVANIA DEPARTMENT OF EDUCATION, FOOD AND NUTRITION DIVISION, APPROXIMATELY 50% OF BERKS COUNTY ELEMENTARY SCHOOL STUDENTS QUALIFY FOR FREE OR REDUCED LUNCHES; MEANING, THEIR FAMILY IS LIVING IN OR CLOSE TO POVERTY. IN 2018, 800 BERKS STUDENTS WERE IMPACTED THROUGH THIS PROGRAM. IN ADDITION, THROUGH THE BIG CHEESE 4, OVER 500,000 MEALS WERE PACKAGED AND DONATED TO SUPPORT THE GBFB PROGRAMS AND READING SCHOOL DISTRICT IN JUNE OF 2018.

- JEWISH FAMILY SERVICE, SUPPORTIVE SERVICES: SUPPORTIVE SERVICES PROGRAM HELPS CLIENTS AND THEIR FAMILIES FACE VARIOUS CHALLENGES INCLUDING HEALTH, AGING, INTERPERSONAL RELATIONSHIPS, TRANSPORTATION, AND FINANCIAL DIFFICULTIES. CLIENTS ARE EITHER SELF-REFERRED OR REFERRED TO BY NEIGHBORS, FAMILY MEMBERS, CLERGY, PROFESSIONALS IN THE COMMUNITY, AND THROUGH HOSPITAL OUTREACH VISITS. EACH CLIENT IS EVALUATED TO DETERMINE THE APPROPRIATE LEVEL OF SERVICE.

- JEWISH FAMILY SERVICE, FOOD PANTRY: THE FOOD PANTRY IS OFFERED THE THIRD WEDNESDAY OF THE MONTH. HELD AT ANOTHER UWBC PARTNER, OLIVET'S PENDORA PARK LOCATION, EACH MONTH 125-150 FAMILIES RECEIVE GROCERIES AT NO COST THROUGH THE FOOD PANTRY. VOLUNTEERS ARE ESSENTIAL TO THE RUNNING OF THE PROGRAM; 20 - 25 VOLUNTEERS ASSIST WITH SET UP, UNLOADING THE TRUCK, PLACING FOOD ON TABLES, SIGNING IN CLIENTS, PACKING FOOD FOR DELIVERY TO THE HOME BOUND, BAGGING FRESH PRODUCE, BREAKING DOWN BOXES, MONITORING THE LINE, TRANSLATING TO AID IN THE COMPLETION OF REQUIRED PAPERWORK, AND HELPING CLIENTS CARRY THEIR GROCERIES OUT OF THE BUILDING.

- MIDPENN LEGAL SERVICES , LEGAL REPRESENTATION TO SECURE BASIC NEEDS: LOW-INCOME CLIENTS RECEIVE LEGAL COUNSEL AND ADVICE REGARDING THEIR

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PARTICULAR LEGAL SITUATION THROUGH MIDPENN'S READING OFFICE. MIDPENN WORKS WITH SAFEBERKS TO ENSURE THAT ALL DOMESTIC VIOLENCE SURVIVORS HAVE ACCESS TO THE JUSTICE SYSTEM. THEY ARE A MEMBER OF BERKS COALITION TO END HOMELESSNESS (BCEH), AND THROUGH THIS PARTNERSHIP, MIDPENN MAKES AND ACCEPTS REFERRALS ON BEHALF OF INDIVIDUALS WHO REQUIRE THEIR LEGAL SERVICES

- OPPORTUNITY HOUSE, EMERGENCY SHELTER: PROVIDES EMERGENCY SHELTER HOUSING TO HOMELESS CHILDREN, WOMEN AND MEN AS WELL AS ON-SITE CASE MANAGEMENT SERVICES, AND CHILDCARE. BERKS COUNSELING SERVICES PROVIDES ON-SITE BEHAVIORAL HEALTH COUNSELING AND MEDICAL CARE IS PROVIDED THROUGH THE BERKS COMMUNITY HEALTH CENTER AT 2ND STREET.

- SALVATION ARMY READING CORPS, FAMILY SERVICES PROGRAM: ASSIST CLIENTS RECEIVE EMERGENCY BASIC NEEDS, INCLUDING MONTHLY FOOD DISTRIBUTIONS, CLOTHING DISTRIBUTIONS, AND THROUGH CASE MANAGEMENT PROVIDED UTILITY ASSISTANCE, PRESCRIPTION DRUG ASSISTANCE, RENTAL ASSISTANCE, EDUCATION ABOUT COMMUNITY RESOURCES AND APPROPRIATE REFERRALS. THEY ALSO OFFER A YEAR-ROUND FURNITURE BANK.

