

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization
UNITED WAY OF BERKS COUNTY INC

Doing business as

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

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

D Employer identification number
23-1655375

E Telephone number
(610) 685-4550

G Gross receipts \$ 13,367,432

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW UWBERKS ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1963

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
INSPIRING COLLABORATION, VOLUNTEERISM AND FINANCIAL SUPPORT TO BUILD A STRONGER COMMUNITY

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

3 Number of voting members of the governing body (Part VI, line 1a)	40
4 Number of independent voting members of the governing body (Part VI, line 1b)	40
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	30
6 Total number of volunteers (estimate if necessary)	2,842
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,574,048	10,883,467
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	368,720	441,910
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	142,193	28,761
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,084,961	11,354,138
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,164,749	7,497,436
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,923,368	2,067,845
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,292,064		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	943,151	995,491
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,031,268	10,560,772
19 Revenue less expenses Subtract line 18 from line 12	1,053,693	793,366

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	21,215,735	22,563,810
21 Total liabilities (Part X, line 26)	2,121,235	1,825,444
22 Net assets or fund balances Subtract line 21 from line 20	19,094,500	20,738,366

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-05-23

TAMMY L WHITE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name LINDA S HIMEBACK CPA	Preparer's signature LINDA S HIMEBACK CPA	Date 2018-05-23	Check <input type="checkbox"/> if self-employed	PTIN P00042618
Firm's name ▶ HERBEINCOMPANY INC			Firm's EIN ▶ 23-2415973	
Firm's address ▶ 2763 CENTURY BOULEVARD READING, PA 19610			Phone no (610) 378-1175	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 8,618,324 including grants of \$ 7,497,436) (Revenue \$)
See Additional Data

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

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

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

4e Total program service expenses ▶ 8,618,324

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main table with columns for question ID, question text, sub-questions (1a-13b), Yes, and No.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (40); 1b Enter the number of voting members included in line 1a, above, who are independent (40); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MONICA RUANO-WENRICH 501 WASHINGTON STREET PO BOX 702 READING, PA 196030702 (610) 685-4550

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

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

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

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

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

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

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

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

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

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

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	448,946	0	62,429

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,883,467				
	g Noncash contributions included in lines 1a-1f \$ _____	798,534					
	h Total. Add lines 1a-1f		10,883,467				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		106,905			106,905	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		335,005	335,005		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a ADMINISTRATION FEES	561000	28,761	28,761				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		28,761					
12 Total revenue. See Instructions		11,354,138	363,766	0	106,905		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,497,436	7,497,436		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	511,375	198,095	151,462	161,818
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.	1,166,502	403,040	247,983	515,479
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	267,573	75,685	61,003	130,885
10 Payroll taxes.	122,395	44,405	27,956	50,034
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	18,200	12,324	2,405	3,471
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	229,618	155,479	30,347	43,792
12 Advertising and promotion.	152,750	16,396	250	136,104
13 Office expenses.	76,506	54,125	6,435	15,946
14 Information technology.				
15 Royalties.				
16 Occupancy.	142,689	48,595	34,898	59,196
17 Travel.	60,623	24,249	11,709	24,665
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.	124,170	44,578	31,129	48,463
22 Depreciation, depletion, and amortization.	31,606	10,659	7,734	13,213
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MISCELLANEOUS EXPENSES	128,893	26,572	30,528	71,793
b EQUIPMENT RENTAL & MAIN	30,436	6,686	6,545	17,205
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	10,560,772	8,618,324	650,384	1,292,064
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	3,673,307	2	3,764,129
	3 Pledges and grants receivable, net	7,556,335	3	8,054,167
	4 Accounts receivable, net	33,216	4	18,954
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,709	9	35,702
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	324,930		
	b Less accumulated depreciation	282,476		
	11 Investments—publicly traded securities	9,040,301	11	9,719,456
	12 Investments—other securities See Part IV, line 11	817,936	12	906,688
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	0	15	22,260
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,215,735	16	22,563,810	
Liabilities	17 Accounts payable and accrued expenses	400,300	17	258,469
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,720,935	25	1,566,975
	26 Total liabilities. Add lines 17 through 25	2,121,235	26	1,825,444
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	4,422,498	27	4,650,881
	28 Temporarily restricted net assets	8,949,844	28	9,517,733
	29 Permanently restricted net assets	5,722,158	29	6,569,752
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19,094,500	33	20,738,366
	34 Total liabilities and net assets/fund balances	21,215,735	34	22,563,810

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,354,138
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,560,772
3	Revenue less expenses Subtract line 2 from line 1	3	793,366
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,094,500
5	Net unrealized gains (losses) on investments	5	761,748
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	88,752
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,738,366

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

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

Form 990 (2017)

Form 990, Part III, Line 4a:

