\*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public.								
A For the 2023 calendar year, or tax year beginning and ending								
	heck if pplicabl							
	Addre chang		ED WAY OF BERKS COUNTY, INC.					
	Name		usiness as		23-16553	75		
	Initial return			om/suite	E Telephone numbe			
	Final return	25 M	. 2ND STREET, SUITE 101		(610) 68			
	termin ated	n-	own, state or province, country, and ZIP or foreign postal code	1	<b>G</b> Gross receipts \$	19,308,235.		
	Amen return	ded READ	ING, PA 19601		H(a) Is this a group r	eturn		
	Applic tion	F Name a	nd address of principal officer: TAMMY L. WHITE		for subordinates	s? Yes X No		
	pendir	SAME	AS C ABOVE		<b>H(b)</b> Are all subordinates i	ncluded? Yes No		
<u> </u>	ax-ex	empt status:		527	If "No," attach a	list. See instructions		
	Vebsi		UWBERKS.ORG		H(c) Group exemption			
			X Corporation Trust Association Other	L Year of	formation: 1963	<b>V</b> State of legal domicile: <b>PA</b>		
Pa	art I	Summary				017		
e			e the organization's mission or most significant activities: <b>INSPIR</b>					
anc			ERISM AND FINANCIAL SUPPORT TO BUILD					
ern		Check this bo				sets.   38		
Š			ing members of the governing body (Part VI, line 1a)			38		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			ependent voting members of the governing body (Part VI, line 1b)			34		
ties			of individuals employed in calendar year 2023 (Part V, line 2a)			2294		
Activities & Governance			of volunteers (estimate if necessary)			0.		
Ac			business taxable income from Form 990-T, Part I, line 11			0.		
		Net unrelated		<u> </u>	Prior Year	Current Year		
	8	Contributions	and grants (Part VIII, line 1h)	1	0,296,839.	11,325,499.		
nue			ce revenue (Part VIII, line 2g)		79,472.	229,630.		
Revenue		•	come (Part VIII, column (A), lines 3, 4, and 7d)		67,398.	378,859.		
Ř			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,729.	21,938.		
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		.0,465,438.	11,955,926.		
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		9,731,595.	9,183,070.		
	14	Benefits paid	o or for members (Part IX, column (A), line 4)		0.	0.		
Se	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		2,356,331.	2,619,276.		
Expenses	16a	Professional fu	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <u>1,660,669</u>		0.	0.		
ďx	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 1,660,669	•	1 664 000	1 01 0 001		
ш		-	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,664,032.	1,813,821.		
		-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,751,958.	13,616,167.		
<u> </u>		Revenue less	expenses. Subtract line 18 from line 12		<u>3,286,520.</u>	-1,660,241.		
Net Assets or -und Balances		T-+-!		-	nning of Current Year	End of Year 31,457,292.		
Ssei	20	Total assets (F			<u>82,073,316.</u> 4,446,069.	3,827,611.		
let A ind	21		(Part X, line 26) iund balances. Subtract line 21 from line 20		<u>4,440,009.</u> 27,627,247.	27,629,681.		
	22 Int II	.,,04,,44/•						
		Signature	declare that I have examined this return, including accompanying schedules and	statemen	ts and to the hest of m	v knowledge and helief it is		
			Declaration of preparer (other than officer) is based on all information of which p			, officage and bonon, it lo		

Sign	Signature of officer			Date				
Here	TAMMY L. WHITE, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	LINDA S HIMEBACK, CPA	LINDA S HIMEBACK,	CP 05/15	/24 self-employed	P00042618			
Preparer	Firm's name HERBEIN+COMPANY,	INC.		Firm's EIN 23-	2415973			
Use Only	Firm's address 2763 CENTURY BOUL	EVARD						
	READING, PA 19610			Phone no.610-	378-1175			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23							

	rt III   Statement of Program S	WAY OF BERKS C		23-16553	75 P
Fai		•			
1	Briefly describe the organization's miss				
•	UNITED WAY OF BERKS		S LIVES BY .	INSPIRING COLLABORAT	TON.
	VOLUNTEERISM AND FI				
			10 20112 11		
2	Did the organization undertake any sig		0 1	_	Yes X
				L	Yes 🛆
2	If "Yes," describe these new services of		in how it conducto on		Yes
3	Did the organization cease conducting If "Yes," describe these changes on So		in now it conducts, an		
4	Describe the organization's program se	ervice accomplishments for ea	ach of its three largest	program services, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organiz		he amount of grants ar	nd allocations to others, the total exper	ises, and
	revenue, if any, for each program servi	ce reported.	0.10	2 070	00 00
4a	(Code: ) (Expenses \$ 11 MORE THAN 190,000 CI HEALTH AND HUMAN SEI		ES AND SENIC	ORS BENEFITTED FROM	
				TMENTS FOCUS ON FOUR	
	AREAS: EDUCATION, F				
			<u> </u>		ICHD.
	SEE ADDITIONAL INFO	RMATION ON SCH	0.		
4b	(Code:) (Expenses \$	including gr	ants of \$	) (Revenue \$	
4c	(Code:) (Expenses \$	including gra	ants of \$	) (Revenue \$	
4d	Other program services (Describe on S	Schedule O.)			
	(Expenses \$	including grants of \$		Revenue \$	
4e	Total program service expenses	11,124,782.	,		Form <b>990</b>
32002	2 12-21-23	SEE SCHEDUI	LE O FOR CON	TINUATION(S)	
		-	3		
05	05 757874 63018.001	202	23.03040 UNI	TED WAY OF BERKS COU	JNT 63

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 Form 990 (2023)
 UNITED WAY OF BERKS COUNTY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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	· (onindo)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	X	X
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'res,' complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
<b>.</b>	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
30		38	х	
Par		00		I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 28			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
332004	- 12-21-23	Form	990	(2023)

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Form	990 (2023) UNITED WAY OF BERKS COUNTY, INC. 23-1655	375		age <b>5</b>
Par		575	Г	age •
			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Tes	
	filed for the calendar year ending with or within the year covered by this return 2a 34 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
		20 3a		x
		3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	30		<u> </u>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
	If "Yes," enter the name of the foreign country	40		- 23
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			- <u>-</u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		

excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.

 16
 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
 16

 16
 If "Yes," complete Form 4720, Schedule O.
 17

 17
 Section 501(c)(21) organizations. Did the trust, or any disculation of other person engage in any activities.

17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?
	If "Yes," complete Form 6069.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

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6 2023.03040 UNITED WAY OF BERKS COUNT 63018.01

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Form 990 (2023)

Form 990 (2023)
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UNITED WAY OF BERKS COUNTY, INC.

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 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 on Schedule O. See instructions.

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

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		38			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the		•				
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code.)				
			,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	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				11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, <b>,</b>					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				
	taxable entity during the year?				16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				100		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure				100		1
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 000	T (section !	501(c)(3)s	only)	availal	hla
10	for public inspection. Indicate how you made these available. Check all that apply.	10 000	1 (3000011)	501(0)(0)3	Offiy)	avanai	
	X       Own website       X       Another's website       X       Upon request       Other (explain	00.0-	hodula ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col			aliev and	finan	leir	
13			n interest p	oncy, and	mail		
20	statements available to the public during the tax year.	ko on-	Irocarda				
20	State the name, address, and telephone number of the person who possesses the organization's boo MONICA RUANO-WENRICH - ( $610$ ) $685-4550$	we and	TECOIDS				
	25 N. 2ND STREET, SUITE 101, READING, PA 19601						
					Γ	990	/000
20000	§ 12-21-23				Form	1 3 3 0	(202

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title       Average hours per week       Position (do not check more than one box, unless person is both an officer and a director/trustee)       Reportable compensation from       Reportable compensation	f on on d
hours per weekbox, unless person is both an officer and a director/trustee)compensationcompensationamount o(list anyigititfromfrom relatedother(ist anyigititorganizationscompensation	on on d
(list any $\frac{3}{2}$ the organizations compensati	on d
(list any 응     the organizations compensations hours for 분   명 organization (W-2/1099-MISC/ from the	on d
nours for [현]     등   organization   (W-2/1099-MISC/   from the	on d
related 📓 🚆 🛛 💆 🛛 (W-2/1099-MISC/ 🔰 1099-NEC) organizatio	d
related v star (W-2/1099-MISC/ 1099-NEC) organizations v star (W-2/1099-NEC) and relate	
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hours for related organizations below line) hours for related organizations below line) hours for related below line) hours below line) hours below line) hours below line) hours below line) hours below line) hours below line) hours below line) hours below line) hours below line) hours hours below line) hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours hours ho	
(1) TAMMY L. WHITE 37.50 37.50	
PRESIDENT X 183,028. 0. 22,05	3.
(2) MONICA RUANO-WENRICH 37.50	
SR VP FINANCE & ADMIN X 115,542. 0. 20,97	6.
(3) JEAN MORROW 37.50	
SR VP LEADERSHIP UNITED         X         110,796.         0.         13,10	9.
(4) ASHLEY CHAMBERS 37.50	
SR VP COMMUNITY IMPACT X 100,608. 0. 13,13	5.
(5) SCOTT REHR 1.00	
	0.
(6) JONI NAUGLE 1.00	
VICE CHAIR X X 0. 0.	0.
(7) CHRISTINA WEEBER 1.00	
SECRETARY/TREASURER X X 0. 0.	0.
(8) RUTHANN WOLL 1.00	_
ASST. SECRETARY/TREASURER X X 0. 0.	0.
(9) JOHN ARNOLD 1.00	_
DIRECTOR X O. O.	0.
(10) SARA AULESTIA	_
DIRECTOR X O. O.	0.
(11) JOHN BOBO	•
DIRECTOR X O. O.	0.
(12) JAMES BOSCOV 1.00	•
DIRECTOR X O. O.	0.
(13) ANTHONY COX 1.00	•
DIRECTOR X O. O.	0.
(14) KELLEY CROZIER, M.D.	•
DIRECTOR X O. O.	0.
(15) MICHAEL DUFF	~
DIRECTOR X O. O.	0.
(16) ROBERT FIRELY	0
DIRECTOR X O. O.	0.
(17) STEVEN FISHER 1.00	0
DIRECTOR X 0. 0.	0.

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Form 990 (2023)

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	990 (2023) UNITED W	AY OF BE	RK	s	CO	UN	ITY	',	INC.	23-1655	375	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)		
	(A)	(B) (C) Average Position							(D)	(E)		(F)
	Name and title	Average hours per	(do not d			more	than o		Reportable	Reportable		mated
		week					is both pr/trus		compensation from	compensation from related		ount of ther
		(list any	tor						the	organizations		ensation
		hours for	· direc				B		organization	(W-2/1099-MISC/		m the
		related	tee or	ustee	Officer Key employee Highest com pensated employee		(W-2/1099-MISC/	1099-NEC)	orgar	nization		
		organizations	al trus	nal tr		oyee	e mp		1099-NEC)		and	related
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	ploye	Former			organ	nizations
(10)	DODEDE COONIN	,	lnc	lns	0ff	Key	eng	Ē			<u> </u>	
	ROBERT GOONAN CTOR	1.00	x						0.	0.		0.
	TERRY GRASSLEY	1.00	^				-		0.	0.	<u> </u>	
	CTOR	1.00	x						0.	0.		0.
	BRADLEY HALL	1.00								0.	+	
	CTOR		x						0.	0.		0.
	VICTORIA HAWKINS	1.00										
DIRE	CTOR		x						0.	0.		0.
(22)	ANNETTE HINES	1.00										
DIRE	CTOR		х						0.	0.		0.
(23)	JASON HOERR	1.00										
DIRE	CTOR		Х						0.	0.		0.
(24)	MICHAEL KRUT	1.00										
DIRE	CTOR		Х						0.	0.	<u> </u>	0.
	WESLIE LIANA	1.00								•		
	CTOR AS OF MAY	1 0 0	Х						0.	0.	<u> </u>	0.
	DR. SUSAN LOONEY	1.00							0	0		0
	CTOR		Х						0.	0.	60	0.
	Subtotal								509,974.	0.	69	,273.
	Total from continuation sheets to Part V								0. 509,974.	0.	60	0.
	Total (add lines 1b and 1c) Total number of individuals (including but r								· ·		09	, 475.
2	compensation from the organization		ose	liste	u al	JOVE	<i>y</i> wii	ore	ceived more than \$100,	ooo or reportable		4
												Yes No
3	Did the organization list any former officer	director. trust	ee. k	ev e	empl	ove	e. or	hia	hest compensated empl	ovee on		
-	line 1a? If "Yes," complete Schedule J for s			-	•	•		Ŭ	• •		3	X
4	For any individual listed on line 1a, is the s											
	and related organizations greater than \$15										4	X
5	Did any person listed on line 1a receive or											
	rendered to the organization? If "Yes." cor	nplete Schedule	e J fo	or sı	ich i	oers	on .				5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest co	ompensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compense	ition from	n
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T	the organization's tax y	ear.		
	(A) Name and business	address	NTC	דדר					<b>(B)</b> Description of s	envices	(C) Compens	
	Name and Business	s address	INC	ONE	5			-	Description of s			
								$\uparrow$				
_								1				
2	Total number of independent contractors (		ot lin	nitec	d to			ted	above) who received mo	ore than		
	\$100,000 of compensation from the organ SEE PART VII, SECTIO		יאד	777	<u></u>		-	다	ፑጥር		<b>F O</b>	<b>90</b> (2023)
	DILIDIE LAVI AIT' DECLIO	N A CONT	т 1 <b>/</b>	OA	тт	UИ	ວ.	чĿ	סוני		rorm 🤊	JU (2023)

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(iii any hours for related organization below line)         if if if if if if if if if if if if if i	Form 990 UNITED Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
hours per weak (listary nours for below ime         (check all that apply) (listary related organizations below ime         compensation the organizations (W2/1099-MISC)         compensation the organizations (W2/1099-MISC)         amount of the organizations (W2/1099-MISC)           (27) DR. JOSEPH MACHAROLA         1.00         X         0         0.         0           (27) DR. JOSEPH MACHAROLA         1.00         X         0         0.         0           (27) DR. JOSEPH MACHAROLA         1.00         X         0         0.         0           (27) DR. JOSEPH MACHAROLA         1.00         X         0         0.         0           (27) DR. JOSEPH MACHAROLA         1.00         X         0.         0.         0           (27) DR. JOSEPH MACHAROLA         1.00         X         0.         0.         0           (28) JNICK MAMORAY         1.00         X         0.         0.         0           DIRECTOR         X         0         0.         0.         0           DIRECTOR         X         0         0.         0.         0           G31) RENOT ORTIZ         1.00         X         0.         0.         0.           G33) SIDE PERROTY         1.00         X         0.         0. <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>, ,</td><td>(F)</td></td<>										, ,	(F)
Instrument         Instrum	Name and title	hours	(cl					ly)	compensation from	compensation from related	Estimated amount of
DIRECTOR         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <t< td=""><td></td><td>(list any hours for related organizations below</td><td>Individual trustee or director</td><td>Institutional trustee</td><td>Officer</td><td>Key em ployee</td><td>Highest com pen sated em ployee</td><td>Former</td><td>organization</td><td>•</td><td>organization</td></t<>		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pen sated em ployee	Former	organization	•	organization
(28) NICK MARMONTELLO         1.00         x         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<		1.00	v						0	0	0
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(30) MISSY ORLANDO         1.00         X         0.00000000000000000000000000000000000		1.00									
DIRECTOR         X         0.         0.         0.         0.           0131 RENDY ORTIZ         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0</td>			Х						0.	0.	0
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(42) KIM WOERLE     1.00     X     0.     0.     0       DIRECTOR     X     0.     0.     0     0       (43) RICHARD EHST     1.00     X     0.     0.     0       DIRECTOR THROUGH MARCH     X     0.     0.     0     0       (44) DAVID CAPITANO     1.00     0     0     0     0	(41) KAREN WANG M.D.	1.00									
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		1.00	x						n	٥	n
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	rt VI					20050	or note to any line	a in this Dart VIII			
			Check if Schedule O c	Jonta	ins a res	JOIISE	or note to any line	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	а	Federated campaigns		1a						
nan	k	b	Membership dues		1b						
°,G	c	с	Fundraising events		10	;					
Sifts ar /	c	d	Related organizations		10						
Contributions, Gifts, Grants and Other Similar Amounts	e	е	Government grants (contri	ibutic	ons) <b>1e</b>	,					
tion sr S	f	f	All other contributions, gifts,	grants	s, and						
ibu			similar amounts not included	above			11,325,499.				
ontr od O	ç	-	Noncash contributions included in I				391,243.				
<u>a</u> Õ	ł	h	Total. Add lines 1a-1f	<u></u>				11,325,499.			
					~		Business Code	105 604	105 604		
ice	2 8	-	TRAINING & WORKSHOP	FEE:	5		611430 611710	107,624.	107,624.		
erv ue	k	~	READ ALLIANCE				611/10	69,630.	69,630.		
m S ven	C	č	EVEN15				011430	52,376.	52,376.		
grai	C	d									
Program Service Revenue	•	e f	All other program service	rovon							
_			Total. Add lines 2a-2f					229,630.			
	3		Investment income (includ					/ -			
	•		other similar amounts)	•				693,071.			693,071.
	4		Income from investment o								
	5		Royalties		·····						
			-		(i) Re		(ii) Personal				
	6 a	а	Gross rents	6a							
	k	b	Less: rental expenses	6b							
	c	с	Rental income or (loss)	6c							
	c	d	Net rental income or (loss)	) <u></u>							
	7 a	а	Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory	7a	7,038	,097.					
	k		Less: cost or other basis								
anı			and sales expenses	7b	7,352						
Revenue			Gain or (loss)	7c		,212.					
r Re			Net gain or (loss)					-314,212.			-314,212.
Othei	8 8		Gross income from fundraisin								
Ò			including \$								
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses Net income or (loss) from t			·· –					
			Gross income from gamin		0						
	56		Part IV, line 19	-							
	ł										
			Net income or (loss) from			·· ·					
			Gross sales of inventory, le	•	•						
			and allowances			10a					
	k		Less: cost of goods sold								
			Net income or (loss) from			·· ·					
"							Business Code				
sno	11 a	а	ADMINISTRATION FEES				561000	20,645.	20,645.		
scellanec Revenue	k	b	MISCELLANEOUS				900099	1,293.	1,293.		
sella	0	с									
Miscellaneous Revenue	C	d	All other revenue								
~			Total. Add lines 11a-11d					21,938.			
	12		Total revenue. See instruction	ons				11,955,926.	251,568.	0.	378,859. Form <b>990</b> (2023)

UNITED WAY OF BERKS COUNTY, INC.

Form 990 (2023)

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Page **9** 

23-1655375

UNITED WAY OF BERKS COUNTY, 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).

INC.