- SALVATION ARMY: SERVICE EXTENSION UNITS, COMMUNITY WELFARE: COVERING THE HAMBURG AREA, THEY PROVIDE IMMEDIATE EMERGENCY ASSISTANCE TO MEET A SHORT-TERM NEED. AS A SERVICE UNIT, THEY ARE A VOLUNTEER COMMITTEE IN A REGION WHERE THERE IS NO PROFESSIONAL SALVATION ARMY PERSONNEL. EXAMPLES OF SERVICE UNIT EMERGENCY ASSISTANCE PROVIDED INCLUDED GROCERIES, RENTAL ASSISTANCE, FUEL/UTILITIES, MEDICAL/DENTAL/EYE CARE, CLOTHING, SCHOOL SUPPLIES FOR SCHOOL AGED CHILDREN, TEMPORARY SHELTER, AND SEASONAL ASSISTANCE.

- COMMUNITY-LEVEL OUTCOME: VICTIMS OF DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT ARE ENSURED SAFETY AND SUPPORTIVE SERVICES.

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- OPPORTUNITY HOUSE, CHILDREN'S ALLIANCE CENTER: RECEIVES REFERRALS FROM BOTH CHILDREN & YOUTH AND LAW ENFORCEMENT. CHILDREN, AGES 3 TO 18, ARE SEEN IN A CHILD FRIENDLY ENVIRONMENT. A MULTIDISCIPLINARY APPROACH ALLOWS THE CHILDREN TO BE INTERVIEWED ONLY ONE OR TWO TIMES, REDUCING THE TRAUMA OF CONSTANTLY REPEATING THEIR STORY TO EACH INDIVIDUAL AGENCY PARTNER. IF A CHILD DISCLOSES SEXUAL ABUSE DURING THE INTERVIEW, THEY ARE SCHEDULED FOR A MEDICAL EXAM AND A SEXUAL ASSAULT EVALUATION.
- SAFE BERKS, CRISIS SERVICES: SUPPORTS THE SAFE HOUSE PROGRAM, AN EMERGENCY SHELTER TO INDIVIDUALS AND FAMILIES IMPACTED BY DOMESTIC VIOLENCE AND SEXUAL ASSAULT FOR UP TO 60 DAYS. ALL DAILY NECESSITIES OF FOOD, CLOTHING, HYGIENE PRODUCTS, IN ADDITION TO SAFETY PLANNING, CASE MANAGEMENT AND CONNECTION TO COMMUNITY RESOURCES, DOMESTIC VIOLENCE AND SEXUAL ASSAULT COUNSELING, CHILDREN'S PROGRAMMING, INCLUDING A READY TO READ PROGRAM, NUTRITION PROGRAMS, RECREATIONAL SUPPORTS ARE PROVIDED. CRISIS SERVICES INCLUDES THE EMERGENCY HOTLINE, WITH TEXTING NOW AVAILABLE 24/7/365 IN ENGLISH AND SPANISH. THE RAPID RESPONSE PROGRAM PROVIDES SUPPORT TO VICTIMS SEEKING EMERGENCY PROTECTION OR WHO ARE ACCESSING EMERGENCY MEDICAL SERVICES, BASIC CARE, OR RAPE EXAMS AT AREA EMERGENCY ROOMS AND CLINICS.
- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS HAVE ACCESS TO TRANSPORTATION.
- AMERICAN RED CROSS: BERKS COUNTY CHAPTER, VETERANS TRANSPORTATION: VETERANS RECEIVE SAFE AND RELIABLE TRANSPORTATION TO AND FROM THE LEBANON VA MEDICAL CENTER TO REACH NECESSARY MEDICAL APPOINTMENTS.
- BOYERTOWN AREA MULTI-SERVICE, BASIC NEEDS (UNDER AGE 60 POPULATION)
- OPPORTUNITY HOUSE, EMERGENCY SHELTER
- SALVATION ARMY: SERVICE EXTENSION UNITS, COMMUNITY WELFARE

SAFETY NET CASE MANAGEMENT

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- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES.