MORE THAN 100,000 CHILDREN, FAMILIES AND SENIORS BENEFITTED FROM VITAL HEALTH AND HUMAN SERVICES PROGRAMS FUNDED BY UNITED WAY OF BERKS COUNTY (UWBC) THROUGHOUT 2017. UWBC'S WORK AND INVESTMENTS FOCUS ON FOUR AREAS: EDUCATION, INCOME (FINANCIAL STABILITY), HEALTH AND SAFETY NET SERVICES DURING 2017, UWBC INVESTED FUNDING IN 50 PROGRAMS DELIVERED BY 34 AGENCY PARTNERS, AS WELL AS SUPPORTING COMMUNITY INITIATIVES AND PROVIDING VARIOUS ONE-TIME GRANTS. ALL PROGRAMS IN WHICH UWBC INVESTS ARE EVALUATED BY OUR COMMUNITY IMPACT CABINET, FOCUS AREA PANELS (FAP) AND ACCOUNTABILITY REVIEWERS, REPRESENTING OVER 60 VOLUNTEER COMMUNITY MEMBERS FROM VARIOUS SECTORS. THESE VOLUNTEERS DEDICATE INVALUABLE TIME TO ENSURE UWBC DOLLARS ARE INVESTED IN HIGH-PRIORITY PROGRAMS THAT ADDRESS CRITICAL CURRENT COMMUNITY NEEDS, AS WELL AS PROGRAMS THAT ARE HIGH-PERFORMING CONSISTENTLY, AND EFFECTIVELY DELIVERING A HIGH-QUALITY PROGRAM PRODUCING MEANINGFUL RESULTS FOR PARTICIPANTS. ANNUALLY, PROGRAMS RECEIVING UWBC INVESTMENTS ARE REQUIRED TO SUBMIT AN APPLICATION THAT DETAILS HOW UWBC DOLLARS ARE SPENT TO SUPPORT PROGRAMMING, AND THE OUTCOMES ACHIEVED BY CLIENTS. THESE OUTCOMES PLAY A CRUCIAL ROLE IN DETERMINING THE EFFECTIVENESS OF UWBC INVESTMENTS IN PROGRAMS. AGENCY REPRESENTATIVES ALSO MEET WITH FOCUS AREA PANEL VOLUNTEERS FOR FURTHER DISCUSSION AND EVALUATION OF PROGRAM EFFECTIVENESS. UWBC INVESTED IN THE FOLLOWING PROGRAMS IN 2017:

EDUCATION FOCUS AREA: UWBC BELIEVES THAT EVERYONE CAN PLAY A ROLE IN ENSURING THAT CHILDREN GROW UP TO BE PRODUCTIVE CITIZENS AND MEMBERS OF OUR COMMUNITY. THIS BEGINS WITH A GOOD EDUCATION THAT IS THE FOUNDATION FOR A CHILD'S SUCCESS IN WORK AND LIFE, ALONG WITH PROVIDING SUPPORTIVE PROGRAMMING THAT HELPS YOUTH DEVELOP NECESSARY SKILLS FOR THEIR FUTURES. TO MEET THIS GOAL, KEY ISSUES ADDRESSED BY UWBC AND ITS SUPPORTED PROGRAMS IN THIS FOCUS AREA INCLUDE EARLY CARE AND SCHOOL READINESS, SCHOOL SUCCESS, AND POSITIVE YOUTH DEVELOPMENT, SINCE THESE ISSUES ARE ALL INTERTWINED IN HELPING CHILDREN REACH THEIR POTENTIAL. THESE PROGRAMS IMPACT MORE THAN 21,600 YOUTH IN BERKS COUNTY.

EARLY CARE AND SCHOOL READINESS - COMMUNITY OUTCOME: ALL CHILDREN ARE APPROPRIATELY PREPARED FOR SCHOOL SUCCESS. CHILDREN HAVE GOOD HEALTH AND PHYSICAL DEVELOPMENT, EMOTIONAL AND SOCIAL COMPETENCE, A POSITIVE ATTITUDE TOWARD LEARNING, GOOD COMMUNICATION SKILLS AND AGE APPROPRIATE COGNITIVE SKILLS AND GENERAL KNOWLEDGE.

THE SALVATION ARMY READING CORPS - THE LEARNING CENTER PROVIDES EDUCATIONAL AND SOCIAL PROGRAMMING FOR THE ENTIRE FAMILY UNIT, WITH EACH PROGRAM DESIGNED TO CREATE A SAFE, HEALTHY ATMOSPHERE WHICH FOSTERS PERSONAL EDUCATION AND DEVELOPMENT FOR STUDENTS OF ALL AGES - COMMUNITY OUTCOME: WORKING FAMILIES HAVE ACCESS TO AFFORDABLE AND QUALITY CHILDCARE.

BERKS COUNTY INTERMEDIATE UNIT, CHILD CARE: OVER 100 FAMILIES RECEIVED ACCESS TO KEYSTONE STAR RATED 3 OR 4 CHILD CARE FOR THEIR CHILDREN.