300	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do i	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	9,183,070.	9,183,070.		
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	341,599.	88,859.	184,390.	68,350.
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	1,772,000.	816,221.	292,475.	663,304.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	348,949.	134,279.	58,184.	156,486.
10	Payroll taxes	156,728.	69,095.	33,246.	54,387.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	24,191.	12,776.	3,206.	8,209.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	66,208.	28,681.	14,599.	22,928.
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	739,743.	390,696.	98,010.	251,037.
12	Advertising and promotion	182,924.	60,501.	171.	122,252.
13	Office expenses	107,336.	91,236.	2,448.	13,652.
14	Information technology				
15	Royalties				
16	Occupancy	181,743.	79,019.	38,817.	63,907.
17	Travel	17,299.	10,341.	3,110.	3,848.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	400.045			
21	Payments to affiliates	133,949.	42,060.	33,648.	58,241.
22	Depreciation, depletion, and amortization	146,837.	58,932.	33,021.	54,884.
23	Insurance	41,562.	13,167.	10,401.	17,994.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)		20.011	1 005	<u> </u>
а	UW SPONSORED MEETINGS	94,375.	32,911.	1,205.	60,259.
b	MISCELLANEOUS EXPENSES	59,226.	7,262.	20,125.	31,839.
С	EQUIPMENT RENTAL & MAIN	18,428.	5,676.	3,660.	9,092.
d					
	All other expenses	10 010 100			1 660 660
25	Total functional expenses. Add lines 1 through 24e	13,616,167.	11,124,782.	830,716.	1,660,669.
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)				Form <b>990</b> (2022

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UNITED	WAY	OF	BERKS	COUNTY,	INC
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23-1655375 Page 11

Part		Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			6,163,786.	2	5,373,424.
	3	Pledges and grants receivable, net			6,082,168.	3	6,516,877
	4	Accounts receivable, net			29,017.	4	96,510
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
Ω	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9				4,135.	9	20,290
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	670,095.			
	b	Less: accumulated depreciation	10b	383,888.	405,735.	10c	286,207
	11	Investments - publicly traded securities			16,593,141.	11	16,423,067
	12	Investments - other securities. See Part IV, line		825,082.	12	884,531	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		1,970,252.	15	1,856,386	
	16	Total assets. Add lines 1 through 15 (must eq	3)	32,073,316.	16	31,457,292	
	17	Accounts payable and accrued expenses		1,332,558.	17	704,050	
	18	Grants payable		18			
	19	Deferred revenue	50,000.	19	52,517		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub-	stantial c	contributor, or 35%			
iab		controlled entity or family member of any of the	ese perso	ons		22	
-	23	Secured mortgages and notes payable to unre		F		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			2 051 044
		of Schedule D			3,063,511.		3,071,044
	26	Total liabilities. Add lines 17 through 25	<u></u>		4,446,069.	26	3,827,611.
ø		Organizations that follow FASB ASC 958, ch	eck here	e X			
S		and complete lines 27, 28, 32, and 33.			10 710 044		
alar	27	Net assets without donor restrictions	10,719,844.	27	9,559,464		
Ä	28	Net assets with donor restrictions	16,907,403.	28	18,070,217.		
ň		Organizations that do not follow FASB ASC	958, che	eck here			
۳.		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or e		30			
÷	31	Retained earnings, endowment, accumulated i		· · · · · · · · · · · · · · · · · · ·	27 627 247	31	
_	32	Total net assets or fund balances			27,627,247.	32	27,629,681.
	33	Total liabilities and net assets/fund balances			32,073,316.	33	<u>31,457,292</u>

Form 990 (2023)

# Form 990 (2023) UNITED WAY Part X Balance Sheet V

_	1 990 (2023) UNITED WAY OF BERKS COUNTY, INC.	23-1	655375	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,955		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,616		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,660		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,627		
5	Net unrealized gains (losses) on investments	5	2,048	3,0	<u>57.</u>
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 on Schedule O)	9	-385	5,38	<u>82.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	27,629	9,68	<u>81.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L
			- (	DOO /	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

## **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
2023
Open to Public Inspection

Nam	e of t	the organization						Employer	identification number		
				BERKS COUNTY					3-1655375		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.			
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	า 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10		An organization that norma									
		activities related to its exem									
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.		
		See section 509(a)(2). (Con	• •				O(-)(4)				
11 12		An organization organized a	-	•	•			rn out the	purpasso of ana ar		
12		An organization organized a more publicly supported or	-	•	-			•			
		lines 12a through 12d that	-								
а		<b>Type I.</b> A supporting orga	• •			-		-	aivina		
		the supported organization		-	• • • •	-					
		organization. You must o									
b		<b>Type II.</b> A supporting org	-		ion with it:	s supporte	ed organizatio	n(s). bv hav	vina		
		control or management o	-				-		-		
		organization(s). You mus						•			
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,		
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	rted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness		
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .				
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III			
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.			<b></b>		
f		er the number of supported o	•								
g		vide the following information i) Name of supported		d organization(s). (iii) Type of organization	(iv) Is the ora:	anization listed	(v) Amount o	fmonotony	(vi) Amount of other		
	(	organization	(ii) EIN	(described on lines 1-10	in your governi	ing document?	support (see ir		support (see instructions)		
		g		above (see instructions))	Yes	No					
Tota	I										

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.)

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	11,144,072.	21,426,022.	12,544,375.	10,296,839.	11,325,499.	66,736,807.				
2	Tax revenues levied for the organ-										
	ization'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	11.11.050	01 105 000		10.000.000	44 205 400					
	Total. Add lines 1 through 3	11,144,072.	21,426,022.	12,544,375.	10,296,839.	11,325,499.	66,736,807.				
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,						4 854 268				
-	column (f)						4,754,367.				
	Public support. Subtract line 5 from line 4.						61,982,440.				
		(-) 0010	(1-) 0000	(-) 0001	(4) 0000	(-) 0000	(6) Tatal				
	ndar year (or fiscal year beginning in)	(a) 2019 11,144,072.	(b) 2020 21,426,022.	(c) 2021 12,544,375.	(d) 2022 10,296,839.	(e) 2023 11,325,499.	(f) Total 66,736,807.				
	Amounts from line 4	11,111,072.	21,420,022.	12,311,373.	10,250,035.	11,525,455.					
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	239,570.	321,510.	1,242,838.	579,625.	693,071.	3,076,614.				
0	and income from similar sources Net income from unrelated business	235,570.	521,510.	1,212,030.	375,023.	000,071.	5,070,014.				
9	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
10	or loss from the sale of capital										
	assets (Explain in Part VI.)	22,904.	57,533.	20,187.	21,729.	21,938.	144,291.				
11	<b>Total support.</b> Add lines 7 through 10						69,957,712.				
	Gross receipts from related activities,	etc. (see instructio	uns)			12	339,080.				
	First 5 years. If the Form 990 is for th		,								
	organization, check this box and <b>stor</b>	•									
Sec	ction C. Computation of Publi	c Support Per									
	Public support percentage for 2023 (I			olumn (f))		14	88.60 %				
	Public support percentage from 2022		•			15	89.93 %				
	33 1/3% support test - 2023. If the o					ore, check this bo	k and				
	stop here. The organization qualifies										
b	33 1/3% support test - 2022. If the o										
	and stop here. The organization qual										
17a	10% -facts-and-circumstances test										
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization										
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>.</sup>	10% or				
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	k this box and <b>st</b>	o <b>p here.</b> Explain i	n Part VI how the					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation					
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions					
						Schedule A	(Form 990) 2023				

332022 12-21-23

	edule A (Form 990) 2023 U rt III   Support Schedule for C	NITED WAY				23-165	5375 Page 3
Га		-			.,		
	(Complete only if you checked			organization failed	I to qualify under P	art II. If the organiz	ation fails to
Sec	qualify under the tests listed b tion A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(a) 2019	<b>(b)</b> 2020	(C) 2021	(u) 2022	(e) 2023	
•	membership fees received. (Do not						
	include any "unusual grants.")						
•							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Public support. (Subtract line 7c from line 6.)						
~	tion P. Totol Support					1	L
Sec	tion B. Total Support						
	••	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9	••	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Cale 9	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses convised efter, lung 20, 1075	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 9 10a b	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 9 10a b	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 9 10a b	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 9 10a b c 11	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 9 10a b c 11	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 9 10a b c 11	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calei 9 10a b c 11 12 13	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
Calei 9 10a b c 11 12 13	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Calei 9 10a b c 11 12 13 14	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizati	Dn,
Calei 9 10a b c 11 12 13 14 Sec	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here tion C. Computation of Public	ne organization's fir <b>c Support Per</b>	rst, second, third, <b>centage</b>	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	Dn,
Calei 9 10a b c 11 12 13 14 Sec	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here	ne organization's fir <b>c Support Per</b>	rst, second, third, <b>centage</b>	fourth, or fifth tax	year as a section 5	i01(c)(3) organizati	Dn,
Calei 9 10a b c 11 12 13 14 <b>Sec</b> 15 16	ndar year (or fiscal year beginning in)         Amounts from line 6         Gross income from interest,         dividends, payments received on         securities loans, rents, royalties,         and income from similar sources         Unrelated business taxable income         (less section 511 taxes) from businesses         acquired after June 30, 1975         Add lines 10a and 10b         Net income from unrelated business is         regularly carried on         Other income. Do not include gain         or loss from the sale of capital         assets (Explain in Part VI.)         Total support. (Add lines 9, 10c, 11, and 12.)         First 5 years. If the Form 990 is for th         check this box and stop here         tion C. Computation of Public         Public support percentage for 2023 (I	ne organization's fin <b>c Support Per</b> ine 8, column (f), d Schedule A, Part	rst, second, third, centage ivided by line 13, o	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	Dn,
Calei 9 10a b c 11 12 13 14 <b>Sec</b> 15 16	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here tion C. Computation of Public Public support percentage for 2023 (I	ne organization's fin <b>c Support Per</b> ine 8, column (f), d Schedule A, Part	rst, second, third, centage ivided by line 13, o	fourth, or fifth tax	year as a section 5	501(c)(3) organization 15	Dn,
Calei 9 10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u>	ndar year (or fiscal year beginning in)         Amounts from line 6         Gross income from interest,         dividends, payments received on         securities loans, rents, royalties,         and income from similar sources         Unrelated business taxable income         (less section 511 taxes) from businesses         acquired after June 30, 1975         Add lines 10a and 10b         Net income from unrelated business is         regularly carried on         Other income. Do not include gain         or loss from the sale of capital         assets (Explain in Part VI.)         Total support. (Add lines 9, 10c, 11, and 12.)         First 5 years. If the Form 990 is for th         check this box and stop here         tion C. Computation of Public         Public support percentage for 2023 (I	ne organization's fir <b>c Support Per</b> ine 8, column (f), d <u>Schedule A, Part</u> <b>stment Income</b>	rst, second, third, centage ivided by line 13, o III, line 15 Percentage	fourth, or fifth tax	year as a section 5	501(c)(3) organization 15 16	Dn,
Calei 9 10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u>	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 tion D. Computation of Invess	ne organization's fir <b>c Support Per</b> ine 8, column (f), d Schedule A, Part <b>stment Income</b> <b>23</b> (line 10c, colum	rst, second, third, centage ivided by line 13, o Percentage nn (f), divided by li	fourth, or fifth tax column (f))	year as a section 5	501(c)(3) organization 15 16	Dn, 
Calei 9 10a b c 11 12 13 14 15 16 Sec 17 18	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2023 (I Public support percentage for 2023 (I Public support percentage for 2023 (I) Public support percentage	ne organization's fir <b>c Support Per</b> ine 8, column (f), d <u>Schedule A, Part</u> <b>itment Income</b> 1023 (line 10c, colur 2022 Schedule A,	st, second, third, centage ivided by line 13, o Percentage nn (f), divided by li Part III, line 17	fourth, or fifth tax column (f))	year as a section 5	15 16 17 18	Don, 
Calei 9 10a b c 11 12 13 14 15 16 Sec 17 18	hdar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 tion D. Computation of Invess Investment income percentage from 2022 Investment income percentage from 2023 Investment income percentage from 2024 Investment income percentage from 2025 Investment Income percentage from 20	ne organization's fin <b>c Support Per</b> ine 8, column (f), d Schedule A, Part <b>itment Income</b> <b>2023</b> (line 10c, colum <b>2022</b> Schedule A, organization did n	rst, second, third, <b>centage</b> ivided by line 13, of <b>Percentage</b> nn (f), divided by line Part III, line 17 ot check the box of	fourth, or fifth tax column (f)) ne 13, column (f)) on line 14, and line	year as a section 5	501(c)(3) organization 15 16 17 18 33 1/3%, and line 1	Don, 
Calei 9 10a b c 11 12 13 14 <u>Sec</u> 17 18 19a	ndar year (or fiscal year beginning in)         Amounts from line 6         Gross income from interest,         dividends, payments received on         securities loans, rents, royalties,         and income from similar sources         Unrelated business taxable income         (less section 511 taxes) from businesses         acquired after June 30, 1975         Add lines 10a and 10b         Net income from unrelated business is         aregularly carried on         Other income. Do not include gain         or loss from the sale of capital         assets (Explain in Part VI.)         Total support. (Add lines 9, 10c, 11, and 12.)         First 5 years. If the Form 990 is for th         check this box and stop here         tion C. Computation of Public         Public support percentage from 2022         tion D. Computation of Invest         Investment income percentage from 2023         Investment income percentage from 33 1/3% support tests - 2023. If the	ne organization's fin <b>c Support Per</b> ine 8, column (f), d Schedule A, Part <b>stment Income</b> 2023 (line 10c, colum 2022 Schedule A, organization did n nd <b>stop here.</b> The	rst, second, third, rst, second, third, rst, second, third, rentage ivided by line 13, of ivided by line 13, of ivided by line 13, of Percentage nn (f), divided by line Part III, line 17 ot check the box of organization quali	fourth, or fifth tax column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	year as a section 5	501(c)(3) organizati 15 16 17 18 13 1/3%, and line 1 ation	Don, Don, Don, Don, Don, Don, Don, Don,
Calei 9 10a b c 11 12 13 14 <u>Sec</u> 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support</b> . (Add lines 9, 10c, 11, and 12.) <b>First 5 years.</b> If the Form 990 is for th check this box and <b>stop here</b> <b>tion C. Computation of Publi</b> Public support percentage for 2023 (I Public support percentage for	ne organization's fir <b>c Support Per</b> ine 8, column (f), d <u>Schedule A, Part</u> <b>stment Income</b> <b>223</b> (line 10c, colum <b>2022</b> Schedule A, organization did n nd <b>stop here.</b> The organization did n	rst, second, third, centage ivided by line 13, of Percentage nn (f), divided by li Part III, line 17 ot check the box of organization quali ot check a box on	fourth, or fifth tax column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	year as a section 5	501(c)(3) organizati 15 16 17 18 33 1/3%, and line 1 ttion ore than 33 1/3%, a	Don, Don, 
Calei 9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support</b> . (Add lines 9, 10c, 11, and 12.) <b>First 5 years.</b> If the Form 990 is for th check this box and <b>stop here</b> <b>tion C. Computation of Publi</b> Public support percentage for 2023 (I Public support percentage for 2023 (I Public support percentage for 2023 (I Public support tests - 2023. If the more than 33 1/3%, check this box ar <b>33 1/3% support tests - 2022.</b> If the	ne organization's fir <b>c Support Per</b> ine 8, column (f), d Schedule A, Part <b>stment Income</b> 2022 Schedule A, organization did n nd <b>stop here.</b> The organization did n ck this box and <b>st</b>	rst, second, third, centage ivided by line 13, o III, line 15 Percentage nn (f), divided by li Part III, line 17 ot check the box o organization quali ot check a box on op here. The orga	fourth, or fifth tax column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a nization qualifies a	year as a section 5 year as a publicly years of the section 5 year as a publicly year as a section 5 year	15         16         17         18         33 1/3%, and line 1         ation         ore than 33 1/3%, a         orted organization	Dn, 
Calei 9 10a b c 11 12 13 14 15 16 Sec 17 18 19a b 20	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support</b> . (Add lines 9, 10c, 11, and 12.) <b>First 5 years.</b> If the Form 990 is for th check this box and <b>stop here</b> <b>tion C. Computation of Publi</b> Public support percentage for 2023 (I Public support percentage for 2023 (I Public support percentage for 2023 (I Public support tests - 2023. If the more than 33 1/3%, check this box ar <b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	ne organization's fir <b>c Support Per</b> ine 8, column (f), d Schedule A, Part <b>stment Income</b> 2022 Schedule A, organization did n nd <b>stop here.</b> The organization did n ck this box and <b>st</b>	rst, second, third, centage ivided by line 13, o III, line 15 Percentage nn (f), divided by li Part III, line 17 ot check the box o organization quali ot check a box on op here. The orga	fourth, or fifth tax column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a nization qualifies a	year as a section 5 year as a publicly years of the section 5 year as a publicly year as a section 5 year	15         16           17         18           13 1/3%, and line 1         13/3%, and line 1           ation	Dn, 

2023.03040 UNITED WAY OF BERKS COUNT 63018.01

1

2

3a

Yes No

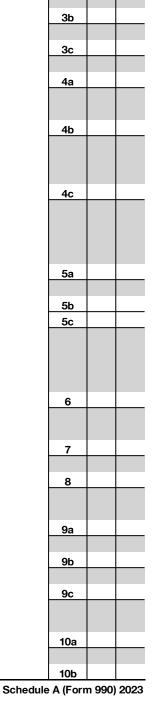
### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2023.03040 UNITED WAY OF BERKS COUNT 63018.01

18

Sche	dule A	(Form 990) 2023	UNITED	WAY	OF	BERKS	COUNTY,	INC.	23-16	5537	5 Ра	age <b>5</b>
Par	t IV	Supporting Organ	izations (cont	inued)								
			·								Yes	No
11	Has t	he organization accepted	l a gift or contribu	tion from	n any	of the follow	wing persons?					
а	A per	rson who directly or indire	ectly controls, eith	er alone	or to	gether with	persons describ	ed on lines 11b and				
	11c b	below, the governing body	y of a supported o	organiza	tion?					11a		
b	A fam	nily member of a person d	lescribed on line <sup>.</sup>	11a abo	ve?					11b		
с	A 359	% controlled entity of a pe	erson described o	n line 1 <sup>.</sup>	la or 1	11b above?	If "Yes" to line	11a, 11b, or 11c, provide				
		in <b>Part VI.</b>								11c		
Sec	tion l	B. Type I Supporting	g Organizatio	ns								
											Yes	No
	<b>D:</b>	han an an an ann an tar an	<i>c</i>									

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Dort VI have a statistic statistic statistic statistic statistic statistic (A) that a statistic (A) that a statistic	

now providing such benefit carried out the purposes of the supported organization(s) that operated,

	supervise												2	
Se	ction C. T	vpe II	I Suppo	rtina (	Orgai	nižati	ons							
		71		<u> </u>										
														Ye

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

## 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		1

## Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b Schedule A (Form 990) 2023

Yes No

No

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	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ny Oryani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	1
Sect	tion 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		
Sec	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

UNITED WAY OF BERKS COUNTY, INC.

332026 12-21-23

instructions).

	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				

UNITED WAY OF BERKS COUNTY, INC.

Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

23-1655375 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1

**Current Year** 

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

**1** Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

Part IV, Section A, I line 1; Part IV, Sect	UNITED WAY OF BERKS COUNTY, INC. 23–1655375 P. Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, tion 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 or and Part V. Section F, lines 2, 5, and 6, Alex complete this part V, inter 1; Part V, Section B, line 1e; Part V
Section D, lines 5, 6 (See instructions.)	6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
CHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
DMINISTRATION F	EES
2019 AMOUNT: \$	22,904.
2020 AMOUNT: \$	57,533.
2021 AMOUNT: \$	20,187.
2022 AMOUNT: \$	21,729.
2023 AMOUNT: \$	21,938.

## Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Fmplover identification number

Schedule B	
Form 990)	

Department of the Treasury Internal Revenue Service

0

Fi

Name of the organization

Name of the organiza		Employer Identification
	UNITED WAY OF BERKS COUNTY, INC.	23-1655375
Organization type (ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Part I

UNITED WAY OF BERKS COUNTY, INC.

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 1,320,356. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Employer identification number

(d)

(d)

(d)

X

Schedule B (Form 990) (2023)

323452 12-26-23

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12-26-23			Schedule B (Form 990) (2023)

26

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

UNITED WAY OF BERKS COUNTY, INC.