- BOYERTOWN AREA MULTI-SERVICE, BASIC NEEDS (UNDER AGE 60 POPULATION): CASE MANAGER MEETS WITH FAMILIES/INDIVIDUALS TO ASSESS CIRCUMSTANCES AND HELPS PROVIDE SUPPORT DURING A CRISIS SITUATION TO ADDRESS BASIC NEEDS SUCH AS FOOD, HEAT, RENT, PRESCRIPTIONS AND TRANSPORTATION. ADDITIONAL SUPPORT IS PROVIDED TO GUIDE CLIENTS TO OTHER PROGRAMS AND SERVICES, INCLUDING EMPLOYMENT SERVICES, TO HELP IMPROVE THEIR SITUATION.

- CASA OF BERKS COUNTY (COURT APPOINTED SPECIAL ADVOCATE PROGRAM): CASA IS A NATIONAL PROGRAM THAT RECRUITS AND TRAINS VOLUNTEERS TO SERVE AS ADVOCATES FOR CHILDREN WHO HAVE BEEN PLACED IN THE FOSTER CARE SYSTEM. THERE ARE CURRENTLY 640 CHILDREN IN THE FOSTER CARE SYSTEM/RESIDENTIAL TREATMENT FACILITIES IN BERKS COUNTY. UWBC'S INVESTMENT INCLUDES OPERATIONAL SUPPORT AS WELL TO BUILD UP PROGRAM CAPACITY ALLOWING CASA TO MAKE THEIR PART-TIME VOLUNTEER MANAGER FULL-TIME, THUS INCREASING THE PROGRAM'S CAPACITY FROM 30 TO 45 VOLUNTEERS, WHICH ENABLES CASA TO BETTER SERVE THIS GROWING POPULATION OF YOUTH IN NEED OF SUPPORT.

- CATHOLIC CHARITIES: DIOCESE OF ALLENTOWN, CASE MANAGEMENT AND COUNSELING FOR VETERANS AND THEIR FAMILIES: VETERANS ARE ASSESSED BY A CASE MANAGER TO DETERMINE THEIR IMMEDIATE NEEDS. A SERVICE PLAN IS CREATED TO IDENTIFY THE GOALS AND ACTION STEPS. THE CASE MANAGER WORKS WITH THE VETERAN TO ACCOMPLISH THESE GOALS, WHICH MAY INCLUDE JOB SEARCH, BUDGET COUNSELING AND GUIDANCE, REFERRAL TO BERKS COUNTY VETERAN'S ADMINISTRATION FOR SPECIFIC ASSISTANCE/ENTITLEMENTS, ASSISTANCE WITH APPLICATIONS FOR SUBSIDIZED HOUSING, FOOD STAMPS, AND OTHER LOW-INCOME PROGRAMS FOR WHICH THE VETERAN MAY BE ELIGIBLE.

- CENTRO HISPANO DANIEL TORRES, INC., INFORMATION AND REFERRAL: THE

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MAJORITY OF CENTRO HISPANO'S CLIENTS ARE EITHER UNEMPLOYED OR UNDEREMPLOYED. THEY ARE SEEKING ASSISTANCE OR SERVICES TO HELP THEM IN IMPROVING THE QUALITY OF LIFE FOR THEM AND FOR THEIR FAMILIES.

INFORMATION AND REFERRAL, INCLUDES CLIENT/SYSTEM ADVOCACY, TRANSLATION AND INTERPRETATION, AND ASSISTANCE AND SUPPORT WITH COMPLETING DOCUMENTATION. CENTRO HISPANO ALSO PROVIDES SUPPORT WITH HELPING CLIENTS APPLY FOR BENEFITS THROUGH THE STATE'S COMPASS SYSTEM.

- FRIEND, INC. COMMUNITY SERVICES, COMMUNITY RESOURCE CONNECTIONS: SERVING THE KUTZTOWN AREA, CLIENTS ARE REFERRED BY CHURCHES, SCHOOLS, OTHER AGENCIES OR NEIGHBORS. THE CASE MANAGER MEETS WITH THE CLIENT TO DETERMINE WHAT SERVICES ARE NEEDED AND WHAT THE CLIENT QUALIFIES FOR. IF THERE IS AN IMMEDIATE CRISIS, THE CASE MANAGER WILL WORK WITH THE CLIENT TO ADDRESS THE ISSUE. IT COULD INCLUDE EMERGENCY FOOD, ASSISTANCE WITH RENT, HEAT, ELECTRIC. THE CLIENT IS REFERRED TO OTHER AGENCIES AND/OR CONNECTED TO OTHER SERVICES DEPENDING ON THEIR NEEDS.