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

MULTI-CULTURAL AND DEVELOPMENTALLY APPROPRIATE MATERIALS AND EQUIPMENT ARE OFFERED - YMCA OF READING & BERKS COUNTY, CHILD CARE: OFFERS A SCIENTIFICALLY-BASED, IMPLEMENTED EARLY CHILDHOOD CURRICULUM THAT ALIGNS WITH THE PENNSYLVANIA LEARNING STANDARDS FOR EARLY CHILDHOOD. SINCE PLAY IS THE FOUNDATION FOR YOUNG CHILDREN'S LEARNING AND DEVELOPMENT, THE YMCA PROVIDES WELL-EQUIPPED AND CAREFULLY ARRANGED CLASSROOMS - COMMUNITY OUTCOME: PARENTS, PARENTS-TO-BE AND CAREGIVERS HAVE THE KNOWLEDGE AND SKILLS THEY NEED TO ESTABLISH STRONG FAMILIES AND HELP THEIR CHILDREN REACH THEIR POTENTIAL.

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

YMCA OF READING & BERKS COUNTY, BABY UNIVERSITY: OFFERED AS A 10-WEEK SESSION, EACH PARTICIPANT, A PARENT OR CAREGIVER WITH A CHILD FROM PRENATAL TO FIVE YEARS OLD, RECEIVES A WEEKLY HOME VISIT IN ADDITION TO THE WEEKLY CLASSROOM INSTRUCTION. WEEKLY INSTRUCTION INCLUDES EDUCATION ON EARLY CHILDHOOD DEVELOPMENT AND EVIDENCE-BASED PARENTING CURRICULUM. SCHOOL SUCCESS - COMMUNITY OUTCOME: MORE STUDENTS SUCCESSFULLY GRADUATE FROM HIGH SCHOOL WITH THE SKILLS NECESSARY TO SUCCESSFULLY TRANSITION TO WORK FORCE OR POST-SECONDARY EDUCATION OPPORTUNITIES.

CHILDREN'S HOME OF READING (CHOR), ALTERNATIVE EDUCATION PROGRAMS: CHOR DAY ACADEMY PROVIDES A COMPREHENSIVE EDUCATIONAL ENVIRONMENT FOR ITS STUDENTS. THE ULTIMATE GOAL OF THIS PROGRAM IS TO HELP THE STUDENTS MODIFY THEIR BEHAVIOR SO THAT THEY CAN SUCCESSFULLY RE-ENTER PUBLIC SCHOOL. THIS IS ACCOMPLISHED THROUGH A PROGRESSIVE LEVEL SYSTEM THAT PROVIDES FREQUENT REWARDS AND REINFORCEMENT, AS WELL AS A POSITIVE SCHOOL-WIDE BEHAVIORAL INTERVENTION SYSTEM.

COMMUNITIES IN SCHOOLS (CIS), INTEGRATED STUDENT SUPPORT: THE CIS MODEL OF INTEGRATED STUDENT SUPPORTS 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.

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

CONTINUED LITERACY PROGRAMS OFFERED AS PART OF THE AFTERSCHOOL CLUBHOUSE, WHICH ENGAGES STUDENTS GRADES 1-6: STAFF ASSIST STUDENTS WITH HOMEWORK AND READING SUPPORT. THE PROGRAM ALSO ENCOMPASSES SOCIAL ACTIVITIES. YOUTH DEVELOPMENT - COMMUNITY OUTCOME: YOUTH OF ALL AGES HAVE OPPORTUNITIES TO PARTICIPATE IN DIVERSE, EFFECTIVE OUT OF SCHOOL PROGRAMS, WHERE THEY WILL DEVELOP AND UTILIZE VARIOUS SKILLS, KNOWLEDGE AND VALUES.

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

A SCHOOL-BASED PROGRAM - GIRL SCOUTS OF EASTERN PA, OUTREACH TO AT-RISK GIRLS: GIRLS IN FUNDED INITIATIVES PROGRAMS PROVIDE HIGH-QUALITY OUT-OF-SCHOOL-TIME THROUGH EDUCATION OPPORTUNITIES FOR GIRLS IN UNDERSERVED COMMUNITIES IN THE CITY OF READING. GIRLS ATTEND WEEKLY MEETINGS AT CONVENIENT COMMUNITY LOCATIONS BOTH DURING THE SCHOOL YEAR AND IN THE SUMMER.

HAWK MOUNTAIN COUNCIL BOY SCOUTS OF AMERICA, TRADITIONAL SCOUTING: THIS PROGRAM OPERATES WITHIN THE LOCAL NEIGHBORHOOD AT LOCATIONS PROVIDED BY PARTNERSHIPS THAT HAVE A CONTINUED INTEREST IN CITIZENSHIP TRAINING, PERSONAL FITNESS, AND CHARACTER DEVELOPMENT. ADULT VOLUNTEERS ADMINISTER THE PROGRAMS AT ALL LEVELS WITH SUPPORT FROM THE HAWK MOUNTAIN COUNCIL. THE LEVEL OF YOUTH LEADERSHIP IS BASED UPON AGE APPROPRIATE ACTIVITIES.

HAWK MOUNTAIN COUNCIL BOY SCOUTS OF AMERICA, URBAN SCOUTING: SCOUTREACH IS THE HAWK MOUNTAIN COUNCIL'S COMMITMENT TO ENSURING THAT ALL YOUNG PEOPLE HAVE AN OPPORTUNITY TO JOIN SCOUTING, REGARDLESS OF THEIR CIRCUMSTANCES, NEIGHBORHOOD, OR CULTURAL OR ETHNIC BACKGROUND.