Name of organization

Part II

(a)

Employer identification number

23-1655375

(c)

B (Form

14170515 757874 63018.001

Schedule	B (Form 990) (2023)			Page 4
Name of c	organization			Employer identification number
UNITE	D WAY OF BERKS COUNTY, I	NC.		23-1655375
Part III	Exclusively religious, charitable, etc., contribution	ns to organizations described in sec brough (e) and the following line entr	v. For organizations	
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info.	once.) \$
(a) No.			(1) 5	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		<u> </u>		
		(e) Transfer of gift		
	Transferee's name, address, an	d <b>ZI</b> P + 4	Relationship of tr	ansferor to transferee
		[		
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	:	
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee
			1	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
<u>Part I</u>				
		(e) Transfer of gift		
	Transferee's name, address, an	d <b>7</b> ID + 4	Polationship of tr	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I		(0) 000 0. g		
	l	(e) Transfer of gift	. I	
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee
		[		
323454 12-20	6-23			Schedule B (Form 990) (2023)
		27		- ( , ()

	CHEDULE D Form 990) Grown 990) Form 990) Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					OMB No. 1545-0047
•		Part IV, line 6, 7, 8, 9, 10	), 11a, 11b, 11c, 11d, 1			<b>ZUZJ</b> Open to Public
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	Attach to Form 990. O for instructions and	the latest information.		Inspection
Nam	e of the organizati	ion			Emp	ployer identification number
De		UNITED WAY OF BERK	S COUNTY, IN	IC . Similar Funda ar Ar		23-1655375
Pa		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin		Similar Funds of Ad	cour	<b>Its.</b> Complete if the
	organizatio		(a) Donor advis	sed funds	( <b>b)</b> Fun	nds and other accounts
1	Total number at e	nd of year	. ,		(	
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	Did the organization	on inform all donors and donor advisors in	writing that the assets h	neld in donor advised fund	ds	
		on's property, subject to the organization's				Yes No
6		on inform all grantees, donors, and donor a				
		poses and not for the benefit of the donor o			Ũ	
Pa	impermissible priv	vate benefit? vation Easements. Complete if the org				
1		servation easements held by the organization			, 1110 7.	
•		n of land for public use (for example, recrea	· · · ·	Preservation of a histo	orically	important land area
	Protection of	of natural habitat	, E	Preservation of a cert		•
	Preservation	n of open space				
2		through 2d if the organization held a qualif	fied conservation contri	bution in the form of a co	nserva	
	day of the tax yea					Held at the End of the Tax Year
a		onservation easements			2a	
b	•				2b 2c	
c d		rvation easements on a certified historic stru rvation easements included on line 2c acqu			20	
u		sture listed in the National Register	•		2d	
3		rvation easements modified, transferred, rel			ization	during the tax
	year					
4	Number of states	where property subject to conservation eas	sement is located			
5	0	ation have a written policy regarding the per	0, 1	, 0		
•		forcement of the conservation easements it				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conservation	on ease	ements during the year
7	Amount of expense	 ses incurred in monitoring, inspecting, hanc	lling of violations, and e	enforcing conservation ea	semen	ts during the year
•	Amount of expend	see meaned in momenty, inspecting, have			oemen	
8	Does each conser	rvation easement reported on line 2d above	satisfy the requiremen	ts of section 170(h)(4)(B)(i	)	
	and section 170(h	ı)(4)(B)(ii)?				Yes No
9	In Part XIII, descri	be how the organization reports conservation	on easements in its rev	enue and expense statem	nent an	d
	balance sheet, an	d include, if applicable, the text of the footr	note to the organization	's financial statements the	at desc	cribes the
Pa	organization's acc	counting for conservation easements. ations Maintaining Collections of	Art Historical Tr	easures or Other S	imila	r Assats
I U		if the organization answered "Yes" on Form	•		, in the	
<b>1</b> a		elected, as permitted under FASB ASC 95		venue statement and bala	ance st	heet works
	-	easures, or other similar assets held for put	· ·			
		Part XIII the text of the footnote to its finar	,			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its reven	ue statement and balance	e sheet	works of
		sures, or other similar assets held for public	exhibition, education,	or research in furtherance	e of pul	blic service,
		ing amounts relating to these items.				
		uded on Form 990, Part VIII, line 1				\$
~	.,					\$
2		received or held works of art, historical tre-			provide	Э
•	-	unts required to be reported under FASB A I on Form 990, Part VIII, line 1	-			\$
b		n Form 990, Part X				\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
332051 09-28-23	

28 2023.03040 UNITED WAY OF BERKS COUNT 63018.01

Sche		WAY OF BERN				23-16			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Simi	lar Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significa	nt use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		0 1 0					
	c Preservation for future generations								
4									
5									
-	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	t IV Escrow and Custodial Arrange								
	reported an amount on Form 990, Par		ie in the englineater						
1a	Is the organization an agent, trustee, custodia		liary for contribution	s or other assets no	t include	h			
ia	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII a					····· ∟		L	
b			iowing table.				Amount		
•	Paginning balance				10		, ano an		
	Additions during the year				··· —				
	Additions during the year								
f	Distributions during the year				···   1				
20	Ending balance Did the organization include an amount on Fo				····		Yes		No
	If "Yes," explain the arrangement in Part XIII.					····· └──			
Par					10				
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	vears	back
10	Beginning of year balance	7,769,023.	9,840,583.	9,104,248.		,074,015.	. ,		729.
b		61,916.	18,662.	12,647.	-	94,680.	· ,		346.
u o	Contributions	1,327,532.	-1,741,710.	1,086,706.	-	,270,441.	1		741.
ט ה	Net investment earnings, gains, and losses	1,027,002.	1,111,110.	1,000,700.		, 2, 0, 111.	±,	<u> </u>	,
d	Grants or scholarships								
е	Other expenditures for facilities	350,591.	348,512.	363,018.		334,888.		316	801.
	and programs	330,391.	540,512.	505,018.	-	554,000.		540,	001.
Ť	Administrative expenses	8,807,880.	7,769,023.	0 940 593		104 049		074	015
g	End of year balance		, ,	, ,	9	,104,248.	°,	074,	015.
2	Provide the estimated percentage of the curr	•		) held as:					
a	Board designated or quasi-endowment	22.7100	_%						
b	Permanent endowment 77.2900	%							
С		%							
-	The percentages on lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	id administered for t	he		Г	Yes	Na
	organization by:								No
	(i) Unrelated organizations?						3a(i)	Х	v
							3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza						3b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.						
Fai			Dout IV line 110 C	an Farm 000 Dart V	line 10				
	Complete if the organization answered						<u> </u>		
	Description of property	(a) Cost or o			Accumu		(d) Bool	< valu	е
		basis (investr	Dasis	(other) d	epreciati	on			
	Land								
	Buildings			<u> </u>				<u> </u>	<u> </u>
	Leasehold improvements			2,258.		852.			06.
d	Equipment			9,419.		074.			<u>45.</u>
	Other			8,418.	119,	962.			<u>56.</u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	<u>X, line 10c, column</u>	<u>(B))</u>				-	07.
						Schedule	D (Form	990)	2023

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives	(2) 20011 12/20		
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soc Form 000 Dort V line 15	
	Description	11d. See Form 990, Fart X, line 13.	(b) Book value
		DOLTCY	28,718
			1,827,668
	AIING DEADE		1,027,000
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (B))		1,856,386
Part X Other Liabilities	און ((ם), און		_,,
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
I. (a) Description of liability	· · ·		(b) Book value
(1) Federal income taxes			
(2) DUE TO OTHER UNITED WAYS			294,101
(3) DUE TO DESIGNATED AFFILIA	TED		,
(4) AGENCIES			886,331
(5) OPERATING LEASE LIABILITY			1,890,612
(6)			. ,
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, line 25, co	ol. (B))		3,071,044
		the organization's financial statements t	

UNITED WAY OF BERKS COUNTY, INC.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🛄 🐰

Schedule D (Form 990) 2023

23-1655375 Page 3

332053 09-28-23

	edule D (Form 990) 2023 UNITED WAY OF BERKS COUNTY	,			1655375 Page 4
Pa	<b>t XI</b> Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		n Revenue per Re	turn	
1	Total second second set as a second second second second second field for an ability of the second second			1	12,793,238.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	12,755,2501
_		2a	2,048,057.		
a L	Net unrealized gains (losses) on investments		70,667.	-	
b	Donated services and use of facilities		10,001.	-	
C I	Recoveries of prior year grants		-62,605.	•	
d	Other (Describe in Part XIII.)	•			2 056 110
е	Add lines 2a through 2d			2e	2,056,119.
3	Subtract line <b>2e</b> from line <b>1</b>			3	10,737,119.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	66 200		
а	Investment expenses not included on Form 990, Part VIII, line 7b		66,208.		
b	Other (Describe in Part XIII.)	4b	1,152,599.		1 010 007
С	Add lines <b>4a</b> and <b>4b</b>			4c	1,218,807.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,955,926.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F		n <u>11,955,926.</u>
_	Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per F	Retur	n
1	Reconciliation of Expenses per Audited Financial Statemed           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents Wi	th Expenses per F		n 12,790,804.
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per F	Retur	n
1	Image: Second liable of the organization of the organization answered "Yes" on Form 990, Part IV, line 12a.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents Wi	th Expenses per F	Retur	n
1 2	Image: State of the state	ents Wi	th Expenses per F	Retur	n
1 2	Image: Second light for the	2a 2b 2c	th Expenses per F	Retur	n
1 2 a b	Image: State of the state	2a 2b 2c	th Expenses per F	Retur	n 12,790,804.
1 2 a b c	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F	1 2e	n 12,790,804.
1 2 b c d	<b>Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	letur	n
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F	1 2e	n 12,790,804.
1 2 b c d e 3	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per F 70,667. 66,208.	1 2e	n 12,790,804.
1 2 b c d 3 4	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	th Expenses per F	1 2e	n 12,790,804. 70,667. 12,720,137.
1 2 b c d 3 4	<b>Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	th Expenses per F 70,667. 66,208. 829,822.	1 2e	n <u>12,790,804.</u> <u>70,667.</u> <u>12,720,137.</u> 896,030.
1 2 d e 3 4 b c 5	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	th Expenses per F 70,667. 66,208. 829,822.	1 2e 3	n 12,790,804. 70,667. 12,720,137.

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 SIXTEEN 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:

332054 09-28-23

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Schedule D (Form 990) 2023 UNITED WAY OF BERKS COUNTY, INC. Part XIII Supplemental Information (continued)	23-1655375 Page 5
UNREALIZED GAINS/(LOSSES) ON BENEFICIAL INTEREST	59,449.
TRANSFERS BETWEEN NET ASSET RESTRICTIONS	-122,054.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-62,605.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATED CONTRIBUTIONS	1,152,599.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATED ALLOCATIONS	829,822.
	Schedule D (Form 990) 2023
332055 09-28-23 <b>32</b>	

SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury	•	Ū.	Attach to Form				Open to Public	
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest informa	ation.		Inspection	
Name of the organization UNITED WA	Y OF BERK	S COUNTY, II	NC.				Employer identification number 23-1655375	
Part I General Information on Grants a	nd Assistance							
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	tance?							
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	zations and Domestic	Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
AMERICAN CANCER SOCIETY 498 BELLEVUE AVENUE READING, PA 19605	13-1788491	501(C)(3)	100,003.	0.			PARTNER AGENCY INVESTMENTS: HEALTH	
AMERICAN RED CROSS - TRI COUNTY CHAPTER - 3939 BROADWAY - ALLENTOWN, PA 18104	53-0196605	501(C)(3)	191,311.	0.			PARTNER AGENCY INVESTMENTS: DISASTER RESPONSE, VETERANS TRANSPORTATION	
BARRIO ALEGRIA 140 N. 5TH STREET READING, PA 19601	83-1617182	501(C)(3)	30,000.	0.			ONE-TIME GRANT: LEAD FELLOW POSITION TRAINING AND DEVELOPMENT	
BERKS AREA YOUTH RECREATION, INC. 19 VERMONT ROAD SINKING SPRING, PA 19608	23-3070480	501(C)(3)	10,000.	0.			ONE-TIME GRANTS: YOUTH INITIATIVE PROGRAM; READY SET READ SUMMER LEARNING GRANT	
BERKS COALITION TO END HOMELESSNESS - 600 PENN STREET - READING, PA 19601	37-1575390	501(C)(3)	52,410.	0.			PARTER AGENCY INVESTMENTS: HOMELESS PREVENTION	
BERKS COMMUNITY HEALTH CENTER 1040 LIGGETT AVENUE READING, PA 19611	27-3795179		32,000.	0.			ONE-TIME GRANT: OAKBROOK COMMUNITY HEALTH WORKER	
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>		•	e line 1 table				64.	

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

# Schedule I (Form 990) UNITED WAY OF BERKS COUNTY, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

SUITE 100 - READING, PA 19601

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS COUNSELING CENTER							HEALTH FOCUSED GRANT:
645 PENN STREET, 2ND FLOOR							FAMILY CENTER & INTENSIVE
READING, PA 19601	23-2043478	501(C)(3)	288,410.	0.			OUTPATIENT PROGRAM
BERKS ENCORE							PARTNER AGENCY
40 NORTH 9TH STREET							INVESTMENTS: MEALS ON
READING, PA 19601	23-1656050	501(C)(3)	154,356.	0.			WHEELS
	10 1000000	501(0)(3)	101,000.				
BERKS LATINO WORKFORCE DEVELOPMENT							
CORPORATION - 450 S 6TH STREET -							FOCUS GRANT: WORKFORCE
READING, PA 19602	84-2735102	501(C)(3)	125,000.	0.			DEVELOPMENT
BIG BROTHERS/BIG SISTERS OF BERKS							PARTNER AGENCY
COUNTY - 303 WINDSOR STREET -							INVESTMENTS: MENTORING
READING, PA 19601	23-6463246	501(C)(3)	281,806.	0.			PROGRAM
							PARTNER AGENCY
BIRDSBORO COMMUNITY MEMORIAL							INVESTMENTS: OUT OF
CENTER - 201 EAST MAIN STREET -							SCHOOL EDUCATION
BIRDSBORO, PA 19508	23-1365317	501(C)(3)	61,348.	0.			PROGRAMMING
							PARTNER AGENCY
BOYERTOWN AREA MULTI-SERVICE, INC.							INVESTMENTS: SUPPORTIVE
200 WEST SPRING STREET							SERVICES, CASE MANAGEMENT
BOYERTOWN, PA 19512	23-7289405	501(C)(3)	72,732.	0.			& MEALS ON WHEELS
BRING THE CHANGE							
47 NANTUCKET DRIVE							ONE-TIME GRANT: AGENTS OF
READING, PA 19605	83-4062630	501(C)(3)	15,000.	0.			CHANGE LEADERSHIP PROGRAM
CASA OF BERKS COUNTY							ONE-TIME INVESTMENT
845 N. PARK ROAD							GRANT: AT RISK YOUTH
	47-3440847	501(C)(3)	30,000.	0.			PROGRAM
WYOMISSING, PA 19610		501(0)(3)	30,000.	0.			PARTNER AGENCY
CATHOLIC CHARITIES, DIOCESE OF							INVESTMENTS: CASE
ALLENTOWN - 400 WASHINGTON STREET,							MANAGEMENT/COUNSELING FOR
infinitionia for anonimotor pikeet,						1	

Schedule I (Form 990)

VETERANS & FAMILIES;

65,187.

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23-1352211 501(C)(3)

23-1655375 Page 1

#### UNITED WAY OF BERKS COUNTY, INC. Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO HISPANO DANIEL TORRES, INC.							PARTNER AGENCY
201 PENN STREET, SUITE 101							INVESTMENTS: SOCIAL
READING, PA 19601	23-2041081	501(C)(3)	289,315.	0.			SERVICES, OPENING DOORS
CLARE OF ASSISI HOUSE							RAPID RESPONSE GRANT:
325 S 12TH STREET							FUNDING FOR PAYROLL AND
READING, PA 19602	47-1044541	501(C)(3)	25,000.	0.			OPERATING EXPENES
CO-COUNTY WELLNESS SERVICES							PARTNER AGENCY
429 WALNUT STREET							INVESTMENTS: BERKS TEENS
READING, PA 19601	23-2657264	501(C)(3)	164,165.	0.			MATTER
COMMUNITIES IN SCHOOLS OF EASTERN							PARTNER AGENCY
PA = 739 N 12TH STREET =	23-2222874	E01(C)(2)	64,372.	٥.			INVESTMENTS: INTEGRATED STUDENT SUPPORT
ALLENTOWN, PA 18102	23-2222074	501(0/(5)	04,572.	0.			ONE TIME GRANT: HVAC
COMMUNITY ALLIANCE AND							SYSTEM UPGRADE &
REINVESTMENT ENDEAVOR, INC PO							COMMERICAL REFRIGERATION
BOX 8081 - READING, PA 19603	23-2611310	501(C)(3)	13,000.	٥.			UNIT
COMMUNITY SERVICES FOR CHILDREN							PARTNER AGENCY
1520 HANOVER AVE	00.0004505	501 ( 7) ( 2)					INVESTMENTS: EARLY
ALLENTOWN, PA 18109	23-2204725	501(C)(3)	317,566.	0.			CHILDHOOD EDUCATION
CONVERSE NO. NO.							PARTNER AGENCY
CONNECTIONS WORK							INVESTMENTS: PRISONER REENTRY SERVICES;
19TH N. 6TH STREET, 4TH FLOOR READING, PA 19601	23-1969810	501(C)(3)	545,011.	0.			WORKFORCE DEVELOPMENT
	23 1909010	501(0)(3)	545,011.				
DAYSPRING HOMES, INC.							
PO BOX 158							RAPID RESPONSE GRANT: AED
SHILLINGTON, PA 19607	23-2622102	501(C)(3)	8,910.	0.			PURCHASES
							PARTNER AGENCY
EASTER SEALS EASTERN PENNSYLVANIA							INVESTMENTS: PEDIATRIC
1501 LEHIGH STREET, SUITE 201							CLINICS, OUTPATIENT
ALLENTOWN, PA 18103	23-2823542	501(C)(3)	396,691.	0.			THERAPY, THERAPEUTIC

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Schedule I (Form 990)

23-1655375 Page 1

## Schedule | (Form 990) UNITED WAY OF BERKS COUNTY, INC.

23-1655375 Page 1

Part II Continuation of Grants and Other		mestic Organizations		vernments (Sche	edule I (Form 990), Pa		3-1055375 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY MEDICAL TRAINING							
3933 PERKIOMEN AVE							RAPID RESPONSE GRANT:
READING, PA 19606	23-7407937	501(C)(3)	14,028.	0.			TRAINING EQUIPMENT
							PARTNER AGENCY
FAMILY GUIDANCE CENTER							INVESTMENTS: COUNSELING;
1235 PENN AVENUE, SUITE 205-206							COVID RESPONSE GRANT:
READING, PA 19610	23-1679207	501(C)(3)	487,567.	0.			PART-TIME PHYSICIAN
FAMILY PROMISE OF BERKS COUNTY							
325 N. 5TH STREET							PARTNER AGENCY
READING, PA 19601	20-4557683	501(C)(3)	52,231.	0.			INVESTMENTS; U-TURN
			, - , - ,				
FRIEND, INC. COMMUNITY SERVICES							PARTNER AGENCY
658D NOBLE STREET							INVESTMENTS: COMMUNITY
KUTZTOWN, PA 19530	23-1924643	501(C)(3)	187,457.	0.			RESOURCE CONNECTIONS
GIRL SCOUTS OF EASTERN							PARTNER AGENCY
PENNSYLVANIA - 330 MANOR ROAD -	00 1050000	F01(G)(2)	140,100	0.			INVESTMENTS: OUTREACH TO
MIQUON, PA 19444	23-1352309	501(C)(3)	140,109.	0.			AT-RISK GIRLS PARTNER AGENCY
GREATER READING MENTAL HEALTH							INVESTMENTS: ADVOCACY &
ALLIANCE - 1234 PENN AVENUE -							SUPPORT GROUPS; COVID
WYOMISSING, PA 19610	23-1522636	501(C)(3)	169,906.	0.			RESPONSE GRANT:
	23 1322030	501(0)(3)	105,500.				PARTNER AGENCY
HABITAT FOR HUMANITY OF BERKS							INVESTMENTS: HOME
COUNTY - 201 WASHINGTON STREET;							CONSTRUCTION/RENOVATION
SUITES 329-330 - READING, PA 19601	23-2500851	501(C)(3)	88,475.	0.			FOR LOW INCOME FAMILIES
	10 1000001	501(0)(5)		<b>.</b>			
HANNAH'S HOPE MINISTRIES							
736 UPLAND AVENUE							RAPID RESPONSE GRANT:
READING, PA 17607	45-4674547	501(C)(3)	14,766.	0.			BUILDING REMEDIATIONS
HAWK MOUNTAIN COUNCIL BOY SCOUTS							PARTNER AGENCY
OF AMERICA - 5027 POTTSVILLE PIKE							INVESTMENTS: TRADITIONAL
- READING, PA 19605	23-1352047	501(C)(3)	317,496.	0.			& URBAN SCOUTING
VENTRO, FA 19003	23-133204/		J JI/,490.	U.			A OVDAN SCOOTING