COMMUNITY COLLABORATION

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

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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 2018, 7,227 CALLS/WEB VISITS/TEXTS/EMAILS WERE RECEIVED. TOP NEEDS REQUESTED WERE HOUSING ASSISTANCE (1,672), UTILITY ASSISTANCE (1,194), MENTAL HEALTH/ADDICTIONS (518) AND FOOD/MEALS (233). TOP AGENCY REFERRALS INCLUDED: CATHOLIC CHARITIES, THE SALVATION ARMY READING CORPS AND FAMILY PROMISE OF BERKS COUNTY, AS WELL AS OTHER LOCAL NONPROFITS AND GOVERNMENT ORGANIZATIONS.

2-1-1 PHONE SERVICE IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR. ONLINE SEARCH CAPABILITY OF THE PA 2-1-1 DATABASE IS ALSO AVAILABLE AT WWW.PA211EAST.ORG.

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING BOARD MEMBERS ARE RELATED:

PAMELA AND PETER BARBEY SPOUSES

ELLEN AND DANIEL HUYETT SPOUSES

MEG AND PAT SHIELDS SPOUSES

PETER AND SANTINA CONNORS SPOUSES

SHELLEY AND DAVID SHAFFER SPOUSES

FIVE MARRIED COUPLES MAINTAIN POSITIONS ON THE UNITED WAY OF BERKS COUNTY BOARD OF DIRECTORS. THIS SITUATION OCCURS BECAUSE IT IS A COMMON PRACTICE FOR A HUSBAND AND WIFE TEAM TO SERVE AS CO-CHAIRS OF THE ANNUAL FUND-RAISING CAMPAIGN, WHICH HAS BEEN A VERY SUCCESSFUL AND POPULAR

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APPROACH WITH THE VOLUNTEERS. THE COUPLES REPRESENT PAST, CURRENT AND/OR FUTURE CAMPAIGN CO-CHAIRS.

NO OTHER BOARD MEMBERS ARE RELATED.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED AND APPROVED BY THE GOVERNANCE COMMITTEE AND REPORTED TO THE BOARD OF DIRECTORS ANNUALLY PRIOR TO SUBMISSION. ALL BOARD MEMBERS RECEIVE A COPY OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST

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

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

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

Name of the organization

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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 FINANCE & ADMINISTRATION, WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE PRESIDENT IN THE SPRING OF EACH YEAR. IN THE CASE OF THE SENIOR VICE PRESIDENT 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 FINANCE & ADMINISTRATION SHALL FILE THE STAFF DISCLOSURE STATEMENTS WITH OTHER EMPLOYEE RECORDS.

GENERAL PROCEDURES FOR THE REVIEW OF ACTUAL OR POTENTIAL CONFLICTS

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 COMMITTEES, SHALL DETERMINE THE APPROPRIATE ORGANIZATIONAL RESPONSE. THIS SHALL INCLUDE, BUT IS NOT NECESSARILY LIMITED TO, INVOKING THE PROCEDURES DESCRIBED IN SECTION V BELOW, WITH

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RESPECT TO A SPECIFIC PROPOSED ACTION OR TRANSACTION.

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.

PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST SPECIFIC TRANSACTIONS

WHERE AN ACTUAL OR POTENTIAL CONFLICT EXISTS BETWEEN THE INTERESTS OF UNITED WAY OF BERKS COUNTY AND AN INTERESTED PARTY WITH RESPECT TO A SPECIFIC PROPOSED ACTION OR TRANSACTION, THE UNITED WAY OF BERKS COUNTY SHALL REFRAIN FROM THE PROPOSED ACTION OR TRANSACTION UNTIL SUCH TIME AS THE PROPOSED ACTION OR TRANSACTION HAS BEEN APPROVED BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. THE FOLLOWING PROCEDURES MAY APPLY:

AN INTERESTED PARTY WHO HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED ACTION OR TRANSACTION OF THE ORGANIZATION SHALL NOT PARTICIPATE, AND MAY BE EXCUSED FROM THE DELIBERATIONS AND DECISION MAKING, WITH RESPECT TO SUCH ACTION OR TRANSACTION. UPON REQUEST BY THE BOARD, THE INTERESTED PARTY MAY ANSWER QUESTIONS OR PROVIDE MATERIAL OR FACTUAL INFORMATION ABOUT THE PROPOSED ACTION OR TRANSACTION.