SCOUTREACH IS THE SAME PROGRAM AS SCOUTING IN ANY OTHER AREA, BUT IS TYPICALLY AN AFTER SCHOOL PROGRAM THAT PROVIDES AN ADDITIONAL EMPHASIS ON SPECIAL NEEDS OF PARTICIPANTS SUCH AS PARENTAL INVOLVEMENT, FINANCIAL ABILITY, ACADEMIC PERFORMANCE, ACCESS TO TECHNOLOGY AND CULTURAL AND LANGUAGE DIFFERENCES. UWBC PROVIDED AN INCREASED INVESTMENT TO ASSIST WITH PILOTING THE NEW STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH) SCOUTS WITHIN THE CITY OF READING. THIS VALUES-BASED PROGRAM FOCUSES ON SCHOOL SUCCESS AND YOUTH DEVELOPMENT.

STEM SCOUTS EXPANDS BOY SCOUTING OPPORTUNITIES TO GIRLS: SCOUTS SPEND 90 MINUTES PER MEETING WORKING ON SELF-IMPROVEMENT, CRITICAL THINKING, AND HANDS ON EXPERIMENTATION FOCUSING ON TOPICS SUCH AS PHYSICS OF LIGHT, PROPERTIES OF MATTER, MAGNETISM, PROPERTIES OF SOUND, ROBOTICS, ARCHAEOLOGY, AND SPACE.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAMIRO M CARBONELL DIRECTOR	1 00	X						0	0	0
SHARON DANKS DIRECTOR	1 00	X						0	0	0
MICHAEL A DUFF CHAIRMAN	1 00	X		X				0	0	0
ANDREA J FUNK DIRECTOR	1 00	X						0	0	0
SARA GALOSI DIRECTOR	1 00	X						0	0	0
SCOTT L GRUBER CHAIR-ELECT	1 00	X		X				0	0	0
DR JILL HACKMAN DIRECTOR	1 00	X						0	0	0
BARBARA HALL DIRECTOR	1 00	X						0	0	0
ALISA HARRIS DIRECTOR	1 00	X						0	0	0
DANIEL B HUYETT DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN HUYETT DIRECTOR	1 00	X						0	0	0
NICK MARMONTELLO DIRECTOR	1 00	X						0	0	0
BETH GALLEN MASTROMARINO DIRECTOR	1 00	X						0	0	0
DR KHALID MUMIN DIRECTOR	1 00	X						0	0	0
LAURIE PEER SECRETARY/TREASURER	1 00	X		X				0	0	0
SCOTT REHR DIRECTOR	1 00	X						0	0	0
MIKE SCHMIDTLEIN DIRECTOR	1 00	X						0	0	0
EDWARD SHUTTLEWORTH DIRECTOR	1 00	X						0	0	0
JEROME T SIMCIK DIRECTOR	1 00	X						0	0	0
TIMOTHY J SIMMONS ASST SECRETARY/TREASURER	1 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY SNYDER DIRECTOR	1 00	X						0	0	0
THERESE SUCHER DIRECTOR	1 00	X						0	0	0
PATRICK VELEKEI DIRECTOR	1 00	X						0	0	0
DR ANNA WEITZ DIRECTOR	1 00	X						0	0	0
KIM HIPPERT-EVERSGERD DIRECTOR	1 00	X						0	0	0
ROBERT HOFFMASTER DIRECTOR	1 00	X						0	0	0
DANIEL SANSARY DIRECTOR	1 00	X						0	0	0
MEG MCGLINN SHIELDS DIRECTOR	1 00	X						0	0	0
PATRICK SHIELDS DIRECTOR	1 00	X						0	0	0
PAMELA TERRY BARBEY DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER BARBEY DIRECTOR	1 00	X						0	0	0
BRUCE COLE DIRECTOR	1 00	X						0	0	0
PETER CONNORS DIRECTOR	1 00	X						0	0	0
SANTINA CONNORS DIRECTOR	1 00	X						0	0	0
JOSEPH HARTZ DIRECTOR	1 00	X						0	0	0
GORDON HOODAK DIRECTOR	1 00	X						0	0	0
ERNEST JONES DIRECTOR	1 00	X						0	0	0
JOANNE JUDGE DIRECTOR	1 00	X						0	0	0
EDWARD MCKEANAY SR DIRECTOR	1 00	X						0	0	0
JONI NAUGLE DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TAMMY L WHITE PRESIDENT	37 50			X				156,648	0	23,318
JEAN MORROW SR VP RESOURCE DEVELOPMENT	37 50			X				91,787	0	10,626
YAMIL SANCHEZ SR VP COMMUNITY IMPACT	37 50			X				109,182	0	11,511
MONICA RUANO-WENRICH SR VP FINANCE & ADMIN	37 50			X				91,329	0	16,974

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number

23-1655375

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	9,294,778	10,132,601	9,889,099	10,574,048	10,883,467	50,773,993
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	9,294,778	10,132,601	9,889,099	10,574,048	10,883,467	50,773,993
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						893,297
6	Public support. Subtract line 5 from line 4						49,880,696