# Schedule I (Form 990) UNITED WAY OF BERKS COUNTY, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

23-1655375 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HARVEST							PARTNER AGENCY
117 MORGAN DRIVE							INVESTMENTS; FOOD ACCESS
READING, PA 19608	22-2456238	501(C)(3)	83,349.	0.			& DISTRIBUTION
	11 1100100	501(0)(5)					
HOPE RESCUE MISSION							COVID RESPONSE GRANT:
645 N 6TH ST							SUPPORTIVE SERVICES FOR
READING, PA 19601	23-1413677	501(C)(3)	20,000.	0.			CLIENTS
				<b>.</b>			ONE-TIME INVESTMENTGRANT:
IM ABLE FOUNDATION							EXPANSION OF OPERATION
1007 HILL AVENUE, BLDG 17							LEAD FROM THE FRONT
WYOMISSING, PA 19610	06-1783154	501(C)(3)	20,000.	0.			PROGRAM
				- •			
JEWISH FEDERATION OF READING, PA							PARTNER AGENCY
, 1100 BERKSHIRE BOULEVARD, SUITE 125							INVESTMENTS: FOOD
WYOMISSING, PA 19610	23-1728784	501(C)(3)	85,902.	0.			BANK, SUPPORTIVE SERVICES
				- •			PARTNER AGENCY
LITERACY COUNCIL OF READING-BERKS							INVESTMENTS: ENGLISH
35 SOUTH DWIGHT STREET							FORWARD; LITERACY
WEST LAWN, PA 19609	23-2004957	501(C)(3)	134,264.	0.			TRAINING & ESL
				· ·			
MANUFACTURERS RESOURCE CENTER							
7200A WINDSOR DRIVE							ONE-TIME INVESTMENT
ALLENTOWN, PA 18106	23-2514764	501(C)(3)	10,000.	0.			GRANT: STEM CAREERS
MARY'S SHELTER							PARTNER AGENCY
615 KENHORST BLVD							INVESTMENTS: SHELTER
READING, PA 19611	23-2722494	501(C)(3)	35,750.	0.			SERVICES PROGRAM
							PARTNER AGENCY
MIDPENN LEGAL SERVICES							INVESTMENTS: LEGAL
213-A NORTH FRONT STREET							REPRESENTATION FOR BASIC
HARRISBURG, PA 17101	23-7101191	501(C)(3)	87,450.	0.			NEEDS
MILLER-KEYSTONE BLOOD CENTER							
2171 28TH STREET SW							ONE-TIME GRANT: DIVERSE
ALLENTOWN, PA 18103	23-1731796	501(C)(3)	20,000.	Ο.		1	DONOR PROGRAM

## Schedule | (Form 990) UNITED WAY OF BERKS COUNTY, INC.

23-1655375 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JOURNEY COMMUNITY OUTREACH,							PARTNER AGENCY
INC 138 S 6TH STREET - READING,							INVESTMENTS: SOUP KITCHEN
PA 19602	46-3623955	501(C)(3)	52,231.	0.			& FOOD PANTRY
OLIVET BOYS & GIRLS CLUB OF							PARTNER AGENCY
READING & BERKS COUNTY - 1161							INVESTMENTS:
PERSHING BOULEVARD - READING, PA							COMPREHENSIVE YOUTH
19611	23-1365380	501(C)(3)	1,032,060.	0.			DEVELOPMENT
			_,,				PARTNER AGENCY
OPPORTUNITY HOUSE							INVESTMENTS: CHILDCARE,
430 NORTH SECOND STREET							EMERGENCY SHELTER;
READING, PA 19601	23-2543677	501(C)(3)	274,073.	0.			ONE-TIME GRANT:
							ONE TIME GRANT: VEGGIE RX
PENN STATE HEALTH - ST. JOSEPH'S							& HEALTHY FOOD ACCESS;
2500 BERNVILLE RD							HEALTH FOCUSED GRANT:
BERN TOWNSHIP, PA 19605	23-1352211	501(C)(3)	139,500.	0.			VEGGIE RX EXPANSION &
/			, -				PARTNER AGENCY
READING AREA COMMUNITY COLLEGE							INVESTMENTS: BILINGUAL
10 SOUTH SECOND STREET, PO BOX 1706							ESL PROGRAM; WORKFORCE
READING, PA 19603	23-1745816		159,685.	0.			DEVELOPMENT FOCUSED
			, .				PARTNER AGENCY
READING HOSPITAL/TOWER HEALTH							INVESTMENTS: STREET
420 S 5TH AVENUE							MEDICINE; ONE-TIME GRANT:
WEST READING, PA 19611	23-1352204	501(C)(3)	70,001.	Ο.			LIGHTHOUSE WOMEN &
,			,				READY SET READ SUMMER
READING PUBLIC LIBRARY							LEARNING GRANT; ONE-TIME
100 SOUTH FIFTH STREET							GRANT: EARLY LITERACY
READING, PA 19602	23-1628407	501(C)(3)	26,100.	0.			PROGRAM
READING SCHOOL DISTRICT							READY SET READ SUMMER
800 WASHINGTON STREET							LEARNING GRANTS: SUMMER
READING, PA 19601	23-6004134		16,750.	0.			GRANT PROGRAMS
SAFE BERKS							PARTNER AGENCY
255 CHESTNUT ST							INVESTMENTS: CRISIS
READING, PA 19602	23-2087191	501(C)(3)	206,868.	Ο.			SERVICES

#### UNITED WAY OF BERKS COUNTY, INC. Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY: SERVICE EXTENSION UNITS - 701 BROAD STREET -	13-5562351	501(C)(3)	66,864.	0.			PARTNER AGENCY INVESTMENTS: COMMUNITY WELFARE
PHILADELPHIA, PA 19123 THE CAMEL PROJECT PO BOX 4544	13-3302331	501(0)(3)	00,004.				LIVE UNITED GRANT: PROGRAM AND TRAINING SUPPORT; ONE-TIME GRANT:
READING, PA 19606	82-4345072	501(C)(3)	6,000.	0.			FAMILY SCIENCE NIGHT
THE FOOD TRUST 1617 JOHN F KENNEDY BLVD, SUITE 900 PHILADELPHIA, PA 19103	23-2678383	501(C)(3)	7,400.	0.			ONE-TIME GRANT: HEALTHY CORNER STORE INITIATIVE
THE LGBT CENTER OF GREATER READING 1501 N 13TH STREET READING, PA 19604	81-3191097	501(C)(3)	154,800.	0.			HEALTH FOCUSED GRANT: MIND BODY SENSORY HEALTH PROGRAM
THE OUTREACH PROGRAM 301 CENTER STREET UNION, IA 50258	20-0636360	501(C)(3)	78,750.	0.			ONE-TIME INVESTMENT GRANT: FOOD INSECURITY
THE RUDDEN FAMILY FOUNDATION, INC. 16 PACIFIC AVENUE READING, PA 19608	45-5067319	501(C)(3)	25,000.	0.			ONE-TIME GRANT: TRUCKING & LABOR COSTS FOR SERVICES
THE SALVATION ARMY OF READING CORPS - PO BOX 1099 - READING, PA 19602	13-5562351	501(C)(3)	295,470.	0.			PARTNER AGENCY INVESTMENTS: LEARNING CENTER, SUPPORTIVE HOUSING, FAMILY SERVICES
THRESHOLD REHABILITATION SERVICES, INC. – 1000 LANCASTER AVENUE – READING, PA 19607	23-1681448	501(C)(3)	150,079.	0.			PARTNER AGENCY INVESTMENTS: EMPLOYMENT SERVICES
TOWER HEALTH AT HOME BERKS 1170 BERKSHIRE BOULEVARD WYOMISSING, PA 19610	23-1466250	501(C)(3)	316,650.	0.			PARTNER AGENCY INVESTMENTS: SKILLED NURSING & RELATED SERVICES

Schedule I (Form 990)

Page 1

#### UNITED WAY OF BERKS COUNTY, INC. Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED LABOR COUNCIL OF READING & BERKS COUNTY - 65 FURNACE STREET - ROBESONIA, PA 19551	23-2962223	501(C)(3)	102,619.	0.			PROGRAM FUNDING INVESTMENTS
UNITED WAY OF LANCASTER COUNTY 1910 HARRINGTON DR, SUITE A LANCASTER, PA 17601	23-1352093	501(C)(3)	59,583.	0.			SUBCONTRACTED GRANTS: PA 211 CALL CENTER
YMCA OF READING & BERKS COUNTY 631 WASHINGTON STREET READING, PA 19603	23-1244009	501(C)(3)	527,828.	0.			PARTNER AGENCY INVESTMENTS: CHILD CARE/HEALTHY YOUTH, TRANSITIONAL HOUSING,
YOCUM INSTITUTE FOR ARTS EDUCATION 3000 PENN AVE WYOMISSING, PA 19609	23-1365985	501(C)(3)	43,000.	0.			SUBCONTRACTED GRANTS: NEIGHBORHOOD BRIDGES; RAPID RESPONSE GRANT: NEIGHBORHOOD BRIDGES

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Schedule I (Form 990)

# UNITED WAY OF BERKS COUNTY, INC.

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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:

Schedule I (Form 990) 2023

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 2023, WE ALLOCATED FUNDS TO 33 AGENCY PARTNERS,

SUPPORTING OVER 50 PROGRAMS AND SERVICES. IN TOTAL, MORE THAN 190,000 BERKS

COUNTIANS RECEIVED UNITED WAY-FUNDED SERVICES.

23-1655375

Schedule I (Form 990)		F BERKS COUNTY,	INC. 23-1	655375 Page 2
Part IV Supplemental In	formation			
i				
UNITED WAY CONTINU	JES ITS EMPHAS	IS ON COMPLIANCE	E AND ACCOUNTABILIT	Y

PROCEDURES TO ENSURE THE EFFECTIVE AND EFFICIENT OPERATION OF UNITED WAY

PARTNER PROGRAMS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES, DIOCESE OF ALLENTOWN

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: CASE

MANAGEMENT/COUNSELING FOR VETERANS & FAMILIES; ONE-TIME GRANT: FOOD

PANTRY

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTIONS WORK

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: PRISONER

REENTRY SERVICES; WORKFORCE DEVELOPMENT FOCUSED GRANT: REENTRY WORKS

NAME OF ORGANIZATION OR GOVERNMENT: EASTER SEALS EASTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS:

PEDIATRIC CLINICS, OUTPATIENT THERAPY, THERAPEUTIC RECREATION; ONE-TIME

GRANT: CONTRACTED SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY GUIDANCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS:

COUNSELING; COVID RESPONSE GRANT: PART-TIME PHYSICIAN POSITION

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER READING MENTAL HEALTH ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: ADVOCACY

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<u>& SUPPORT GROUPS; COVID RESPONSE GRANT: EDUCATIONAL ADVOCACY</u> PROGRAM

Schedule I (Form 990)

332291 04-01-23

17350505 757874 63018.001

NAME OF ORGANIZATION OR GOVERNMENT: OPPORTUNITY HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS:

CHILDCARE, EMERGENCY SHELTER; ONE-TIME GRANT: TECHNOLOGY SUPPORT; SUMMER

READING GRANT

NAME OF ORGANIZATION OR GOVERNMENT: PENN STATE HEALTH - ST. JOSEPH'S (H) PURPOSE OF GRANT OR ASSISTANCE: ONE TIME GRANT: VEGGIE RX & HEALTHY

FOOD ACCESS; HEALTH FOCUSED GRANT: VEGGIE RX EXPANSION & URBAN FARM STAND

NAME OF ORGANIZATION OR GOVERNMENT: READING AREA COMMUNITY COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS:

BILINGUAL ESL PROGRAM; WORKFORCE DEVELOPMENT FOCUSED GRANT: GATEWAY TO THE WORKPLACE

NAME OF ORGANIZATION OR GOVERNMENT: READING HOSPITAL/TOWER HEALTH (H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: STREET MEDICINE; ONE-TIME GRANT: LIGHTHOUSE WOMEN & CHILDREN'S CENTER

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF READING & BERKS COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTNER AGENCY INVESTMENTS: CHILD

CARE/HEALTHY YOUTH, TRANSITIONAL HOUSING, BABY UNIVERSITY

NAME OF ORGANIZATION OR GOVERNMENT: YOCUM INSTITUTE FOR ARTS EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUBCONTRACTED GRANTS: NEIGHBORHOOD

BRIDGES; RAPID RESPONSE GRANT: NEIGHBORHOOD BRIDGES EXPANSION

Schedule I (Form 990)

332291 04-01-23

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)		20	ດງ	)	
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	Ľ٦	
Dono	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		identificatio		mber
_		UNITED WAY OF BERKS COUNTY, INC.	23-1	165537	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	he alter da sudatada 16 ar					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	SH to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	X Form 990 of o		ommittaa			
			Ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
c	-	eive payment from an equity-based compensation arrangement?				X
	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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	et earnings of:				
						X
		ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		<u>x</u>
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n <b>990</b> )	) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

Page 2

#### 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TAMMY L. WHITE	(i)	183,028.	0.	0.	8,326.	13,727.	205,081.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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

PART I, LINE 3:

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

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

THE CHAIRPERSON OF THE BOARD LEADS THE BOARD OF DIRECTORS IN THE EVALUATION

OF THE PRESIDENT'S PERFORMANCE ON AN ANNUAL BASIS. THE PRESIDENT PRESENTS

TO THE CHAIRPERSON INFORMATION ON THE ACCOMPLISHMENTS OF THE ORGANIZATION

AND ITS PROGRESS TOWARD ACHIEVING THE GOALS OUTLINED IN THE STRATEGIC PLAN,

THE FULFILLMENT OF HIS/HER DUTIES AND RESPONSIBILITIES AS OUTLINED IN THE

POSITION DESCRIPTION, AND THE MANNER IN WHICH THE CHALLENGES OF THE

ORGANIZATION HAVE BEEN ADDRESSED AND THE OPPORTUNITIES TAKEN. THE

PRESIDENT ALSO DEFINES AND DISCUSSES CURRENT AND FUTURE ORGANIZATIONAL

CHALLENGES AND OPPORTUNITIES. THIS INFORMATION IS SHARED WITH THE BOARD OF

DIRECTORS.

IN ADDITION TO THE ANNUAL REVIEW, A PRESIDENT'S EVALUATION SURVEY IS

CONDUCTED ON A BIENNIAL BASIS 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.

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

FOLLOWING THIS SESSION, THE CHAIRPERSON MEETS WITH THE PRESIDENT AND SHARES

THE RESULTS OF THE GROUP EVALUATION AS WELL AS ANY GOALS OR SUGGESTIONS THE

BOARD HAS RELATIVE TO THE INFORMATION PRESENTED AND THE FUTURE DIRECTION OF

THE ORGANIZATION. THE CHAIRPERSON OF THE BOARD COMMUNICATES THE RESULTS OF

THE ASSESSMENT VERBALLY TO THE PRESIDENT AND THE INFORMATION IS CAPTURED

THROUGH THE MINUTES OF THE EXECUTIVE SESSIONS FOR EXECUTIVE COMMITTEE AND

THE BOARD OF DIRECTORS. THE RESULTS OF THE ASSESSMENT ARE INCLUDED IN THE

PRESIDENT'S PERSONNEL FILE.

THE LEVEL AND FORM OF COMPENSATION IS DETERMINED FOLLOWING A REVIEW OF

LOCAL COMPENSATION LEVELS OF CEO'S OF ORGANIZATIONS OF SIMILAR SIZE AND

SCOPE, AS WELL AS THE COMPENSATION LEVELS OF CEO'S OF UNITED WAY

ORGANIZATIONS OF SIMILAR SIZE AND SCOPE. WHILE UNITED WAY FOCUSES ON

OTHER UNITED WAYS AND NONPROFITS TO BENCHMARK COMPENSATION, THE

ORGANIZATION UNDERSTANDS THAT THE MARKET FOR EXECUTIVE TALENT MAY BE

BROADER THAN THE GROUP OF CHARITIES. MARKET INFORMATION FROM ADDITIONAL

MARKET SEGMENTS AND PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS, MAY BE

USED AS A SUPPLEMENT. THE PRESIDENT'S ANNUAL COMPENSATION IS COMMUNICATED

BOTH VERBALLY AND IN WRITING TO THE PRESIDENT AND IS INCLUDED IN HIS/HER

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

PERSONNEL FILE.

Schedule J (Form 990) 2023

# SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

Inspection

ſ ΖU Open to Public

Employer identification number

23-1655375

23

Complete if the organizations answered "Yes" on Form 990, Part IV, lines	29 or 3	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.

Par	rt I Types of Property						
		<b>(a)</b> 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 detern noncash contribution	•	:s
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	28	391,243.	FAIR 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 $\dots$						
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 organiz		, ,				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			
					_	Yes	No
30a	During the year, did the organization receive by						
	must hold for at least 3 years from the date of t		ntribution, and whi	ch isn't required to be used f			
	exempt purposes for the entire holding period?	•				a	X
	If "Yes," describe the arrangement in Part II.			<b>,</b> , , , , , , , , , , , , , , , , , ,			
31	Does the organization have a gift acceptance p				ions?	1 X	──
			0	cit, process, or sell noncash		2a	x
b	If "Yes," describe in Part II.						
00	If the sub-sector states and the states are sub-sector states and the sector states are			محمام مناحك محمد بالمحم والمناسب بالم	Local distance of the second s		1

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M	(Form 990) 2023	UNITED	WAY OF	BERKS	COUNTY,	INC.	23-16553	75 Page 2
Part II	Supplemental is reporting in Par this part for any a	I Information	<b>DR.</b> Provide the number	the information of contribution	on required by F ons, the number	Part I, lines 30b, r of items receive	32b, and 33, and whether the o d, or a combination of both. Als	rganization so complete
							Oska dala N	(Earm 000) 000
332142 09-11-2	3				E 1		Schedule N	l (Form 990) 202
					51			

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation.



23-1655375

UNITED WAY OF BERKS COUNTY, INC.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

OAKBROOK COLLECTIVE IMPACT COUNCIL (OCIC)

BEGINNING IN 2018, UNITED WAY OF BERKS COUNTY FORMED THE OAKBROOK

COLLECTIVE IMPACT COUNCIL (OCIC). THE OCIC CONSISTED OF INDIVIDUALS

REPRESENTING VARIOUS NONPROFITS, EDUCATION PARTNERS, THE CORPORATE

SECTOR, AND OAKBROOK RESIDENTS. USING THE COLLECTIVE IMPACT MODEL,

COMMUNITY PARTNERS WORKED TOGETHER TO ADDRESS NEEDS INDEMNIFIED BY

RESIDENTS: FOOD ACCESS AND TO EDUCATE AND CONNECT OAKBROOK RESIDENTS

WITH COMMUNITY RESOURCES. THIS WAS A MULTI-YEAR PROCESS, WHERE THE

GROUP LOOKED TO ADDRESS THE ROOT CAUSE OF AN ISSUE AND CREATE POSITIVE

CHANGE. ONGOING RESIDENT ENGAGEMENT THROUGH DOOR-TO-DOOR SURVEYS AND

COMMUNITY CONVERSATIONS WERE PART OF THE PROCESS. THROUGH THIS RESIDENT

FEEDBACK, READING HOUSE AUTHORITY ANNOUNCED THEY ARE BUILDING THE

OAKBROOK CENTER FOR COMMUNITY SERVICES TO MEET SEVERAL OF THE NEEDS

IDENTIFIED BY RESIDENTS INCLUDING A FOOD PANTRY, SPACE FOR COMMUNITY

MEETINGS AND CLASSES, A CHILDCARE CENTER AND A COMMUNITY RESOURCE

CENTER. AS A RESULT, AFTER FIVE YEARS, OCIC EFFORTS WRAPPED AT THE

BEGINNING OF 2023, AS READING HOUSING AUTHORITY CONTINUES THE WORK.

SEVERAL ONGOING EFFORTS CONTINUED IN 2023 AS A RESULT OF OCIC INCLUDING

BERKS COMMUNITY HEALTH CENTER'S OAKBROOK OUTREACH SPECIALIST CONTINUING

TO CONNECT AND ENGAGE WITH OAKBROOK RESIDENTS, ESL CLASSES, GIRLS ON

THE RUN (GOTR), OAKBROOK LOCATED ART SESSIONS (OLAS) AND THE OAKBROOK

COMMUNITY GARDEN, WHICH HAS BECOME A HUB OF ACTIVITY DURING THE SUMMER

MONTHS.