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THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS MAY APPROVE THE PROPOSED ACTION OR TRANSACTION UPON FINDING THAT IT IS IN THE BEST INTERESTS OF UNITED WAY OF BERKS COUNTY. THE BOARD SHALL CONSIDER WHETHER THE TERMS OF THE PROPOSED TRANSACTION ARE FAIR AND REASONABLE TO THE UNITED WAY OF BERKS COUNTY AND WHETHER IT WOULD BE POSSIBLE, WITH REASONABLE EFFORT, TO FIND A MORE ADVANTAGEOUS ARRANGEMENT WITH A PARTNER OR ENTITY THAT IS NOT AN INTERESTED PARTY.

APPROVAL BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS SHALL BE BY VOTE OF A MAJORITY OF DIRECTORS IN ATTENDANCE AT A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS. AN INTERESTED PARTY SHALL NEITHER BE COUNTED FOR PURPOSES OF DETERMINING WHETHER A QUORUM IS PRESENT NOR FOR THE PURPOSES OF DETERMINING WHAT CONSTITUTES A MAJORITY VOTE OF DIRECTORS IN ATTENDANCE.

THE MINUTES OF THE MEETING SHALL REFLECT THAT THE CONFLICT DISCLOSURE WAS MADE, THE VOTE TAKEN AND, WHERE APPLICABLE, THE ABSTENTION FROM VOTING AND PARTICIPATION BY THE INTERESTED PARTY.

VIOLATIONS OF CONFLICT OF INTEREST POLICY

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

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DETERMINES THAT THE INTERESTED PARTY HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMPENSATION PROCEDURES:

UNITED WAY OF BERKS COUNTY'S PRIMARY OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETITIVE EXECUTIVE COMPENSATION OPPORTUNITY CONSISTENT WITH COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION.

THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO:

- ENCOURAGE THE ATTRACTION AND RETENTION OF A HIGH CALIBER EXECUTIVE
- REINFORCE THE GOALS FOR THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION

- ENSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE
- BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS ORGANIZATIONAL SUCCESS

- ENSURE THAT THE PROGRAM IS EASY TO EXPLAIN, UNDERSTAND AND ADMINISTER
- BALANCE THE NEED TO BE COMPETITIVE WITH THE LIMITS OF AVAILABLE FINANCIAL RESOURCES

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,

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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

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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 ORGANIZATION'S SALARY AND ADMINISTRATION PROGRAM 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 (SEE BELOW). 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

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LEVELS. THE EXECUTIVE COMMITTEE WILL DETERMINE IF A REPORT ON THE ORGANIZATION'S COMPENSATION PLAN/SALARY STRUCTURE SHALL BE MADE TO THE FULL BOARD OF DIRECTORS.

UNITED WAY OF BERKS COUNTY'S POLICY IS THAT SALARY INCREASES ARE BASED ON MERIT AND SHOULD REFLECT AN EMPLOYEE'S CONTRIBUTION TO THE ORGANIZATION IN RELATION TO THE RESPONSIBILITIES OF HIS OR HER POSITION. SALARY INCREASES MAY BE LIMITED BY THE AVAILABILITY OF FUNDS. THE SALARY ADMINISTRATION PROGRAM THEREFORE HAS BEEN DESIGNED TO PROVIDE THE BEST PERFORMERS WITH HIGHER PERCENTAGES OF MERIT INCREASES. WITH THE EXCEPTION OF SPECIAL TYPES OF SALARY ADJUSTMENTS, MERIT INCREASES ARE THE ONLY TYPE OF SALARY INCREASES NORMALLY GRANTED.

FORM 990, PART VI, SECTION C, LINE 19:

COMPLIANCE WITH PUBLIC INSPECTION REQUIREMENTS:

IN GENERAL, EXEMPT ORGANIZATIONS MUST MAKE AVAILABLE FOR PUBLIC INSPECTION CERTAIN ANNUAL RETURNS AND APPLICATIONS FOR EXEMPTION, AND MUST PROVIDE COPIES OF SUCH RETURNS AND APPLICATIONS TO INDIVIDUALS WHO REQUEST THEM.