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
7	Amounts from line 4	9,294,778	10,132,601	9,889,099	10,574,048	10,883,467	50,773,993	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,681	117,093	111,395	146,400	106,905	623,474	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.))	68,582	52,139	59,990	142,193	28,761	351,665	
11	Total support. Add lines 7 through 10						51,749,132	
12	Gross receipts from related activities, etc. (see instructions)						12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.390 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	96.760 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 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 .		
	9c		
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.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	ADMINISTRATION FEES - 2013 AMOUNT \$ 68,582 2014 AMOUNT \$ 52,139 2015 AMOUNT \$ 59,990 2016 AMOUNT \$ 142,193 2017 AMOUNT \$ 28,761

Schedule A Form 990 of 990-E 2012

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number
23-1655375

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,578,090	6,479,174	6,554,413	6,373,055	5,539,429
b Contributions	279,034	1,050	250,000	1,000	
c Net investment earnings, gains, and losses	952,391	367,955	-62,630	433,937	1,067,087
d Grants or scholarships					
e Other expenditures for facilities and programs	306,257	270,089	262,609	253,579	233,461
f Administrative expenses					
g End of year balance	7,503,258	6,578,090	6,479,174	6,554,413	6,373,055

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 24 530 %
 - b** Permanent endowment ▶ 75 470 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		36,114	33,064	3,050
d Equipment		252,437	213,033	39,404
e Other		36,379	36,379	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				42,454

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO OTHER UNITED WAYS	311,237
DUE TO DESIGNATED AFFILIATED AGENCIES	1,255,738
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,566,975

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,851,556
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	761,748
b	Donated services and use of facilities	2b	187,584
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	88,752
e	Add lines 2a through 2d	2e	1,038,084
3	Subtract line 2e from line 1	3	9,813,472
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,540,666
c	Add lines 4a and 4b	4c	1,540,666
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	11,354,138

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

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

1	Total expenses and losses per audited financial statements	1	9,207,690
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	187,584
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	187,584
3	Subtract line 2e from line 1	3	9,020,106
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,540,666
c	Add lines 4a and 4b	4c	1,540,666
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	10,560,772

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-1655375

Name: UNITED WAY OF BERKS COUNTY INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT CONSISTS OF TEN DONOR-RESTRICTED SUB-FUNDS AND ONE BOARD-DESIGNATED SUB-FUND, ALL OF WHICH ARE TO BE HELD INDEFINITELY, WITH THE INCOME EXPENDABLE FOR OPERATIONS AS DIRECTED BY DONORS OR THE BOARD OF DIRECTORS

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	UNREALIZED GAINS/(LOSSES) ON BENEFICIAL INTEREST 88,752

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS 1,540,666

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED ALLOCATIONS 1,540,666

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number
23-1655375

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	UNITED WAY JUDICIOUSLY DISTRIBUTES DOLLARS DONATED IN SUPPORT OF THE COMMUNITY'S HEALTH AND HUMAN SERVICES NEEDS, PRIMARILY TO AND THROUGH THE PARTNER AGENCIES ALSO INCLUDED IS THE DAY-TO-DAY SUPPORT AND ASSISTANCE PROVIDED TO THE PARTNER AGENCIES THROUGH SPECIAL AND ROUTINE AGENCY RELATIONS' ACTIVITIES IN 2017, WE ALLOCATED FUNDS TO 34 AGENCY PARTNERS, SUPPORTING OVER 50 PROGRAMS AND SERVICES IN TOTAL, MORE THAN 100,000 BERKS COUNTIANS RECEIVED UNITED WAY-FUNDED SERVICES UNITED WAY CONTINUES ITS EMPHASIS ON COMPLIANCE AND ACCOUNTABILITY PROCEDURES TO ENSURE THE EFFECTIVE AND EFFICIENT OPERATION OF UNITED WAY PARTNER PROGRAMS