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

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Schedule O (Form 990) 2023	Page <b>2</b>					
Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification number 23-1655375					
UNITED WAT OF DEARD COUNTY, INC.	25 1055575					
DURING 2023, UWBC INVESTED FUNDING IN 51 PROGRAMS DELIVERE	D BY 33					
AGENCY AND 5 CONTRACTED PARTNERS, AS WELL AS SUPPORTED COM	MUNITY					
INITIATIVES AND PROVIDED VARIOUS ONE-TIME GRANTS. ALL PROG	RAMS IN WHICH					
UWBC INVESTS IN ANNUALLY ARE EVALUATED BY OUR COMMUNITY IM	PACT CABINET,					
FOCUS AREA PANELS (FAP) AND COMPLIANCE REVIEWERS, REPRESEN	TING 50					
VOLUNTEER COMMUNITY MEMBERS FROM VARIOUS SECTORS. THESE V	OLUNTEERS					
DEDICATE INVALUABLE TIME TO ENSURE UWBC DOLLARS ARE INVEST	ED IN					
HIGH-PRIORITY PROGRAMS THAT ADDRESS CRITICAL CURRENT COMMU	NITY NEEDS,					
AS WELL AS PROGRAMS THAT ARE HIGH-PERFORMING - CONSISTENTLY AND						
EFFECTIVELY DELIVERING A HIGH-QUALITY PROGRAM PRODUCING ME	ANINGFUL					
RESULTS FOR PARTICIPANTS. ANNUALLY, PROGRAMS RECEIVING UWB	C INVESTMENTS					
ARE REQUIRED TO SUBMIT A REPORT THAT DETAILS HOW UWBC DOLL	ARS ARE SPENT					
TO SUPPORT PROGRAMMING, AND THE OUTCOMES ACHIEVED BY CLIEN	TS. THESE					
OUTCOMES PLAY A CRUCIAL ROLE IN DETERMINING THE EFFECTIVEN	ESS OF UWBC					
INVESTMENTS IN PROGRAMS. IN ADDITION TO THE PROGRAMS OUTLI	NED BELOW,					
YOU CAN READ MORE ABOUT THE UWBC'S VARIOUS 2023 GRANT RECI	PIENTS AS					
REPORTED ON SCHEDULE I.						

UWBC INVESTED IN THE FOLLOWING PROGRAMS IN 2023:

### EDUCATION FOCUS AREA

UNITED WAY BELIEVES THAT EVERYONE CAN PLAY A ROLE IN ENSURING THAT

CHILDREN GROW UP TO BE PRODUCTIVE CITIZENS AND MEMBERS OF OUR

COMMUNITY. THIS BEGINS WITH A GOOD EDUCATION THAT IS THE FOUNDATION FOR

A CHILD'S SUCCESS IN WORK AND LIFE, ALONG WITH PROVIDING SUPPORTIVE

PROGRAMMING THAT HELPS YOUTH DEVELOP NECESSARY SKILLS FOR THEIR

FUTURES. TO MEET THIS GOAL, KEY ISSUES ADDRESSED BY UWBC AND ITS

SUPPORTED PROGRAMS IN THIS FOCUS AREA INCLUDE EARLY CHILDHOOD CARE,

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Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification number $23 - 1655375$
SCHOOL READINESS, SCHOOL SUCCESS, AND POSITIVE YOUTH DEVEL	OPMENT, SINCE
THESE ISSUES ARE ALL INTERTWINED IN HELPING CHILDREN ACHIE	VE THEIR
POTENTIAL. THESE PROGRAMS IMPACTED OVER 24,800 CHILDREN AND	D YOUTH IN
BERKS COUNTY IN 2023.	
EARLY CARE AND SCHOOL READINESS	
- COMMUNITY-LEVEL OUTCOME: FAMILIES HAVE ACCESS TO AFFORDA	BLE AND
QUALITY EARLY LEARNING EXPERIENCES THAT RESULT IN KINDERGA	RTEN
READINESS.	
COMMUNITY SERVICES FOR CHILDREN, INC. IS A LEADER IN P	ROVIDING THE
HIGHEST QUALITY EARLY CHILDHOOD EDUCATION AND FAMILY SERVI	CES FOR
ECONOMICALLY DISADVANTAGED FAMILIES. AS PARENTS ARE CONTIN	UING TO
RETURN TO THE WORKFORCE, CHILDCARE IS A GREATER NEED THAN	EVER ACROSS
THE COUNTY, STATE AND COUNTRY. SUPPORTING FAMILIES IN CHOO	SING AND
AFFORDING QUALITY CHILDCARE IS ONE OF THE MAIN FUNCTIONS OF	F THE EARLY
LEARNING RESOURCE CENTER. WHILE SUPPORT AROUND CHILDCARE C	ONTINUES TO
BE A GREAT NEED IN THE COMMUNITY, THE AVAILABILITY OF CHIL	D CARE WORKS
(CCW) DOLLARS SUPPORTED BY UNITED WAY HAS MEANT THAT THERE	IS CURRENTLY
NO WAITING LIST FOR FUNDING. THE FOCUS HAS BEEN ON SUPPORT	ING FAMILIES
IN NEED WHO DO NOT QUALIFY FOR OTHER FUNDING SOURCES TO BE	ABLE TO HAVE
ACCESS TO CHILDCARE.	
OPPORTUNITY HOUSE, CHILDCARE: THE SECOND STREET LEARN	ING CENTER IS
A COMPREHENSIVE COMMUNITY CHILDCARE PROGRAM FOR CHILDREN A	GES 6 WEEKS
TO 13 YEARS FOCUSING ON CREATIVITY, SOCIALIZATION, AND THE	DEVELOPMENT
OF HIGH SELF-ESTEEM. ACTIVITIES ARE DESIGNED TO MEET THE N	EEDS OF EACH
INDIVIDUAL CHILD. MULTI-CULTURAL AND DEVELOPMENTALLY APPRO	PRIATE
MATERIALS AND EQUIPMENT ARE OFFERED.	
YMCA OF READING & BERKS COUNTY CHILDCARE: OFFERS A	

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Schedule O (Form 990) 2023

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Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification number 23-1655375
SCIENTIFICALLY-BASED, IMPLEMENTED EARLY CHILDHOOD CURRICUL	UM 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 REAC	H 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 A	ND CONFIDENCE
OF PARENTS TO BE STRONG AND POWERFUL ADVOCATES IN THEIR CH	ILDREN'S
LIVES. IN 2023, STAFF WENT THROUGH THE NATIONAL TRAINING T	O TRANSITION
TO VIRTUAL PROGRAMMING WHICH ELIMINATED BARRIERS FOR PAREN	TS TO
PARTICIPATE INCLUDING TRANSPORTATION. THIS PROGRAM ALSO AL	IGNS WITH
UWBC'S READY.SET.READ! INITIATIVE.	
YMCA OF READING & BERKS COUNTY, BABY UNIVERSITY: OFFER	ED AS A
6-WEEK SESSION, EACH PARTICIPANT, A PARENT OR CAREGIVER WI	TH A CHILD
FROM PRENATAL TO FIVE YEARS OLD, RECEIVES A WEEKLY HOME VI	SIT IN
ADDITION TO THE WEEKLY CLASSROOM INSTRUCTION, WHICH INCLUD	ES EDUCATION
ON EARLY CHILDHOOD DEVELOPMENT AND EVIDENCE-BASED PARENTIN	G CURRICULUM.
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 332212 11-14-23 Schedule O (Form 990) 2023 55

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification number 23-1655375
STRONG AND ENDURING, PROFESSIONALLY SUPPORTED 1-TO-1 RELAT	IONSHIPS THAT
CHANGE THEIR LIVES FOR THE BETTER, FOREVER. THIS IS ACHIEV	ED THROUGH
PROFESSIONALLY-DIRECTED MENTORING PROGRAMS UTILIZING CAREF	ULLY SCREENED
AND TRAINED VOLUNTEERS, AND INCLUDES ONE-TO-ONE PROGRAM, C	COUL (THE CLUB
OF UNMATCHED LITTLES) GROUP-MENTORING, TEEN PROGRAM THAT E	PROVIDES
GROUP-MENTORING, AND SMART (STUDENTS & MENTORS ACHIEVING F	RESULTS
TOGETHER), A SCHOOL-BASED PROGRAM.	
- COMMUNITY-LEVEL OUTCOME: STUDENTS WILL PARTICIPATE IN E	DUCATIONAL
EXPERIENCES DURING THE SUMMER TO MAINTAIN READING SKILLS.	
BIRDSBORO COMMUNITY MEMORIAL CENTER, OUT OF SCHOOL EDU	JCATION
PROGRAMS: THE SUMMER READING PROGRAM FOR YOUTH IN GRADES F	IRST THROUGH
SIXTH ALLOWS PARTICIPANTS TO PRACTICE AND LEARN NEW STRATE	GIES THAT
WILL ASSIST THEM IN MAINTAINING CURRENT READING LEVELS, OF	R INCREASE
LEVELS, THROUGHOUT THE SUMMER MONTHS.	
OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY	.,
COMPREHENSIVE YOUTH DEVELOPMENT: OLIVET SUMMER CAMP PROGRA	MS PICK UP
WHEN THE AFTER-SCHOOL PROGRAM ENDS, KEEPING YOUTH ENGAGED	IN PROGRAMS
DURING THE SUMMER MONTHS.	
READY.SET.READ!: UNITED WAY PROVIDES SUMMER LEARNING G	GRANTS TO
PARTNER SCHOOLS, SUMMER LEARNING COALITION MEMBERS, AND OT	HER
ORGANIZATIONS SERVING BERKS COUNTY STUDENTS. THE PROGRAM I	S DESIGNED TO
PROVIDE SMALL GRANTS IN SUPPORT OF SUMMER LEARNING PROGRAM	MING FOR
STUDENTS UP TO AND INCLUDING 3RD GRADE. FOLLOWING A THORO	DUGH REVIEW
PROCESS, THE COMMITTEE APPROVED 12 PROGRAMS FOR A TOTAL FU	INDING OF
\$52,850. THESE GRANTS IMPACTED 1,668 STUDENTS DURING THE S	SUMMER OF
2023.	
THE SALVATION ARMY READING CORPS LEARNING CENTER: A SU	IMMER DAY CAMP
IS OFFERED FOR YOUTH IN THE SOUTHSIDE OF PENN NEIGHBORHOOD	
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Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification number 23-1655375
PROVIDED BREAKFAST AND THEN ENJOY A DAY OF FUN INCLUDING E	DUCATIONAL
GAMES AND ACTIVITIES, CHARACTER DEVELOPMENT SKILLS, AND A	WEEKLY FIELD
TRIP. SNACKS ARE PROVIDED THROUGHOUT THE DAY AND LUNCH AND	DINNER ARE
PROVIDED.	
YOUTH DEVELOPMENT	
- COMMUNITY-LEVEL OUTCOME: BY PARTICIPATING IN DIVERSE, S	AFE, AND
EFFECTIVE OUT-OF-SCHOOL TIME PROGRAMS, YOUTH WILL DEVELOP	ACADEMIC,
ARTISTIC, AND/OR LEADERSHIP SKILLS.	
BIRDSBORO COMMUNITY MEMORIAL CENTER, OUT OF SCHOOL EDU	CATION
PROGRAMS: LITERACY PROGRAMS OFFERED AS PART OF THE AFTER-S	CHOOL
CLUBHOUSE, WHICH ENGAGES STUDENTS, GRADES 1-6. STAFF ASSIS	T STUDENTS
WITH HOMEWORK AND READING SUPPORT. THE PROGRAM ALSO ENCOMP	ASSES SOCIAL
ACTIVITIES.	
GIRL SCOUTS OF EASTERN PA, OUTREACH TO AT-RISK GIRLS:	GIRLS IN
FUNDED INITIATIVES PROGRAMS PROVIDE HIGH-QUALITY OUT-OF-SC	HOOL-TIME
THROUGH EDUCATION OPPORTUNITIES FOR GIRLS IN UNDERSERVED C	OMMUNITIES IN
THE CITY OF READING. GIRLS ATTEND WEEKLY MEETINGS AT CONVE	NIENT
COMMUNITY LOCATIONS BOTH DURING THE SCHOOL YEAR AND IN THE	SUMMER.
HAWK MOUNTAIN COUNCIL BOY SCOUTS OF AMERICA, TRADITION	AL SCOUTING:
THIS PROGRAM OPERATES WITHIN THE LOCAL NEIGHBORHOOD AT LOC	ATIONS
PROVIDED BY PARTNERSHIPS THAT HAVE A CONTINUED INTEREST IN	CITIZENSHIP
TRAINING, PERSONAL FITNESS, AND CHARACTER DEVELOPMENT. ADU	LT VOLUNTEERS
ADMINISTER THE PROGRAMS AT ALL LEVELS WITH SUPPORT FROM TH	E HAWK
MOUNTAIN COUNCIL. THE LEVEL OF YOUTH LEADERSHIP IS BASED U	PON AGE
APPROPRIATE ACTIVITIES.	

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

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Schedule O (Form 990) 2023

Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification number 23-1655375
SCOUTREACH IS THE HAWK MOUNTAIN COUNCIL'S COMMITMENT TO EN	ISURING ALL
YOUNG PEOPLE HAVE AN OPPORTUNITY TO JOIN SCOUTING, REGARDI	SESS OF THEIR
CIRCUMSTANCES, NEIGHBORHOOD, OR CULTURAL OR ETHNIC BACKGRO	DUND.
SCOUTREACH IS THE SAME PROGRAM AS SCOUTING IN ANY OTHER AF	REA BUT IS
TYPICALLY AN AFTER-SCHOOL PROGRAM THAT PROVIDES AN ADDITIC	ONAL EMPHASIS
ON SPECIAL NEEDS OF PARTICIPANTS, SUCH AS PARENTAL INVOLVE	EMENT,
FINANCIAL ABILITY, ACADEMIC PERFORMANCE, ACCESS TO TECHNOL	LOGY AND
CULTURAL AND LANGUAGE DIFFERENCES. UWBC PROVIDED AN INCREA	ASED
INVESTMENT TO ASSIST WITH PILOTING THE NEW STEM SCOUTS WIT	THIN THE CITY
OF READING. THIS VALUES-BASED PROGRAM FOCUSES ON SCHOOL SU	JCCESS AND
YOUTH DEVELOPMENT. STEM SCOUTS EXPANDS BOY SCOUTING OPPORT	TUNITIES TO
GIRLS. SCOUTS SPEND 90 MINUTES PER MEETING WORKING ON SELF	- IMPROVEMENT ,
CRITICAL THINKING, AND HANDS ON EXPERIMENTATION FOCUSING C	ON TOPICS SUCH
AS PHYSICS OF LIGHT, PROPERTIES OF MATTER, MAGNETISM, PROP	PERTIES OF
SOUND, ROBOTICS, ARCHAEOLOGY, AND SPACE.	
OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY	ζ,
COMPREHENSIVE YOUTH DEVELOPMENT: DURING THE SCHOOL YEAR KI	IDS ATTEND
THEIR CLUBS MONDAY THROUGH FRIDAY AND PARTICIPATE IN MANY	ACTIVITIES
AND PROGRAMS THAT ENRICH THEIR LIVES AND HELP MAKE THEM SU	JCCESSFUL
STUDENTS, ATHLETES, AND CITIZENS. MEMBERS AGES 6-12 PARTIC	CIPATE FROM
2:30-6 P.M. MEMBERS 13 AND OLDER UTILIZE THE CLUBS FROM 6-	9 P.M. THESE
PROGRAMS INCLUDE TUTORING, ARTS AND CRAFTS, SPORTS AND REC	CREATION,
COMPUTER AND TECHNOLOGY, LEADERSHIP AND CHARACTER BUILDING	G, COLLEGE
ACCESS AND CAREER DEVELOPMENT, AND VISUAL AND PERFORMING A	ARTS.
THE SALVATION ARMY READING CORPS LEARNING CENTER: AN A	AFTER-SCHOOL
PROGRAM IS AVAILABLE FOR CHILDREN IN THE SOUTH OF PENN NEI	IGHBORHOOD,
WHERE THERE ARE LIMITED OPPORTUNITIES FOR YOUTH. CHILDREN	ARE ABLE TO
ATTEND RIGHT AFTER SCHOOL UNTIL 5 P.M. THEY ARE PROVIDED S	SNACKS,

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RECEIVE TUTORING, HELP WITH HOMEWORK ASSIGNMENTS, AND CAN	PARTICIPATE
IN ARTS AND CRAFTS, PLAY GAMES IN THE GYM, READ BOOKS, WOF	RK OUT,
COMPLETE PUZZLES, AND HAVE DINNER BEFORE HEADING HOME.	
EDUCATIONAL CASE MANAGEMENT	
- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE CASE MANAG	SEMENT 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 SUPPORTS, GROUP-LEVEL SUPPORTS, AND

INDIVIDUALIZED SUPPORTS 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.

#### LITERACY

- COMMUNITY-LEVEL OUTCOME: STUDENTS IMPROVE MEANING-BASED LITERACY

SKILLS. MEANING-BASED SKILLS INCLUDE ORAL LANGUAGE (VOCABULARY AND WORD

KNOWLEDGE), TEXT CHARACTERISTICS, UNDERSTANDING OF PURPOSE, INTEREST,

MOTIVATION AND RELEVANT BACKGROUND KNOWLEDGE.

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. LAUNCHED 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 332212 11-14-23
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THE END OF THIRD GRADE. THE COLLECTIVE WORK FOCUSES ON FOUR	R KEY
STRATEGIES: IMPLEMENT SCHOOL-READINESS ACTIVITIES FOR PRE-S	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 MOBILIZ	ZE THE
COMMUNITY AROUND THIS WORK.	
RSR 2023 PROGRAM OVERVIEW:	
- HISTORICALLY, STAR READERS HAS PROVIDED TUTORING TO 35 EI	LEMENTARY
SCHOOLS IN 14 SCHOOL DISTRICTS AND SERVED OVER 300 STUDENTS	S IN FIRST
AND SECOND GRADE BUT HAS CONTINUED TO RECOVER FROM THE IMPA	ACTS OF THE
PANDEMIC. IN THE 2022-2023 SCHOOL YEAR STAR READERS PROVIDE	ED TUTORING
TO 29 ELEMENTARY SCHOOLS IN 13 SCHOOL DISTRICTS AND WAS DEL	LIVERED BY
250 VOLUNTEER TUTORS SERVING 260 STUDENTS IN FIRST AND SECO	OND GRADES.
- GROWING READERS: LATINO-OWNED CHILDCARE CENTERS IN THE C	ITY OF
READING RECEIVE COACHING AND MENTORING SERVICES ALONG WITH	CURRICULUM
SUPPORT TO ENHANCE LITERACY DEVELOPMENT FOR THEIR STUDENTS	. GROWING
READERS ALSO OFFERS A PROFESSIONAL DEVELOPMENT PROGRAM TO A	ASSIST
CHILDCARE TEACHERS IN OBTAINING THEIR CHILD DEVELOPMENT ASS	SOCIATE
CREDENTIAL (CDA) THROUGH A PARTNERSHIP WITH READING AREA CO	OMMUNITY
COLLEGE. IN 2023, 18 CANDIDATES COMPLETED THE EDUCATION POP	RTION OF THE
PROGRAM. THERE WERE NO CDAS EARNED IN 2023 DUE TO STATE BUI	DGET DELAYS
FOR THE CDA VOUCHER PROGRAM AND LIMITED ACCESS TO PROFESSIO	DNAL
DEVELOPMENT SPECIALISTS FOR VERIFICATION EVALUATIONS FROM	THE COUNCIL
FOR PROFESSIONAL DEVELOPMENT WHO ISSUES THE CDA CREDENTIAL	. THESE
ISSUES WERE RESOLVED IN DECEMBER 2023 ALLOWING SIX INDIVIDU	UALS TO ENTER
THE APPLICATION PROCESS TO BE COMPLETED IN EARLY 2024. ONE	CDA