IN COMPLIANCE WITH THIS REQUIREMENT, UNITED WAY OF BERKS COUNTY ADHERES TO THE FOLLOWING:

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

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

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- 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 UNITED WAY OF BERKS COUNTY:

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- 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 UNITED WAY OF BERKS COUNTY WEB-SITE AT WWW.UWBERKS.ORG.

- ANNUAL REPORT

- AUDITED FINANCIAL STATEMENTS

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- CAMPAIGN HIGHLIGHTS REPORT
- CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY
- LINKS TO FORM 990 VIA CHARITY NAVIGATOR AND GUIDESTAR
- MISSION STATEMENT
- VISION STATEMENT

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED GAIN/LOSS ON BENEFICIAL INTEREST	-96,892.
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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning , and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

Form section H: Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here.

Form section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

Form section J: The books are in care of MONICA RUANO-WENRICH Telephone number (610) 685-4550

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows 14-32.

Part III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	14,598.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	14,598.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	13,598.

Part IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	2,856.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	2,856.

Part V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	2,856.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	2,856.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	2,856.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	2,856.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	0.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date		PRESIDENT	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Date		Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LINDA S HIMEBACK, CPA	LINDA S HIMEBACK, CPA	06/11/19		P00042618
	Firm's name	Firm's EIN		23-2415973	
2763 CENTURY BOULEVARD			Phone no. 610-378-1175		
READING, PA 19610					

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MONICA RUANO-WENRICH - 501 WASHINGTON STREET, PO BOX 702

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MONICA RUANO-WENRICH - 501 WASHINGTON STREET, PO BOX 702

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	2,856.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	2,856.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Mail to:

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
207 North Office Building
Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 01450
(N/A if initial registration)

Fiscal year ended: 12/31/2018
MM DD YYYY

FEIN: 23-1655375

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: UNITED WAY OF BERKS COUNTY, INC.

Check if name change and give previous name _____

2. All other names used to solicit contributions: _____

N/A

3. Contact person: MONICA RUANO-WENRICH Contact's E-mail: MONICAR@UWBERKS.ORG

4. Physical address of organization: _____ Mailing address: (If different than physical) _____

501 WASHINGTON STREET

P.O BOX 702

READING

READING

PA 19601

PA 19603-0702

County: BERKS

Phone number: (610) 685-4550

800 number: _____

Fax number: (610) 685-4569

Email (if different than Contact's email): _____

Website: WWW.UWBERKS.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):
NON-PROFIT CORPORATION

Where established: BERKS COUNTY

Date established:* 01/01/1963

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

UNITED WAY OF BERKS COUNTY, INC.

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

N/A

7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

X Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: MM DD YYYY

Other

9. If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.

MM DD YYYY

Other

*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

UNITED WAY OF BERKS COUNTY, INC.

10. Has the organization been granted IRS tax-exempt status? Yes No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? Yes No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

DIRECT MAIL, CORPORATE PRESENTATIONS/MEETINGS, PERSONAL SOLICITATION

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

FUNDRAISING AND OTHER FINANCIAL DEVELOPMENT, COMMUNICATIONS, VOLUNTEER DEVELOPMENT, PLANNING, NEEDS AND SERVICES EVALUATION, COMMUNITY SERVICES/BUILDING ACTIVITIES, AND THE ALLOCATION AND DISTRIBUTION OF FUNDS TO MEET HUMAN SERVICES NEEDS.

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.) Yes No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: _____
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)

SEE STATEMENT 1

UNITED WAY OF BERKS COUNTY, INC.

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

SEE STATEMENT 2

- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

NONE

- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization") Yes No Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes No Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

Legal name of parent organization

Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

SEE STATEMENT 3

UNITED WAY OF BERKS COUNTY, INC.

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

BOARD OF DIRECTORS

P.O. BOX 702 READING, PA 19603

B. Have final responsibility for the custody of contributions:

BOARD OF DIRECTORS

P.O. BOX 702 READING, PA 19603

C. Have final responsibility for final distribution of contributions:

BOARD OF DIRECTORS

P.O. BOX 702 READING, PA 19603

D. Are responsible for custody of financial records:

MONICA RUANO-WENRICH, SENIOR VP FINANCE AND ADMINISTRATION

P.O. BOX 702 READING, PA 19603

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No **SEE STATEMENT 4**

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? **
 Yes No

** (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

UNITED WAY OF BERKS COUNTY, INC.

Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer

Date

Type or print name and title of Chief Fiscal Officer

Signature of Other Authorized Officer

Date

Type or print name and title of Other Authorized Officer

Checklist for registration:	
<input checked="" type="checkbox"/>	Completed registration statement properly signed and dated.
<input checked="" type="checkbox"/>	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
<input type="checkbox"/>	Public Disclosure Form BCO-23 (if required)
<input checked="" type="checkbox"/>	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
<input checked="" type="checkbox"/>	Registration fee and any late filing fees
<input type="checkbox"/>	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.
See Instructions for more information on completing this form and attachments.	

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 3

NAME AND ADDRESS

TITLE

TAMMY L. WHITE
P.O BOX 702
READING, PA 19603-0702

PRESIDENT

NAME AND ADDRESS

TITLE

YAMIL SANCHEZ
P.O BOX 702
READING, PA 19603-0702

SR VP COMMUNITY IMPACT

NAME AND ADDRESS

TITLE

MONICA RUANO-WENRICH
P.O BOX 702
READING, PA 19603-0702

SR VP FINANCE & ADMIN

NAME AND ADDRESS

JEAN MORROW
P.O BOX 702
READING, PA 19603-0702

TITLE

SR VP RESOURCE DEVELOPMENT

NAME AND ADDRESS

SCOTT L. GRUBER
P.O BOX 702
READING, PA 19603-0702

TITLE

CHAIR

NAME AND ADDRESS

JOANNE JUDGE
P.O BOX 702
READING, PA 19603-0702

TITLE

VICE CHAIR

NAME AND ADDRESS

LAURIE PEER
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

SARA AULESTIA
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

PAMELA TERRY BARBEY
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

PETER BARBEY
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

RAMIRO M. CARBONELL
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

BRUCE COLE
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

PETER CONNORS
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

SANTINA CONNORS
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

SHARON DANKS
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

STEVEN FISHER
P.O BOX 702
READING, PA 19603-0702

TITLE

ASST. SECRETARY/TREASURER

NAME AND ADDRESS

AARON FRIES
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

SARA GALOSI
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

DR. JILL HACKMAN
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

BARBARA HALL
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

ALISA HARRIS
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

JOSEPH HARTZ
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

KIM HIPPERT-EVERSGERD
P.O BOX 702
READING, PA 19603-0702

TITLE

DIRECTOR

NAME AND ADDRESS

TITLE

ROBERT HOFFMASTER
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

DANIEL B. HUYETT
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

ELLEN HUYETT
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

MICHAEL KRUT
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

NICK MARMONTELLO
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

BETH GALLEN MASTROMARINO
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

EDWARD MCKEANAY, SR.
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

DR. KHALID MUMIN
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

JONI NAUGLE
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

SCOTT REHR
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

DANIEL SANSARY
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

MICHAEL SCHMIDTLEIN
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

DAVID SHAFFER
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

SHELLEY SHAFFER
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

MEG MCGLINN SHIELDS
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

PATRICK SHIELDS
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

EDWARD SHUTTLEWORTH
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

JEROME T. SIMCIK
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

TIMOTHY J. SIMMONS
P.O BOX 702
READING, PA 19603-0702

SECRETARY/TREASURER

NAME AND ADDRESS

TITLE

TIMOTHY SNYDER
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

KAREN WANG
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

TITLE

CHRISTINA WEEBER
P.O BOX 702
READING, PA 19603-0702

DIRECTOR

NAME AND ADDRESS

ELLEN AND DANIEL HUYETT
P.O. BOX 702 READING, PA 19603

BUSINESS

SPOUSES

NAME AND ADDRESS

PAMELA AND PETER BARBEY
P.O. BOX 702 READING, PA 19603

BUSINESS

SPOUSES

NAME AND ADDRESS

MEG AND PAT SHIELDS
P.O. BOX 702 READING, PA 19603

BUSINESS

SPOUSES

NAME AND ADDRESS

PETER AND SANTINA CONNORS
P.O. BOX 702 READING, PA 19603

BUSINESS

SPOUSES

NAME AND ADDRESS

SHELLEY AND DAVID SHAFFER
P.O. BOX 702 READING, PA 19603

BUSINESS

SPOUSES