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALVERNIA UNIVERSITY 400 ST BERNARDINE ST READING, PA 19607		501(C)(3)	10,000				RAPID RESPONSE GRANT TO PROVIDE ASSISTANCE AND OTHER BASIC NEEDS
AMERICAN CANCER SOCIETY 498 BELLEVUE AVENUE READING, PA 19605		501(C)(3)	219,691				PARTNER AGENCY INVESTMENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - BERKS COUNTY CHAPTER 701 CENTRE AVENUE READING, PA 19601		501(C)(3)	209,469				PARTNER AGENCY INVESTMENTS DISASTER RESPONSE, VETERANS TRANSPORTATION
AMERICAN RED CROSS-TRI COUNTY 701 CENTRE AVE READING, PA 19601		501(C)(3)	10,000				ONE-TIME GRANT FOR SMOKE ALARM INSTALLATION INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS-TRI COUNTY 701 CENTRE AVE READING, PA 19601		501(C)(3)	50,000				RAPID RESPONSE GRANT FOR HURRICANE HARVEY, IRMA, AND MARIA RELIEF
BARRIO ALEGRIA 580 WILLOW ST READING, PA 19602		501(C)(3)	5,000				LIVE UNITED GRANT TO SUPPORT PRODUCTION OF ROSA DANCES WITH WOLVES/ ROSA BAILA CON LOBOS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS AIDS NETWORKCO-COUNTY WELLNESS 429 WALNUT STREET PO BOX 8626 READING, PA 19603		501(C)(3)	139,425				PARTNER AGENCY INVESTMENTS CASE MGMT FOR OLDER ADULTS, BERKS TEENS MATTER
BERKS COALITION TO END HOMELESSNESS PO BOX 7712 READING, PA 19603		501(C)(3)	30,905				PARTER AGENCY INVESTMENTS HOMELESS PREVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS COALITION TO END HOMELESSNESS PO BOX 7712 READING, PA 19603		501(C)(3)	10,000				ONE-TIME GRANT FOR STRATEGIC PLANNING
BERKS CONNECTIONSPRETRIAL SERVICES 633 COURT STREET 16TH FLOOR READING, PA 19601		501(C)(3)	80,689				PARTNER AGENCY INVESTMENTS RE-ENTRY PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS COUNSELING CENTER 645 PENN ST READING, PA 19601		501(C)(3)	15,000				RAPID RESPONSE GRANT TO PURCHASE REQUIRED SOFTWARE TO PARTICIPATE IN NATION
BERKS COUNTY INTERMEDIATE UNIT 111 COMMONS BOULEVARD READING, PA 19612		501(C)(3)	267,612				PARTNER AGENCY INVESTMENTS CHILD CARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS COUNTY INTERMEDIATE UNIT 111 COMMONS BOULEVARD READING, PA 19612		501(C)(3)	12,000				RAPID RESPONSE GRANT EDUCATION FOR HOMELESS CHILDREN/BOOK BUDDIES
BERKS DEAF & HARD OF HEARING SERVICES 2045 CENTRE AVENUE READING, PA 19605		501(C)(3)	29,171				PARTNER AGENCY INVESTMENTS ADVOCACY AND CLIENT SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS ENCORE 40 NORTH 9TH STREET READING, PA 19601		501(C)(3)	123,065				PARTNER AGENCY INVESTMENTS MEALS ON WHEELS
BERKS ENCORE 40 NORTH 9TH STREET READING, PA 19601		501(C)(3)	23,500				VENTURE GRANT FOR MEALS ON WHEELS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS VISITING NURSE ASSOCIATION 1170 BERKSHIRE BOULEVARD WYOMISSING, PA 19610		501(C)(3)	323,188				PARTNER AGENCY INVESTMENTS SKILLED NURSING AND RELATED SERVICES
BIG BROTHERSBIG SISTERS OF BERKS COUNTY 303 WINDSOR STREET READING, PA 19601		501(C)(3)	232,288				PARTNER AGENCY INVESTMENTS BIG BROTHERS/SISTERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRDSBORO COMMUNITY MEMORIAL CENTER 201 EAST MAIN STREET BIRDSBORO, PA 19508		501(C)(3)	59,856				PARTNER AGENCY INVESTMENTS OUT OF SCHOOL
BIRDSBORO COMMUNITY MEMORIAL CENTER 201 EAST MAIN STREET BIRDSBORO, PA 19508		501(C)(3)	10,000				RAPID RESPONSE GRANT TO SUPPORT THE INSTALLATION OF A NEW HVAC SYSTEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLANKETS OF HOPE INC P O BOX 3617 READING, PA 19606		501(C)(3)	5,000				LIVE UNITED GRANT TO PURCHASE BLANKETS FOR COMMUNITY MEMBERS IN NEED
BOY SCOUTS OF AMERICA - HAWK MOUNTAIN COUNCIL 5027 POTTSVILLE PIKE READING, PA 19605		501(C)(3)	277,465				PARTNER AGENCY INVESTMENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYERTOWN AREA MULTI-SERVICE 200 WEST SPRING STREET BOYERTOWN, PA 19512		501(C)(3)	50,005				PARTNER AGENCY INVESTMENTS BASIC NEEDS, SUPPORTIVE SERVICES FOR OLDER ADULTS