CREDENTIALED STUDENT GRADUATED WITH HER ASSOCIATE DEGREE IN EARLY Schedule O (Form 990) 2023 332212 11-14-23 60

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CHILDHOOD EDUCATION IN MAY 2023	. ADDITIONALLY, 9 OTHE	R STUDENTS
COMPLETED 50% OF PROGRAM REQUIRI	EMENTS (ONE CLASS AND I	THE CDA
APPLICATION PROCESS REMAIN TO BE	E COMPLETED IN 2024). U	WBC WORKED WITH
CANDIDATES FROM 9 CENTERS. COAC	CHING AND MODELING WAS	DELIVERED IN 2
CENTERS IN 2024: LITTLE GENIUS I	DAY CARE AND BABIES N M	IOTION. ALL
TEACHERS WERE EVALUATED (PRE ANI	D POST) USING THE EARLY	LANGUAGE AND
LITERACY CLASSROOM OBERSVATION	(ELLCO) FOR PRESCHOOL A	ND THE CIRCLE
CLASSROOM OBSERVATION FOR INFAN	T TODDLERS. ALL TEACHER	RS SHOWED
IMPROVEMENT AFTER RECEIVING COAC	CHING AND MODELING ALON	IG WITH COMPLETION
OF THE EDUCATION PORTION OF GROW	NING READERS. THERE WER	RE 238 CHILDREN
SERVED FOR GROWING READERS, RESU	JLTING FROM PROFESSIONA	AL DEVELOPMENT OF
THE TEACHERS IN 2023. OVERALL, H	BASED ON CHILDCARE CENT	ER CAPACITY, THE
NUMBER OF CHILDREN BENEFITING FI	ROM TEACHER EDUCATION A	ND UNITED WAY
INTERVENTIONS IS 1,925.		
- READ WITH ME PROVIDES A BOOK H	BORROWING PROGRAM TO PR	OMOTE HOME BOOK
READING ROUTINES IN FIVE ELEMEN	TARY SCHOOLS AND TWO CH	IILDCARE CENTERS
IN A TOTAL OF 41 CLASSROOMS. VOI	LUNTEERS AT ELEMENTARY	SCHOOLS AND
CHILDCARE CENTER STAFF ASSIST W	ITH THE IMPLEMENTATION	OF THIS PROGRAM,
REVIEWING AND ROTATING THE BOOK	BAGS ON A WEEKLY BASIS	5.
- REACH OUT AND READ INCORPORATE	ES EARLY LITERACY INTO	PEDIATRIC
PRACTICES, PROVIDING PARENTS CH	ILDREN'S BOOKS TO HELP	PREPARE THEIR
CHILDREN TO LEARN AND READ. A TO	OTAL OF 500 BOOKS WERE	DISTRIBUTED TO
PARTNER PEDIATRIC PRACTICES TO (	CHILDREN, AGES BIRTH TH	ROUGH FIVE YEARS
OLD, AT THEIR ANNUAL CHECKUP.		
- SUMMER LEARNING GRANTS: THIS (	COMPETITIVE GRANT IS OF	PEN TO SCHOOLS AND
ORGANIZATIONS SERVING BERKS COUN	NTY STUDENTS. THE GRANT	PROVIDES UP TO
\$5,000 IN SUPPORT OF SUMMER LEAP	RNING PROGRAMMING. IN 2	2023, 12 SUMMER
PROGRAMS RECEIVED GRANTS TOTALIN	NG \$52,000. THESE SUMME	R PROGRAMS Schedule O (Form 990) 202

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Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification number 23-1655375
PROVIDED OVER 1,600 CHILDREN WITH AN OPPORTUNITY TO MITIGA	TE SUMMER
LEARNING LOSS.	
- BOOKS FOR BIKES IS A SUMMER READING PROGRAM FACILITATED	BY UWBC IN
THE OAKBROOK HOMES COMMUNITY OF READING THROUGH PARTNERSHI	PS WITH BERKS
COMMUNITY HEALTH CENTER, CUSTOMERS BANK, READING HOUSING A	UTHORITY,
READING SCHOOL DISTRICT, ALVERNIA UNIVERSITY, SALVATION AR	MY, AND YMCA
READING BRANCH. IN ITS EIGHTH YEAR, OVER 250 CHILDREN SPE	NT AN AVERAGE
OF 78 HOURS EACH ENGAGED IN LITERACY ACTIVITIES OVER A 6-1	0 WEEK PERIOD
(PROGRAMS DIFFERED IN LENGTH) IN SUMMER 2023. OF THESE CHI	LDREN, 250
RECEIVED NEW BIKES AND HELMETS, COURTESY OF CUSTOMERS BANK	, FOR
ATTAINING AT LEAST 75% PARTICIPATION RATE IN THE BOOKS FOR	BIKES
PROGRAM.	
- READ ALLIANCE: READ ALLIANCE IS A DUAL IMPACT PROGRAM TR	AINING HIGH
SCHOOL STUDENTS TO TUTOR FIRST GRADERS STRUGGLING WITH REA	DING. AFTER
PILOTING THE PROGRAM WITH ONE READING SCHOOL DISTRICT ELEM	ENTARY SCHOOL
DURING THE 2021-2022 SCHOOL YEAR, IN 2022-2023, UWBC EXPAN	DED THE
PROGRAM, ADDING FIVE READING SCHOOL DISTRICT ELEMENTARY SC	HOOLS, WITH A
TOTAL OF 6 PARTICIPATING IN THE PROGRAM. THERE WERE 132 F	IRST GRADERS
IN THE PROGRAM WORKING WITH 127 TEEN TUTORS. ALL FIRST GRA	DERS
DEMONSTRATED READING GROWTH AND 76 PERCENT OF THEM MET THE	IR READING
GOAL. THE FIRST GRADERS GREW SOCIALLY AS WELL AS ACADEMILY	. THEY
IMPROVED THEIR READING SKILLS WHILE CREATING BONDS WITH TH	EIR PEERS AND
TEENS IN THE PROGRAM. FOR MANY OF THE TEENS, THIS WAS THEI	R FIRST PAID
WORK EXPERIENCE AND PROVIDED THEM WITH THE OPPORTUNITY TO	LEARN
FIRST-HAND WHAT A CAREER IN EDUCATION COULD BE LIKE. THE P	ROGRAM RAN
FOR 15 WEEKS, TUESDAY THROUGH THURSDAY FROM 3:00-4:30 P.M.	

– YOCUM INSTITUTE FOR ART	<u>5 EDUCATION RECEIVED A \$2</u>	5,000 INVESTMENT FROM
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UWBC TO THE SUPPORT NEIGHBORHOOD BRIDGES, A COMPREHENSIVE	PROGRAM OF
STORYTELLING AND CREATIVE DRAMA THAT IS CURRICULUM-BASED A	ND DEVELOPS
CHILDREN'S CRITICAL AND CULTURAL LITERACY, VOCABULARY, WRI	TING AND
COMMUNICATION SKILLS. IT IS RECOGNIZED BY THE U.S. DEPART	MENT OF
EDUCATION'S OFFICE OF IMPROVEMENT AND INNOVATION AS AN EFF	ECTIVE MODEL
FOR INTEGRATING THE ARTS WITH STANDARDS-BASED EDUCATION PR	OGRAMS. IN
2023, YOCUM DELIVERS THE PROGRAM TO FOUR OF THE THIRD-GRAD	E CLASSROOMS
AT 16TH & HAAK ELEMENTARY SCHOOL, READING SCHOOL DISTRICT.	
- READING PUBLIC LIBRARY (RPL) RECEIVED A \$25,000 INVESTME	NT TO SUPPORT
ITS EARLY LITERACY PROGRAM AND THE ENDEAVORS OF THE EARLY	LITERACY
OUTREACH COORDINATOR. IN 2023, RPL EARLY LITERACY OUTREACH	COORDAINTOR
VISITED 10 CHILD CARE CENTERS AND 13 HEAD START CLASSES EA	CH MONTH,
PROVIDING A STORY TIME WITH SONGS AND CRAFT ACTIVITIES. TH	E LIBRARY
ALSO HOSTED TWO AUTHOR VISITS AND TWO PARENT LITERACY WORK	SHIPS IN 2023
AND INCREASED THE NUMBER OF DRAMATIC PLAY STATIONS AT ALL	THEIR
BRANCHES. THESE STATIONS ARE HEAVILY USED AND HELP DRAW FA	MILIES TO THE
LIBRARY.	

HARWOOD INSTITUTE FOR PUBLIC INNOVATION READING, PA, INITIATIVE SINCE JUNE 2022, UNITED WAY OF BERKS COUNTY HAS BEEN INVOLVED WITH THE HARWOOD INITIATIVE, FOCUSED ON SPURRING EDUCATION AND COMMUNITY TRANSFORMATION IN READING, PA. BASED ON THE READING THRIVING, TOGETHER REPORT - THREE MAIN FOCUSES WERE IDENTIFIED AS AREAS TO ADDRESS: EARLY CHILDHOOD EDUCATION (ECE), ESL AND AFTER SCHOOL PROGRAMS. THREE TEAMS WERE FORMED ONE FOR EACH OF THESE AREAS AND HAVE BEEN DOING WORK ON THEIR RESPECTIVE AREA. UNITED WAY LEADS THE EARLY CHILDHOOD EDUCATION (ECE) TEAM, WHOSE FOCUS IS HELPING TO BUILD AWARENESS FOR PARENTS/CAREGIVERS ABOUT THE IMPORTANCE OF A CHILD'S FIRST FIVE YEARS Schedule O (Form 990) 2023

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OF DEVELOPMENT, WHILE ENGAGING AND CONNECTING THEM WITH EX	PERIENCES AND
ACTIVITIES FOR LITTLES ONES TO ASSIST WITH BRAIN DEVELOPME	NT. THIS
HELPS SET CHILDREN UP FOR SUCCESS WHEN ENTERING SCHOOL.	
AS PART OF THIS WORK, OVER 20 COMMUNITY CONVERSATIONS FOCU	ISED ON EARLY
CHILDHOOD EDUCATION WERE HELD WITH READING RESIDENTS TO LE	ARN ABOUT
THEIR ASPIRATIONS FOR THIS COMMUNITY. WHAT WE LEARNED WAS	AN
OVERWHELMING SHARED ASPIRATION FOR A SAFE AND CLEAN COMMU	NITY WHERE
PEOPLE FEEL A SENSE OF CONNECTION TO THEIR NEIGHBORS. THE	CONVERSATIONS
ALSO REVEALED CONCERNS ABOUT FEELING ISOLATED, CHALLENGES	WITH MENTAL
HEALTH, LACK OF AFFORDABLE ACTIVITIES FOR FAMILIES, AND TH	IE NEED FOR
ADDITIONAL GUIDANCE AND SUPPORT FOR NEW PARENTS. PARTICIPA	NTS BELIEVE
OPPORTUNITIES FOR ACTION INCLUDE MORE COMMUNITY GATHERINGS	LIKE
NEIGHBORHOOD BLOCK PARTIES AND MOVIE NIGHTS AND UTILIZING	SCHOOLS TO
HOLD FAMILY ACTIVITIES. MEMBERS OF THE ECE SHARED THIS PUE	LIC KNOWLEDGE
LEARNED VIA THE COMMUNITY CONVERSATIONS WITH VARIOUS GROUP	S, INCLUDING
READING SCHOOL DISTRICT PRINCIPALS AND ADMINISTRATORS, REA	DING HOUSING
AUTHORITY, NONPROFIT LEADERS, CHILDCARE PROVIDERS AND PARE	INTS.
THE ECE TEAM HAS FOCUSED OUTREACH EFFORTS ON THE NORTHEAST	SECTION OF
READING, IN THE NEIGHBORHOOD AROUND THE 11TH & PIKE PARK A	ND THE
NORTHEAST BRANCH OF THE READING PUBLIC LIBRARY. ACTIVITIES	INCLUDED

POP-UP STORY TIME AT THE PARK TO ENGAGE WITH FAMILIES AND SHARE

INFORMATION ON ECE RESOURCES. BASED ON FEEDBACK FROM THE COMMUNITY

CONVERSATIONS THAT READING RESIDENTS WANT MORE COMMUNITY GATHERINGS

LIKE NEIGHBORHOOD BLOCK PARTIES AND MOVIE NIGHTS, UNITED WAY PROVIDED A

GRANT TO SUPPORT READING RECREATION'S MOVIE NIGHTS AT 11TH & PIKE PARK

THROUGHOUT THE SUMMER OF 2023. MEMBERS OF THE ECE CONTINUED ENGAGEMENT 332212 11-14-23 Schedule O (Form 990) 2023 64

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EFFORTS WITH FAMILIES AT THESE EVENTS. THE TEAM IS ALSO WO	RKING WITH
THE NORTHEAST BRANCH OF THE READING PUBLIC LIBRARY TO SERV	E AS HUB OF
ACTIVITIES FOR FAMILIES WITH YOUNG CHILDREN. A SOCIAL MEDI	A CAMPAIGN
(IN ENGLISH AND SPANISH) PROVIDING STATS ABOUT THE IMPORTA	NCE OF EARLY
CHILDHOOD EDUCATION, AS WELL AS A VIDEO SERIES "MAKE LEARN	ING FUN!"
RECEIVED MUCH ATTENTION.	
FINANCIAL STABILITY	
UNITED WAY OF BERKS COUNTY IS COMMITTED TO EFFORTS THAT HE	LP
INDIVIDUALS AND FAMILIES ACCESS STABLE HOUSING, GAIN JOB S	KILLS AND
BUILD FINANCIAL LITERACY SO THEY HAVE INCREASED OPPORTUNIT	IES TO
ACHIEVE LONG-TERM FINANCIAL STABILITY, BENEFITTING 2,800+	BERKS
RESIDENTS IN 2023. THIS IS ACCOMPLISHED THROUGH FUNDING P	ROGRAMS WITH
OUR AGENCY PARTNERS, IN ADDITION TO PROVIDING SPECIAL GRAN	TS FOR OTHER
ORGANIZATIONS HELPING PEOPLE TO ATTAIN FINANCIAL INDEPENDE	NCE 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 F	OR HUMANITY
BUILDS, RENOVATES, AND REPAIRS HOMES USING VOLUNTEER LABOR	AND
DONATIONS TO PROVIDE SAFE, AFFORDABLE HOUSING FOR LOW-INCO	ME FAMILIES.
RECIPIENTS OF HOMES INVEST THEIR OWN LABOR, CALLED "SWEAT	EQUITY", INTO
THE BUILDING/RENOVATION, AND PURCHASE THE HOME THROUGH AN	AFFORDABLE
FINANCING PROGRAM.	
MIDPENN LEGAL SERVICES HANDLES LANDLORD/TENANT ISSUES,	
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FORECLOSURE, PUBLIC HOUSING AND OTHER ISSUES AFFECTING LOW	-INCOME
RESIDENTS RENTERS AND HOMEOWNERS. THEY REPRESENTED CLIENTS	TO RESOLVE
THEIR HOUSING ISSUE WITH A POSITIVE RESULT OF PRESERVING T	

- 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. 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, CHEMICAL 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 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
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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.		
CONNECTIONS WORKS (FORMERLY KNOWN AS 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 CONNECTIONS WORK		
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 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.		
FAMILY PROMISE OF BERKS COUNTY, INC. U-TURN PROGRAM SER	VES	
UNACCOMPANIED, HOMELESS, AND AT-RISK YOUTH. FAMILY PROMISE WORKS WITH		
PROGRAM PARTICIPANTS WHO ARE ACTIVELY SEEKING EMPLOYMENT TO ASSIST WITH		
EMPLOYMENT SEARCHES AND INTERVIEW PREPARATION.		
- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS IMPROVE LITERACY AND ENGLISH		

LANGUAGE SKILLS.

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LITERACY COUNCIL OF READING-BERKS, LITERACY TRAINING AN	ID ESL:
ONE-ON-ONE TUTORING MATCHES ADULTS WITH A TRAINED VOLUNTEE	R 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 CITIZ	ENSHIP
PREPARATION CLASSES, A WORKFORCE DEVELOPMENT PROGRAM, HIGH	SCHOOL
EQUIVALENCY CERTIFICATION CLASSES, AND MORE.	
LITERACY COUNCIL OF READING-BERKS, ENGLISH FORWARD: INC	REASES ACCESS
TO ESL CLASSES IN BERKS COUNTY AND IMPROVES THE QUALITY OF	'ESL
INSTRUCTION IN ADULT CLASSROOMS THROUGH INSTRUCTOR TRAININ	IG AND
SUPPORT, CLASSROOM RESOURCE DEVELOPMENT, AND TECHNICAL ASS	ISTANCE. ONCE
INSTRUCTORS COMPLETE THE 11-HOUR INSTRUCTOR TRAINING, THEY	CAN BEGIN
THEIR OWN ESL PROGRAMS. THE COUNCIL PROVIDES CONTINUED LEA	RNING
OPPORTUNITIES FOR INSTRUCTORS TO ENSURE THE QUALITY OF ADU	ILT
INSTRUCTION ACROSS ALL ESL PROGRAMS.	
READING AREA COMMUNITY COLLEGE, BILINGUAL ESL PROGRAM :	SINCE 2008,
UNITED WAY HAS PROVIDED A YEARLY GRANT TO READING AREA COM	MUNITY
COLLEGE TO OFFER ENGLISH AS A SECOND LANGUAGE (ESL) CLASSE	S FOR PEOPLE
WITH THE MOST BASIC ENGLISH LANGUAGE SKILLS, OR NONE AT AL	L, AND
PROVIDE THEM WITH A MORE FLEXIBLE AND CUSTOMIZED LEARNING	ENVIRONMENT.
IN 2023, 136 PEOPLE WERE ABLE TO COMPLETE THE PROGRAM.	

PERSONAL FINANCIAL MANAGEMENT

- INDIVIDUALS DEVELOP BASIC FINANCIAL MANAGEMENT SKILLS

-- FAMILY PROMISE OF BERKS COUNTY, INC.

-- FRIEND, INC. COMMUNITY SERVICES, COMMUNITY RESOURCE CONNECTIONS
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UNITED WAY OF BERKS COUNTY, INC.

-- HABITAT FOR HUMANITY OF BERKS COUNTY, HOMER OWNERSHIP OPPORTUNITIES

# FOR MODERATE INCOME FAMILIES

-- THE SALVATION ARMY READING CORPS, PERMANENT SUPPORTIVE HOUSING

# FINANCIAL STABILITY CASE MANAGEMENT

INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES.

-- CASA OF BERKS COUNTY

-- CENTRO HISPANO DANIEL TORRES

-- CONNECTIONS WORK

-- JEWISH FAMILY SERVICE

THE SALVATION ARMY - READING CORPS

-- UNITED COMMUNITY SERVICES FOR WORKING FAMILIES (UCS)

-- YMCA OF READING & BERKS COUNTY

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 AGENCY PARTNERS AND OUR

INVOLVEMENT IN VARIOUS COMMUNITY COLLABORATIONS, UWBC IS CREATING

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 41,200 BERKS RESIDENTS IN 2023.

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 332212 11-14-23 Schedule O (Form 990) 2023 69

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THEIR QUALITY OF LIFE BY PROVIDING AFFORDABLE, ACCESSIBLE,	QUALITY
COUNSELING SERVICES. THEY UTILIZE QUALIFIED, CREDENTIALED,	COMPETENT
STAFF TRAINED IN EVIDENCE-BASED PRACTICE APPROACHES.	
GREATER READING MENTAL HEALTH ALLIANCE, ADVOCACY AND S	UPPORT
GROUPS: ASSIST INDIVIDUALS, INCLUDING CHILDREN AND THEIR F.	AMILIES, AS
WELL AS ADULTS, WITH MENTAL ILLNESS TO DEVELOP STRATEGIES	AND ADVOCATE
FOR THEMSELVES IN ORDER TO RECEIVE THE SERVICES THEY NEED.	
HEALTH AND WELLNESS	
- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS DEVELOP AND PRACTIC	E ACTIVE
LIFESTYLES.	
EASTERSEALS EASTERN PENNSYLVANIA, THERAPEUTIC RECREATI	ON: SEVERAL
THERAPEUTIC PROGRAMS ARE OFFERED THROUGHOUT THE YEAR THAT	PROVIDE
SOCIAL, FITNESS, COMMUNITY, LIFE SKILLS, AND OUTDOOR RECREATIONAL	
OPPORTUNITIES. PROGRAMS ARE OFFERED FRIDAY EVENINGS, SATUR	DAYS, 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, SKILLED NURSING AND RELATED SERV	ICES:
PATIENTS ARE REFERRED TO THIS PROGRAM BECAUSE THEY HAVE A	MEDICAL
CONDITION THAT MAY BE TREATED EFFECTIVELY IN THEIR HOME, R.	ATHER THAN A
HOSPITAL OR NURSING HOME SETTING. AS MEDICAL TECHNOLOGY HA	S IMPROVED,
MANY TREATMENTS AND RECOVERY SURGICAL PROCEDURES NOW TAKE	PLACE IN THE
HOME RATHER THAN IN HOSPITALS, NURSING HOMES, OR REHABILIT.	ATION
FACILITIES. NURSES ESTABLISH A PLAN OF CARE THAT INCLUDES	A
VISIT-FREQUENCY PLAN AND OUTLINES THE TYPES OF CARE NEEDED	•
TOWER HEALTH STREET MEDICINE: HOMELESS PEOPLE ARE FREQ	
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Schedule O (Form 990) 2023 Name of the organization	Page <b>2</b> Employer identification number		
UNITED WAY OF BERKS COUNTY, INC.	23-1655375		
EMERGENCY ROOM VISITORS AND DO NOT HAVE ACCESS TO CONSISTE	NT		
HEALTHCARE. ON AVERAGE, HOMELESS INDIVIDUALS VISIT THE ER	FIVE TIMES		
PER YEAR. STREET MEDICINE PATIENTS RECEIVE VERY SIMILAR CA	RE TO THOSE		
VISITING A PRIMARY CARE PHYSICIAN. PATIENTS ARE REGISTERED, TRIAGED AND			
THEN SEEN BY A PHYSICIAN OR APP. THE GOAL IS TO REPLICATE WHAT YOU			
MIGHT FIND IN A BRICK-AND-MORTAR PRIMARY CARE PRACTICE. VERY FREQUENTLY			
DURING A VISIT, PHYSICIANS CAN PROVIDE IMMEDIATE TREATMENT. THE TEAM			
PROVIDES AN IN-PERSON CLINIC 1/WEEK AT VARIOUS COMMUNITY L	OCATIONS.		
ADDITIONALLY, A TELEMEDICINE KIOSK LOCATED AT HOPE RESCUE	OPERATES FOR		
12-15 HOURS/WEEK.			
- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS HAVE ACCESS TO HEALTHY FOODS TO			
IMPROVE THEIR HEALTH.			
BERKS ENCORE, MEALS ON WHEELS: HOME-BOUND, ISOLATED SE	NIORS 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.			
BOYERTOWN AREA MULTI-SERVICE, INC., SUPPORTIVE SERVICE	S PROGRAM		
PROVIDES CASE MANAGEMENT SERVICES AND MEETS THE NEEDS OF INDIVIDUALS			
AND FAMILIES FACING VARIOUS ISSUES INCLUDING FOOD INSECURI	TY. THE		
ORGANIZATION PROVIDES A FOOD PANTRY, WHICH THE NEED FOR THIS SERVICE			
CONTINUES TO GROW, AS WELL AS PREPARES AND ORGANIZES THE D	ELIVERY OF		
THE MEALS ON WHEELS PROGRAM.			
HELPING HARVETS, ACCESS TO FOOD: THE WEEKENDER PROGRAM			
- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE ADVOCACY AN	D		
PREVENTATIVE AND MANAGED CARE FOR CHRONIC DISEASES AND HEA	LTH		
CONDITIONS.			
FAMILY PROMISE OF BERKS COUNTY, INC.			
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-- READING HOSPITAL TOWER HEALTH, STREET MEDICINE

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

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.

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

HEALTH CASE MANAGEMENT

- INDIVIDUALS RECEIVE CASE MANAGEMENT TO IMPROVE THEIR LIVES.

-- AMERICAN CANCER SOCIETY

-- BOYERTOWN AREA MULTI-SERVICES

-- CENTRO HISPANO DANIEL TORRES

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UNITED WAY OF BERKS COUNTY, INC.	23-1655375
CO-COUNTY WELLNESS SERVICES, BERKS TEENS	
EASTERSEALS EASTERN PENNSYLVANIA	
READING HOSPITAL TOWER HEALTH STREET MEDICINE	
COMMUNITY COLLABORATIONS:	
COMMUNITY COLLABORATIONS:	
	'H CARE EASIER
BERKS COMMUNITY HEALTH CENTER: TO ASSIST IN MAKING HEALT	TH CARE EASIER
BERKS COMMUNITY HEALTH CENTER: TO ASSIST IN MAKING HEALT	R UNDERINSURED,

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 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-ASSE

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IN RESPONSE TO THESE COMMUNITY NEEDS, PENN STATE HEALTH ST	. JOSEPH	
IMPLEMENTED A PREVENTATIVE HEALTHCARE PROGRAM IN WHICH PHY	SICIANS 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,		
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.		
UNITED WAY'S ONGOING SUPPORT ASSISTED WITH PROGRAM EXPANSION FROM THE		
VEGGIE RX PILOT PROGRAM INTO ITS NEXT FORMAL PHASE, VEGGIE RX 2.0, AND		
SUSTAIN PSHSJ'S HEALTHY FOOD ACCESS PROGRAMMING FOR FOOD INSECURE AND		
AT-RISK PATIENTS. IN 2023, THEY WERE ABLE TO EXPAND THE PROGRAM TO A		
BROADER PATIENT POPULATION, INCREASING THE NUMBER OF PATIENTS ENROLLED		
TO A TOTAL OF 154, AND FAMILY MEMBERS WERE POSITIVELY IMPA	ACTED. THE	
VEGGIE RX ADDRESSES HIGH LEVELS OF TYPE 2 DIABETES AND OBESITY IN OUR		
COMMUNITY, SPECIFICALLY WITHIN PSHSJ PATIENT POPULATION AT THE		
HOSPITAL'S DOWNTOWN CAMPUS. MOST VEGGIE RX PATIENTS ARE CONSIDERED		
LOW-INCOME (MEASURED BY FOOD INSECURITY QUESTIONS), AND THIS PROGRAM		
EXPANDS THEIR PURCHASING POWER FOR NUTRITIOUS FRUITS AND VEGETABLES,		
FOOD WHICH OTHERWISE OFTEN GETS PASSED ON FOR CHEAPER, NUTRITIONALLY		
DEPLETED ALTERNATIVES. VEGGIE RX VOUCHERS ARE PAIRED WITH NUTRITION		
EDUCATION, WHICH EMPOWERS PATIENTS TO LEARN WAYS OF MAKING HEALTHIER		
CHOICES WHILE HAVING THE DIGNITY OF PURCHASING THEIR OWN F	FOOD.	

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SINGLECARE DISCOUNT PRESCRIPTION DRUG PROGRAM

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UNITED WAY OF BERKS COUNTY HAS JOINED WITH 1,000 UNITED WA	YS ACROSS THE
NATION IN LOWERING THE COSTS OF PRESCRIPTION MEDICATION TH	ROUGH
ADMINISTERING SINGLECARE (FORMERLY FAMILYWIZE) PROGRAM. TH	E SINGLECARE
DISCOUNT PRESCRIPTION CARD IS AVAILABLE FREE-OF-CHARGE TO	ANYONE WHO
NEEDS ASSISTANCE IN PAYING FOR PRESCRIPTIONS NOT COVERED B	Y AN
INSURANCE PLAN. IN 2023, INDIVIDUALS WERE ASSISTED WITH A	PRESCRIPTION
DISCOUNT UTILIZING SINGLECARE, REPRESENTING \$209,356 IN SA	VINGS FOR
PEOPLE ACROSS THE COUNTY.	
SAFETY-NET SERVICES	
PART OF UNITED WAY'S MISSION IS TO ENSURE THAT THE BASIC N	ECESSITIES OF
LIFE ARE AVAILABLE FOR THOSE IN NEED. UNITED WAY'S PARTNER	SHIPS AND
FUNDED PROGRAMS PROVIDE A CRUCIAL SAFETY NET FOR VULNERABL	E POPULATIONS
TO QUICKLY ACCESS HELP AND RECEIVE THE NECESSARY SUPPORT T	O 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 PROVI	DING
EMERGENCY SERVICES THAT SIMPLY TAKE CARE OF THE CRISIS AT	HAND FOR
THEIR CLIENTS; PROGRAMS ARE NOW STARTING TO HELP ADDRESS T	HE ROOT
CAUSES OF WHY A CLIENT NEEDS SAFETY NET SERVICES, TO HOPEF	ULLY AVOID
THE CLIENT REQUIRING THESE TYPES OF SERVICES IN THE FUTURE	. THE
FOLLOWING PROGRAMS SUPPORTED OVER 154,300 RESIDENTS IN BER	KS COUNTY IN
2023.	

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

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OF BERKS COUNTY WHO HAVE BEEN AFFECTE		
DISASTERS. TRAINED RED CROSS VOLUNTEE		
SITUATIONS AND PROVIDE FOR THE IMMEDIA		
FOOD, AND CLOTHING. ADDITIONAL ASSIST.		
AND EYEGLASSES IS ALSO PROVIDED. RED		
LONGER TERM WITH CLIENTS THAT NEED HE		
REFERRALS FOR HOUSEHOLD FURNISHINGS.		
RED CROSS IS RESPONSIBLE FOR MASS CAR		
DISPLACED RESIDENTS. THE RED CROSS AL		
EMERGENCY RESPONSE PERSONNEL ON THE S		STAFF AND
VOLUNTEERS ARE TRAINED IN RED CROSS D		
BERKS COALITION TO END HOMELESSNE	-	
BERKS COUNTY, THERE ARE TWO PRIMARY H	-	
ONE ACCOMMODATES FEMALES AND FAMILIES		
FUNDED BY UNITED WAY, PROVIDES A SECU		
BLUE MONTHS. BCEH COLLABORATED WITH T		
PARTNERSHIP INITIATIVES. DURING THE 2		
PREVENTED 177 INDIVIDUALS FROM BEING		
FAMILY PROMISE OF BERKS COUNTY, I	NC., U-TURN PROGRAM:	SERVES
UNACCOMPANIED, HOMELESS AND AT-RISK Y		
MANAGEMENT, SHELTER, AND PERMANENT HO	JSING. THE DROP-IN CE	ENTER OFFERS
YOUTH A SAFE, HOME-LIKE PLACE TO SHOW	ER, COOK, DO LAUNDRY,	ACCESS TO
DEDICATED STAFF, COMPUTERS, PEER CONN	ECTIONS, RECEIVE NUTE	RITIOUS
SNACKS, MEALS, TOILETRIES AND MORE. I	N 2023, 40 YOUTHS WEF	RE PROVIDED
SHELTER OR PREVENTED FROM EXPERIENCIN	G AN EPISODE OF HOMEI	LESSNESS.
HELPING HARVEST, ACCESS TO FOOD:	THE WEEKENDER PROGRAM	1 WAS
ESTABLISHED TO HELP NOURISH LOW-INCOM	E, AT-RISK, ELEMENTAF	RY SCHOOL
STUDENTS OVER THE WEEKEND - A TIME WH	EN THEY MAY OTHERWISE	<u>EGOWITHOUT</u> Schedule O (Form 990) 202
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PROPER NOURISHMENT. CHILDHOOD POVERTY, AND AS A RESULT HUN	IGER, ARE
UNFORTUNATELY GROWING PROBLEMS IN BERKS COUNTY. ACCORDING	TO THE
PENNSYLVANIA DEPARTMENT OF EDUCATION, FOOD AND NUTRITION I	IVISION,
APPROXIMATELY 50% OF BERKS COUNTY ELEMENTARY SCHOOL STUDEN	ITS QUALIFY
FOR FREE OR REDUCED LUNCHES; MEANING, THEIR FAMILY IS LIVI	NG IN, OR
CLOSE TO, POVERTY.	
JEWISH FAMILY SERVICE, SUPPORTIVE SERVICES: SUPPORTIVE	SERVICES
PROGRAM HELPS CLIENTS AND THEIR FAMILIES FACE VARIOUS CHAI	LENGES
INCLUDING HEALTH, AGING, INTERPERSONAL RELATIONSHIPS, TRAN	ISPORTATION,
AND FINANCIAL DIFFICULTIES. CLIENTS ARE EITHER SELF-REFERF	ED OR
REFERRED TO BY NEIGHBORS, FAMILY MEMBERS, CLERGY, PROFESSI	ONALS IN THE
COMMUNITY, AND THROUGH HOSPITAL OUTREACH VISITS. EACH CLIE	NT IS
EVALUATED TO DETERMINE THE APPROPRIATE LEVEL OF SERVICE.	
JEWISH FAMILY SERVICE, FOOD PANTRY: TWO FOOD PANTRIES	ARE OFFERED
EACH MONTH. ONE IS HELD AT ANOTHER UWBC PARTNER, OLIVET'S	PENDORA PARK
LOCATION. THE SECOND IS HELD AT THE SEVENTH DAY ADVENTIST	CHURCH IN
HAMPDEN HEIGHTS.	
MIDPENN LEGAL SERVICES, LEGAL REPRESENTATION TO SECURE	BASIC NEEDS:
LOW-INCOME CLIENTS RECEIVE LEGAL COUNSEL AND ADVICE REGARD	ING THEIR
PARTICULAR LEGAL SITUATION THROUGH MIDPENN'S READING OFFIC	E. MIDPENN
WORKS WITH SAFEBERKS TO ENSURE THAT ALL DOMESTIC VIOLENCE	SURVIVORS
HAVE ACCESS TO THE JUSTICE SYSTEM. THEY ARE A MEMBER OF BE	RKS COALITION
TO END HOMELESSNESS (BCEH), AND THROUGH THIS PARTNERSHIP,	MIDPENN MAKES
AND ACCEPTS REFERRALS ON BEHALF OF INDIVIDUALS WHO REQUIRE	THEIR LEGAL
SERVICES.	
NEW JOURNEY COMMUNITY OUTREACH (NJCO) FOOD ACCESS PROG	RAMS INCLUDE
SOUP KITCHEN AND FOOD PANTRY SERVICES THAT FOCUS ON THE IM	MEDIATE AND
LONG-TERM HEALTH IMPLICATIONS OF RECEIVING A NUTRITIOUS DA	
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SUPPLEMENTAL GROCERIES. NJCO IS THE LARGEST SOUP KITCHEN I	N DOWNTOWN
READING. IN 2023, THE DEMAND FOR SERVICES INCREASED DRAMAT	ICALLY WITH
AN AVERAGE OF 300 MEALS BEING SERVED DAILY, MONDAY-FRIDAY.	THE WEEKLY
FOOD PANTRY DISTRIBUTIONS REACHED, ON AVERAGE, 300 FAMILIE	S WEEKLY.
NJCO ALSO SAW EMERGENCY FOOD REFERRALS INCREASE TO AN AVER	AGE OF 55 PER
WEEK.	
OPPORTUNITY HOUSE, EMERGENCY SHELTER: PROVIDES EMERGEN	CY SHELTER
HOUSING TO HOMELESS CHILDREN, WOMEN AND MEN, AS WELL AS, O	N-SITE CASE
MANAGEMENT SERVICES, AND CHILDCARE. BERKS COUNSELING SERVI	CES PROVIDES
ON-SITE BEHAVIORAL HEALTH COUNSELING AND MEDICAL CARE IS P	ROVIDED
THROUGH THE BERKS COMMUNITY HEALTH CENTER AT 2ND STREET.	
SALVATION ARMY READING CORPS, FAMILY SERVICES PROGRAM:	ASSIST
CLIENTS TO RECEIVE EMERGENCY BASIC NEEDS, INCLUDING MONTHL	Y FOOD
DISTRIBUTIONS, CLOTHING DISTRIBUTIONS, AND THROUGH CASE MA	NAGEMENT
PROVIDED UTILITY ASSISTANCE, PRESCRIPTION DRUG ASSISTANCE,	RENTAL
ASSISTANCE, EDUCATION ABOUT COMMUNITY RESOURCES AND APPROP	RIATE
REFERRALS. THEY ALSO OFFER A YEAR-ROUND FURNITURE BANK.	
SALVATION ARMY: SERVICE EXTENSION UNITS, COMMUNITY WEL	FARE:
COVERING THE HAMBURG AREA, THEY PROVIDE IMMEDIATE EMERGENC	Y ASSISTANCE
TO MEET A SHORT-TERM NEED. AS A SERVICE UNIT, THEY ARE A V	OLUNTEER
COMMITTEE IN A REGION WHERE THERE ARE NO PROFESSIONAL SALV	ATION ARMY
PERSONNEL. EXAMPLES OF SERVICE UNIT EMERGENCY ASSISTANCE P	ROVIDED
INCLUDED GROCERIES, RENTAL ASSISTANCE, FUEL/UTILITIES,	
MEDICAL/DENTAL/EYE CARE, CLOTHING, SCHOOL SUPPLIES FOR SCH	OOL AGED
CHILDREN, TEMPORARY SHELTER, AND SEASONAL ASSISTANCE.	

- COMMUNITY-LEVEL OUTCOME: VICTIMS OF DOMESTIC VIOLENCE AND/OR SECUAL

ASSAULT ARE ENSURED SAFETY AND SUPPORTIVE SERVICES.

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SAFEBERKS, 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 DAIL	Y NECESSITIES OF
FOOD, CLOTHING, HYGIENE PRODUCTS, IN ADDITION TO SAFETY	PLANNING, CASE
MANAGEMENT AND CONNECTION TO COMMUNITY RESOURCES, DOMES	TIC VIOLENCE AND
SEXUAL ASSAULT COUNSELING, CHILDREN'S PROGRAMMING, INCL	UDING A READY TO
READ PROGRAM, NUTRITION PROGRAMS, RECREATIONAL SUPPORTS	ARE PROVIDED.
CRISIS SERVICES INCLUDE THE EMERGENCY HOTLINE, WITH TEX	TING NOW
AVAILABLE 24/7/365 IN ENGLISH AND SPANISH. THE RAPID RE	SPONSE PROGRAM
PROVIDES SUPPORT TO VICTIMS SEEKING EMERGENCY PROTECTIO	N OR WHO ARE
ACCESSING EMERGENCY MEDICAL SERVICES, BASIC CARE, OR RA	PE EXAMS AT AREA
EMERGENCY ROOMS AND CLINICS.	
- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS HAVE ACCESS TO T	RANSPORTATION.
AMERICAN CANCER SOCIETY	
AMERICAN RED CROSS: BERKS COUNTY CHAPTER, VETERANS	TRANSPORTATION:
VETERANS RECEIVE SAFE AND RELIABLE TRANSPORTATION TO AN	D FROM THE
LEBANON VA MEDICAL CENTER TO REACH NECESSARY MEDICAL AP	POINTMENTS.
EASTERSEALS EASTERN PENNSYLVANIA, PEDIATRIC CLINICS	
SAFETY NET CASE MANAGEMENT	
- COMMUNITY-LEVEL OUTCOME: INDIVIDUALS RECEIVE CASE MAN	AGEMENT TO
IMPROVE THEIR LIVES.	
CASA OF BERKS COUNTY (COURT APPOINTED SPECIAL ADVOC	ATE PROGRAM):
CASA IS A NATIONAL PROGRAM THAT RECRUITS AND TRAINS VOL	UNTEERS TO SERVE
AS ADVOCATES FOR CHILDREN WHO HAVE BEEN PLACED IN THE FO	OSTER CARE
SYSTEM. THERE ARE ON AVERAGE 600 CHILDREN IN THE FOSTE	R CARE
SYSTEM/RESIDENTIAL TREATMENT FACILITIES IN BERKS COUNTY	. UWBC'S
INVESTMENT INCLUDES OPERATIONAL SUPPORT AS WELL TO CONT	INUE TO BUILD Schedule O (Form 990) 202

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PROGRAM CAPACITY. IN 2023, CASA SERVED OVER 100 CHILDREN W	ITH THE
SUPPORT OF 50 VOLUNTEERS.	
CATHOLIC CHARITIES: DIOCESE OF ALLENTOWN, CASE MANAGEM	ENT AND
COUNSELING FOR VETERANS AND THEIR FAMILIES: VETERANS ARE A	SSESSED BY A
CASE MANAGER TO DETERMINE THEIR IMMEDIATE NEEDS. A SERVICE	PLAN IS
CREATED TO IDENTIFY THE GOALS AND ACTION STEPS. THE CASE M	ANAGER WORKS
WITH THE VETERAN TO ACCOMPLISH THESE GOALS, WHICH MAY INCL	UDE JOB
SEARCH, BUDGET COUNSELING AND GUIDANCE, REFERRAL TO BERKS	COUNTY
VETERAN'S ADMINISTRATION FOR SPECIFIC ASSISTANCE/ENTITLEME	NTS,
ASSISTANCE WITH APPLICATIONS FOR SUBSIDIZED HOUSING, FOOD	STAMPS, AND
OTHER LOW-INCOME PROGRAMS FOR WHICH THE VETERAN MAY BE ELI	GIBLE.
CENTRO HISPANO DANIEL TORRES, INC., INFORMATION AND RE	FERRAL: THE
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 FAMIL	IES.
INFORMATION AND REFERRAL, INCLUDES CLIENT/SYSTEM ADVOCACY,	TRANSLATION
AND INTERPRETATION, AND ASSISTANCE AND SUPPORT WITH COMPLE	TING
DOCUMENTATION. CENTRO HISPANO ALSO PROVIDES SUPPORT WITH H	ELPING
CLIENTS APPLY FOR BENEFITS THROUGH THE STATE'S COMPASS SYS	TEM.
FAMILY PROMISE OF BERKS COUNTY, INC., U-TURN HELPS KEE	P YOUTH OFF
THE STREETS, AND THE PROGRAM'S CASE MANAGER HELPS YOUTH FO	CUS ON
ACHIEVING EDUCATIONAL, EMPLOYMENT AND HOUSING STABILIZATIO	N GOALS.
FRIEND, INC. COMMUNITY SERVICES, COMMUNITY RESOURCE CO	NNECTIONS:
SERVING THE KUTZTOWN AREA, CLIENTS ARE REFERRED BY CHURCHE	S, SCHOOLS,
OTHER AGENCIES OR NEIGHBORS. THE CASE MANAGER MEETS WITH T	HE CLIENT TO
DETERMINE WHAT SERVICES ARE NEEDED AND WHAT THE CLIENT QUA	LIFIES FOR.
IF THERE IS AN IMMEDIATE CRISIS, THE CASE MANAGER WILL WOR	K WITH THE
CLIENT TO ADDRESS THE ISSUE. IT COULD INCLUDE EMERGENCY FO	OD,
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ASSISTANCE WITH RENT, HEAT AND ELECTRICITY. THE CLIENT IS	REFERRED TO
OTHER AGENCIES AND/OR CONNECTED TO OTHER SERVICES DEPENDIN	G ON THEIR
NEEDS.	