CATHOLIC CHARITIES DIOCESE OF ALLENTOWN 400 WASHINGTON STREET SUITE 100 READING, PA 19601		501(C)(3)	57,456				PARTNER AGENCY INVESTMENTS CASE MANAGEMENT/COUNSELING FOR VETERANS AND FAMILIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR MENTAL HEALTH - THE READING HOSPITAL & MEDICAL CENTER PO BOX 16052 READING, PA 19612		501(C)(3)	110,255				PARTNER AGENCY INVESTMENTS CHILDREN PSYCHIATRIC SERVICES
CENTRO HISPANO DANIEL TORRES INC 501 WASHINGTON STREET READING, PA 19601		501(C)(3)	7,500				RAPID RESPONSE GRANT TO EXPAND HOURS FOR TAX ASSISTANCE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO HISPANO DANIEL TORRES INC 501 WASHINGTON STREET READING, PA 19601		501(C)(3)	8,000				ONE-TIME GRANT FOR EXPANDING 2018 TAX ASSISTANCE HOURS
CENTRO HISPANO DANIEL TORRES INC 501 WASHINGTON STREET READING, PA 19601		501(C)(3)	253,411				PARTNER AGENCY INVESTMENTS SOCIAL SERVICES, OPENING DOORS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO HISPANO DANIEL TORRES INC 501 WASHINGTON STREET READING, PA 19601		501(C)(3)	15,000				RAPID RESPONSE GRANT FOR HURRICANE HARVEY, IRMA, AND MARIA RELIEF
CLARE OF ASSISI HOUSE 325 S 12TH STREET READING, PA 19602		501(C)(3)	8,000				ONE-TIME GRANT TO PROVIDE TRANSITIONAL RESIDENTIAL SERVICES AND LIFE SKILLS FOR NON-VIOLENT OFFENDERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON GROUND RECOVERY COMMUNITY 5 WYOMISSING BLVD READING, PA 19610		501(C)(3)	12,000				RAPID RESPONSE GRANT TO SUPPORT SUNDAY EVENING PROGRAM
COMMUNITIES IN SCHOOLS OF THE LEHIGH VALLEY 1501 LEHIGH ST 206 ALLENTOWN, PA 18103		501(C)(3)	49,990				PARTNER AGENCY INVESTMENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PREVENTION PARTNERSHIP 227 N 5TH ST READING, PA 19601		501(C)(3)	21,224				VENTURE GRANT FOR BERKS TALKLINE PROGRAM FOR PARENTS AS TEACHERS
EASTER SEALS EASTERN PENNSYLVANIA 1040 LIGGETT AVENUE READING, PA 19611		501(C)(3)	345,594				PARTNER AGENCY INVESTMENTS PEDIATRIC THERAPEUTIC RECREATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS EASTERN PENNSYLVANIA 1040 LIGGETT AVENUE READING, PA 19611		501(C)(3)	15,000				ONE-TIME GRANT FOR EARLY INTERVENTION SCREENING
FAMILY GUIDANCE CENTER 1235 PENN AVENUE SUITE 205-206 READING, PA 19610		501(C)(3)	425,447				PARTNER AGENCY INVESTMENTS COUNSELING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FONDOS UNIDOS DE PUERTO RICO EXPRESO LUIS MUOZ RIVERA SAN JUAN 909 RQ		501(C)(3)	5,000				ONE-TIME GRANT FOR HURRICANE MARIA RELIEF EFFORTS
FRIEND INC COMMUNITY SERVICES 658D NOBLE STREET KUTZTOWN, PA 19530		501(C)(3)	5,250				RAPID RESPONSE GRANT TO PROVIDE BACKPACKS OF FOOD TO STUDENTS IN THE FLEETWOOD SCHOOL DISTRICT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIEND INC COMMUNITY SERVICES 658D NOBLE STREET KUTZTOWN, PA 19530		501(C)(3)	150,448				PARTNER AGENCY INVESTMENTS COMMUNITY RESOURCE CONNECTIONS
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR ROAD MIQUON, PA 19444		501(C)(3)	124,956				PARTNER AGENCY INVESTMENTS OUTREACH TO MINORITY & AT-RISK GIRLS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN 201 WASHINGTON ST 502 READING, PA 19601		501(C)(3)	5,000				LIVE UNITED GRANT TO SUPPORT SCHOLARSHIPS FOR READING SCHOOL DISTRICT STUDENTS
GREATER BERKS FOOD BANK 1011 TUCKERTON COURT READING, PA 19605		501(C)(3)	69,476				PARTNER AGENCY INVESTMENTS FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER READING MENTAL HEALTH ALLIANCE 1234 PENN AVENUE WYOMISSING, PA 19610		501(C)(3)	123,493				PARTNER AGENCY INVESTMENTS INFORMATION/REFERRAL/ADVOCACY/SUPPORT GROUPS
HABITAT FOR HUMANITY OF BERKS COUNTY 531 CANAL ST SUITE 404 READING, PA 19602		501(C)(3)	5,000				RAPID RESPONSE GRANT FOR HURRICANE HARVEY, IRMA, AND MARIA RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF BERKS COUNTY 531 CANAL ST SUITE 404 READING, PA 19602		501(C)(3)	24,304				PARTNER AGENCY INVESTMENTS HOMEOWNERSHIP FOR NEEDY FAMILIES
HOPE RESCUE MISSION 645 N 6TH ST READING, PA 19601		501(C)(3)	15,000				RAPID RESPONSE GRANT TO ASSIST WITH LAUNCHING THEIR DAY CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE RESCUE MISSION 645 N 6TH ST READING, PA 19601		501(C)(3)	5,000				ONE-TIME GRANT FOR SHELTER & DAY PROGRAM HEALTHY INITIATIVE/SALAD BAR