COMMUNITY COLLABORATION

PA 211 INFORMATION AND REFERRAL

THE PA 211 SERVICE PROVIDES PEOPLE WITH INFORMATION ABOUT ESSENTIAL HUMAN SERVICES. WHEN THE COVID-19 PANDEMIC BEGAN IN MARCH 2020, PA 211 SAW A SIGNIFICANT INCREASE IN CALLS. TOP NEEDS WERE RELATED TO FOOD AND HOUSING/UTILITY ASSISTANCE. FAMILIES WERE ABLE TO IDENTIFY VIRTUAL LEARNING SUPPORTS. PA 211 CAN ASSIST FAMILIES WITH LOCATING CHILDCARE, FINDING QUALITY CARE FOR AGING PARENTS, OR JOB TRAINING PROGRAMS. PA 211 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. PA 211 SERVES AS A VALUED COMMUNITY RESOURCE AND SERVES AS A VITAL CONNECTION FOR THOSE NEEDING HELP, AS WELL AS FOR THOSE WANTING TO GIVE HELP. ADDITIONALLY, PA 211 IS A USEFUL PLANNING TOOL SINCE IT PROVIDES REAL TIME INFORMATION ABOUT THE SCOPE OF ISSUES LOCAL PEOPLE ARE FACING. IN 2023, 17,970 CONTACTS -- CALLS/WEB VISITS/TEXTS/EMAILS WERE RECEIVED FROM BERKS RESIDENTS. THAT WAS A 26% INCREASE IN USAGE FROM 2022. TOP NEEDS REQUESTED WERE HOUSING ASSISTANCE (5,533), UTILITY ASSISTANCE (3,813) AND FOOD/MEALS (788). PA 211 PHONE SERVICE IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, 365

DAYS A YEAR. ONLINE SEARCH CAPABILITY OF THE PA 211 DATABASE IS ALSO 332212 11-14-23 Schedule O (Form 990) 2023 81

AVAILABLE AT WWW.PA211EAST.ORG. ASSISTANCE THROUGH TEXTING IS AVAILABLE

MONDAY-FRIDAY, 8AM TO 4PM; ONE CAN TEXT THEIR ZIP CODE TO 898211.

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

THE FOLLOWING BOARD MEMBERS ARE RELATED:

SUE AND CRAIG PERROTY SPOUSES

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

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

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

IN THE CASE OF IDENTIFIED VOLUNTEERS, THE DISCLOSURES SHALL BE PROVIDED TO THE PRESIDENT WHO WILL REVIEW THE DISCLOSURE STATEMENTS. AS NEEDED A SUMMARY OF FINDINGS WILL BE SHARED WITH THE GOVERNANCE COMMITTEE.

IN THE CASE OF STAFF, THE DISCLOSURE STATEMENTS SHALL BE PRESENTED TO THE PRESIDENT WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE EXECUTIVE COMMITTEE. NEW HIRE AND CHANGES WITH STAFF SHALL BE REVIEWED AS RECEIVED. 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 Schedule O (Form 990) 2023 332212 11-14-23

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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 COMMITTEE, SHALL DETERMINE THE APPROPRIATE ORGANIZATIONAL **RESPONSE**. THIS SHALL INCLUDE, BUT IS NOT NECESSARILY LIMITED TO, INVOKING THE PROCEDURES DESCRIBED IN SECTION V BELOW, WITH 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 CHAIRPERSON. WHEN REPORTED TO THE CHAIRPERSON, THE CHAIRPERSON, 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 ON TRANSACTION UNTIL SUCH TIME AS THE PROPOSED ACTION OR TRANSACTION HAS BEEN APPROVED BY THE DISINTERESTED 332212 11-14-23 Schedule O (Form 990) 2023 84

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Schedule O (Form 990) 2	2023					Page <b>2</b>
Name of the organization	n UNITED	WAY OF BE	RKS COUNTY	Z, INC.		Employer identification number 23-1655375
MEMBERS OF T	HE BOARD	OF DIRECT	ORS 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.

- 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.
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Schedule O (Form 990) 2023

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

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 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

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COLLABORATION

- ENSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE

- BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS

ORGANIZATIONAL SUCCESS

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23-1655375	NC.	νтч, .	000	ERKS	OF B	D WAY	UNTTE			
NDERSTAND AND ADMINISTER	IN, U	EXPL	то	EASY	M IS	PROGRAI	THE	THAT	ENSURE	_
IMITS OF AVAILABLE	THE 1	WITH	IVE	PETIT	COM	TO BE	NEED	THE	BALANCE	_

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, 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 ON A BIENNIAL BASIS 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 332212 11-14-23 87

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Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification numbe
THROUGH THE MINUTES OF THE EXECUTIVE SESSIONS FOR EXECUTIV	E COMMITTEE AND
THE BOARD OF DIRECTORS. THE RESULTS OF THE ASSESSMENT ARE	INCLUDED IN THE
PRESIDENT'S PERSONNEL FILE.	

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

KEY EMPLOYEE COMPENSATION PROCEDURES:

COMPENSATION PROCEDURES FOR KEY EMPLOYEES OF UNITED WAY OF BERKS COUNTY FOLLOW THE 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 Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization	Employer identification number
UNITED WAY OF BERKS COUNTY, INC.	23-1655375
NOT CHANGE THE GRADES TO WHICH POSITIONS ARE ASSIGNED AND	DO NOT RESULT IN

AUTOMATIC CHANGES IN INDIVIDUAL SALARIES.

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, SITTING AS THE PERSONNEL COMMITTEE, SHALL REVIEW AND APPROVE THE SALARY STRUCTURE. THE REVIEW AND APPROVAL NORMALLY FOLLOWS THE ASSESSMENT DONE BY AN OUTSIDE HUMAN RESOURCES FIRM TO DETERMINE WHETHER CHANGES HAVE OCCURRED IN THE GENERAL SALARY LEVELS. THE EXECUTIVE COMMITTEE WILL DETERMINE IF A REPORT ON THE 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
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2023.03040 UNITED WAY OF BERKS COUNT 63018.01

Name of the organization UNITED WAY OF BERKS COUNTY, INC.	Employer identification number 23-1655375
OF BERKS COUNTY, A COPY OF THE COVERED TAX DOCUMENTS SHAL	·
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 O	FFICE OF UNITED
WAY OF BERKS COUNTY, A COPY OF THE COVERED TAX DOCUMENTS	SHALL GENERALLY BE
PROVIDED THE DAY OF THE REQUEST.	
- REQUESTS EITHER IN-PERSON OR WRITTEN SHALL BE PROVIDED	INFORMATION THAT
OFFERS THE REQUESTOR THE OPPORTUNITY TO ACCESS THE DOCUME	NTS 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 F	EE FOR COPYING
COSTS AND THE ACTUAL COST OF POSTAGE BEFORE PROVIDING COP	IES OF THE
DOCUMENTS. REASONABLE FEES FOR COPYING ARE CONSISTENT WI	TH THE IRS
STANDARD CHARGE OF NO MORE THAN \$.20 PER PAGE, WHILE POST	AGE FEES SHALL BE
THE ACTUAL COST INCURRED BY THE ORGANIZATION.	
- TIMELY NOTICE OF THE APPROXIMATE COST AND ACCEPTABLE F	ORM OF PAYMENT
WILL BE PROVIDED WITHIN SEVEN DAYS OF RECEIPT OF THE REQU	EST 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 A	N IN-PERSON
REQUEST) AND CERTIFIED CHECK, MONEY ORDER, AND PERSONAL C	HECK 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 CONTRIBUT	ORS ON ITS ANNUAL
RETURN SHALL NOT BE DISCLOSED IN ACCORDANCE WITH IRS REGU	LATIONS.
PUBLIC INSPECTION OF GOVERNING DOCUMENTS:	
UNITED WAY OF BERKS COUNTY IS COMMITTED TO OPENNESS AND T	RANSPARENCY TO
DONORS/FUNDERS, PARTNER AGENCIES, GOVERNMENTAL ORGANIZATI	ONS, ITS VARIOUS
STAKEHOLDERS, AND THE GENERAL PUBLIC. PROACTIVE DISCLOSU	RE AND

Schedule O (Form 990) 202	Schedule O (Form 990) 2023 Page 2						
Name of the organization							Employer identification number
	UNITED	WAY	OF	BERKS	COUNTY,	INC.	23-1655375
	••••						

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:

- 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

- COMUNITY IMPACT REPORTS

- READY.SET.READ! REPORTS

- 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.

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UNITED WAY OF BERKS COUNTY, INC.	23-1655375
THE FOLLOWING DOCUMENTS ARE ACCESSIBLE VIA UNITED WAY OF B	ERKS COUNTY
WEB-SITE AT WWW.UWBERKS.ORG.	
- ANNUAL REPORT	
- AUDITED FINANCIAL STATEMENTS	
- CAMPAIGN HIGHLIGHTS REPORT	
- CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY	
- FORM 990	
- MISSION STATEMENT	
- VISION STATEMENT	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN/LOSS ON BENEFICIAL INTEREST	59,449.
TRANSFERS BETWEEN NET ASSET RESTRICTIONS	-122,054.
CHANGE IN DONOR DESIGNATIONS	-322,777.
TOTAL TO FORM 990, PART XI, LINE 9	-385,382.

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Schedule O (Form 990) 2023 Name of the organization

UNITED WAY OF BERKS COUNTY, INC

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

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

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.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.				
<u>Part I - Id</u>	entification						
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer	Taxpayer identification number (TIN)		
Print							
Elle ha l'	UNITED WAY OF BERKS COUNTY,	INC.			23-16553	75	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 25 N• 2ND STREET, SUITE 101						
return. See instructions.	City, town or post office, state, and ZIP code. For a for READING, PA 19601		ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01	
Application		Return Code	Application Is For			Return Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
	0 (individual)	03	Form 5227			10	
Form 990		04	Form 6069			11	
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	-T (trust other than above)	06	Form 5330 (individual)			13	
	-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08					
	u enter your Return Code, complete either Part II or Par	t III. Part II	I. including signature, is applicable of	only for an	extension of		
-	e Form 5330.			,			
<ul> <li>If this a</li> </ul>	oplication is for an extension of time to file Form 5330, y	ou must ei	nter the following information.				
Plai	n Name		C C				
	n Number						
Plai	n Year Ending (MM/DD/YYYY)						
Part II - Au	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)				
The bo	ooks are in the care of MONICA RUANO-WENE						
		, SUII	E 101 - READING, E	PA 196	01		
Teleph	one No. <u>(610) 685-4550</u>		Fax No				
• If the c	organization does not have an office or place of business	s in the Uni	ted States, check this box				
• If this i	s for a Group Return, enter the organization's four-digit (	Group Exe	mption Number (GEN)	If this is fo	r the whole group,	check this	
box[	. If it is for part of the group, check this box						
<b>1</b> Irea	quest an automatic 6-month extension of time until $\underline{\mathbf{N}}$	OVEMBI	<u>ER 15</u> , 20 <u>24</u> , to file	e the exem	pt organization re	turn for	
	organization named above. The extension is for the orga	anization's	return for:				
X	calendar year 20 $\frac{23}{23}$ or						
	tax year beginning	, 20	, and ending		,:	20	
2 If th	e tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reaso	on: Initial return	Final retur	n		
 3a lfth	is application is for Forms 990-PF, 990-T, 4720, or 6069	optor the	toptativo tax, loss				
	nonrefundable credits. See instructions.	, enter the	terrative las, 1000	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	30	Ψ	•	
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa				Ψ		
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
431				1 00	- <del></del>		

Ви 40 <sup>.</sup> На	to: nnsylvania Department of State reau of Corporations and Charitable Organizations 1 North St Rm 207 rrisburg, PA 17120 <u>www.dos.pa.gov/charities f</u> or more information	Charitable Organization Registration Statement BCO-10 (rev. 11/2023) Fee: See instructions			
	cate number: 01450 (N/A if initial registration) year ended: 12/31/2023	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:			
FEIN:	<u>23-1655375</u>	Organization does not solicit contributions in Pennsylvania			
1.	Legal name of organization: UNITED WAY OF BER	KS 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.	Principal address of organization:	Mailing address (if different than principal address):			
	25 N. 2ND STREET, SUITE 101				
	READING				
	PA 19601				
	County: BERKS	Phone number: (610) 685-4550			
	800 number:	Fax number:			
	Website: WWW.UWBERKS.ORG				
		by initial registrants only			
5.	Type of organization (e.g. non-profit corporation, unincorpora NON-PROFIT CORPORATION				
	Where established: BERKS COUNTY	Date established:* 01/01/1963			
	*Initial registrants must submit copies of organizational documents s constitution or other organizational instrument and by-laws.	such as charter, articles of incorporation,			

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)

	······································
	Not Applicable
	N/A
	<u>/</u>
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:
	Other
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than

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.
	Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: <u>501(C)(3)</u> 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 X 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? X 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, social media, etc.):
	Does not solicit contributions 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 X 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 organizations only uses or intend to only use a professional fundraising counsel.)
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
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)
	Not Applicable
	Not Applicable SEE STATEMENT 1

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations 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)

	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: Attach a separate sheet if necessary)
ĺ	Not Applicable
	NONE
	NONE
	f 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 X Not Applicable
	f "Yes," give all names and certificate numbers of the affiliate organizations:
1	Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group
	eturn and file a public disclosure form (BCO-23) for each affiliate.)
	s 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 X No Not Applicable
	f "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
	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

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

## 25 N. 2ND STREET, SUITE 101 READING, PA 19601

B. Have final responsibility for the custody of contributions:

#### BOARD OF DIRECTORS

25 N. 2ND STREET, SUITE 101 READING, PA 19601

C. Have final responsibility for final distribution of contributions:

#### BOARD OF DIRECTORS

## 25 N. 2ND STREET, SUITE 101 READING, PA 19601

D. Are responsible for custody of financial records:

#### MONICA RUANO-WENRICH, SENIOR VP FINANCE AND ADMINISTRATION

#### 25 N. 2ND STREET, SUITE 101 READING, PA 19601

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

A. Any c	her officer,	director, tr	ustee, o	or emplo	yee?	Х	Yes		No	SEE	STATEMENT	4
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- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*

## Yes X 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?
  - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
  - 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 X 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.)

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Page 5 of 6

Form BCO-10 (rev. 11/2023)

17350505 757874 63018.001

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

Form BCO-10 (rev. 11/2023)

UNITED WAY OF BERN	KS COUNTY, INC.		23-1655375
FORM BCO-10	ALL PROFESSIONAL	SOLICITORS	STATEMENT 1
NAME AND ADDRESS			PHONE NUMBER
NONE			
CONTRACT BEGIN DAT	TE CONTRACT END DATE	SOLICIT DATE	
FORM BCO-10	PROFESSIONAL FUNDRAI	ISING COUNSELS	STATEMENT 2
NAME AND ADDRESS			PHONE NUMBER
NONE			
CONTRACT BEGIN DAT	TE CONTRACT END DATE	SERVICE DATE	
FORM BCO-10	OFFICERS, DIRECTORS, TRUST	TEES AND EXECUTIVES	STATEMENT 3
NAME AND ADDRESS		TITLE	
TAMMY L. WHITE 25 N. 2ND STREET, READING, PA 19602		PRESIDENT	
NAME AND ADDRESS		TITLE	

MONICA RUANO-WENRICH 25 N. 2ND STREET, SUITE 101 READING, PA 19601

NAME AND ADDRESS

SCOTT REHR 25 N. 2ND STREET, SUITE 101 READING, PA 19601

> 7 STATEMENT(S) 1, 2, 3 2023.03040 UNITED WAY OF BERKS COUNT 63018.01

SR VP FINANCE & ADMIN

TITLE

CHAIR

NAME AND ADDRESS	TITLE
JONI NAUGLE 25 N. 2ND STREET, SUITE 101 READING, PA 19601	VICE CHAIR
NAME AND ADDRESS	TITLE
CHRISTINA WEEBER 25 N. 2ND STREET, SUITE 101 READING, PA 19601	SECRETARY/TREASURER
NAME AND ADDRESS	TITLE
RUTHANN WOLL 25 N. 2ND STREET, SUITE 101 READING, PA 19601	ASST. SECRETARY/TREASURER
NAME AND ADDRESS	TITLE
JOHN ARNOLD 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
SARA AULESTIA 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
JOHN BOBO 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
JAMES BOSCOV 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
ANTHONY COX 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
KELLEY CROZIER, M.D. 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
MICHAEL DUFF 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR

UNITED WAY OF BERKS COUNTY, INC.	
NAME AND ADDRESS	TITLE
ROBERT FIRELY 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
STEVEN FISHER 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
ROBERT GOONAN 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
TERRY GRASSLEY 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
BRADLEY HALL 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
VICTORIA HAWKINS 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
ANNETTE HINES 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
JASON HOERR 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
MICHAEL KRUT 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
WESLIE LIANA 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR AS OF MAY

UNITED WAY OF BERKS COUNTY, INC.	
NAME AND ADDRESS	TITLE
DR. SUSAN LOONEY 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
DR. JOSEPH MACHAROLA 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
NICK MARMONTELLO 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
DR. JENNIFER MURRAY 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
MISSY ORLANDO 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
RENDY ORTIZ 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
CRAIG PERROTY 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
SUE PERROTY 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
FRANCIS POST 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
SIDNEY PURNELL 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR

UNITED WAY OF BERKS COUNTY, INC.	
NAME AND ADDRESS	TITLE
MIKE REESE 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
ROBERTO SANCHEZ 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
ENGUITA MAITE TENA 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
DAVID TURNER 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
PATRICK VELEKEI 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
KAREN WANG M.D. 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
KIM WOERLE 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
RICHARD EHST 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR THROUGH
NAME AND ADDRESS	TITLE
DAVID CAPITANO 25 N. 2ND STREET, SUITE 101 READING, PA 19601	DIRECTOR THROUGH

11

MARCH

MAY

FORM BCO-10 RELATED OFFICER, DIRECTOR, TRUSTEE, EMPLOYEE STATEMENT 4

#### NAME AND ADDRESS

SUE AND CRAIG PERROTY 25 N. 2ND STREET, SUITE 101 READING, PA 19601

#### BUSINESS

SPOUSES