JEWISH FEDERATION OF READING PA 1100 BERKSHIRE BOULEVARD WYOMISSING, PA 19610		501(C)(3)	73,414				PARTNER AGENCY INVESTMENTS FOOD BANK, CASE MGMT, TRANSPORTATION AND SUPPORTIVE SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY COUNCIL OF READING-BERKS 35 SOUTH DWIGHT STREET WEST LAWN, PA 19609		501(C)(3)	102,337				PARTNER AGENCY INVESTMENTS LITERACY TRAINING & ESL
MENTORS FOR BERKS YOUTH 400 WASHINGTON ST READING, PA 19601		501(C)(3)	5,000				LIVE UNITED GRANT TO SUPPORT EXPERIENTIAL LEARNING OPPORTUNITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDPENN LEGAL SERVICES 501 WASHINGTON STREET SUITE 401 READING, PA 19601		501(C)(3)	75,012				PARTNER AGENCY INVESTMENTS LEGAL REPRESENTATION FOR BASIC NEEDS
NEW JOURNEY COMMUNITY OUTREACH INC 138 S 6TH STREET READING, PA 19602		501(C)(3)	7,000				ONE-TIME GRANT TO SUPPORT SOUP KITCHEN AND FOOD PANTRY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JOURNEY COMMUNITY OUTREACH INC 138 S 6TH STREET READING, PA 19602		501(C)(3)	15,000				RAPID RESPONSE GRANT TO COVER BASIC NEEDS
OLIVET BOYS & GIRLS CLUB OF READING & BERKS COUNTY 1161 PERSHING BOULEVARD READING, PA 19611		501(C)(3)	968,497				PARTNER AGENCY INVESTMENTS COMPREHENSIVE YOUTH DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY HOUSE 430 NORTH SECOND STREET READING, PA 19601		501(C)(3)	231,562				PARTNER AGENCY INVTS CHILD CARE, SHELTER PROGRAM, CHILDREN'S ALLIANCE CENTER
OUTREACH INC 301 CENTER STREET PO BOX 361 UNION, IA 50258		501(C)(3)	101,250				SUBCONTRACTED GRANT TO SUPPORT ACCESS TO FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENN STATE HEALTH - ST JOSEPH'S 2500 BERNVILLE RD BERN TOWNSHIP, PA 19605		501(C)(3)	25,000				SUBCONTRACTED GRANTS VEGGIE RX PROGRAM
PENNSYLVANIA CASA PO BOX 681 CARLISLE, PA 17013		501(C)(3)	30,000				OTHER GRANTS CASA PROGRAM 2017 YEAR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROSPECTUS BERCO 840 WILLIAM LN 1 READING, PA 19604		501(C)(3)	20,000				ONE-TIME GRANT FOR A LIFT SYSTEM
READING AREA COMMUNITY COLLEGE 10 SOUTH SECOND STREET PO BOX 1706 READING, PA 19603		501(C)(3)	76,158				PARTNER AGENCY INVESTMENTS ESL LANGUAGE CLASSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING PUBLIC LIBRARY FOUNDATION 100 SOUTH FIFTH STREET READING, PA 19602		501(C)(3)	25,000				SUB-CONTRACTED GRANT BI-LINGUAL OUTREACH TO LATINO COMMUNITY
READING RECREATION COMMISSION 320 S 3RD STREET READING, PA 19602		501(C)(3)	15,000				RAPID RESPONSE GRANT FOR ACCESS TO FOOD FOR AFTER SCHOOL PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING SCHOOL DISTRICT 800 WASHINGTON STREET READING, PA 19601		501(C)(3)	6,000				SUBCONTRACTED GRANTS - READY SET READ
READING RISK REDUCTION PO BOX 1191 READING, PA 19603		501(C)(3)	15,000				RAPID RESPONSE GRANT TO SUPPORT AN EMERGENCY DRUG OVERDOSE RESPONSE INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE BERKS 255 CHESTNUT ST READING, PA 19602		501(C)(3)	186,237				PARTNER AGENCY INVESTMENTS SHELTER, HOTLINE, COUNSELING, CRISIS SERVICES
SALVATION ARMY SERVICE EXTENSION UNITS 701 BROAD STREET PHILADELPHIA, PA 19123		501(C)(3)	43,252				PARTNER AGENCY INVESTMENTS COMMUNITY WELFARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAILS OF VALOR PAWS OF HONOR PO BOX 127 COOPERSBURG, PA 18036		501(C)(3)	5,000				LIVE UNITED GRANT TO SUPPORT CANINE CONNECTIONS
THE CHILDREN'S HOME OF READING 1010 CENTRE AVENUE READING, PA 19601		501(C)(3)	69,016				PARTNER AGENCY INVESTMENTS ALTERNATIVE EDUCATION PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S HOME OF READING 1010 CENTRE AVENUE READING, PA 19601		501(C)(3)	15,000				ONE-TIME GRANT FOR CLASSROOM TECHNOLOGY
THE CHILDREN'S HOME OF READING 1010 CENTRE AVENUE READING, PA 19601		501(C)(3)	13,500				RAPID RESPONSE GRANT TO SUPPORT THE SUMMER THERAPEUTIC EDUCATION PROGRAM (STEP)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RUDDEN FAMILY FOUNDATION INC 16 PACIFIC AVE READING, PA 19608		501(C)(3)	10,000				RAPID RESPONSE GRANT TO ADD LABOR AND TRUCKING RESOURCES TO SERVE THEIR GROWING CLIENT LIST
THE SALVATION ARMY OF READING PO BOX 1099 READING, PA 19602		501(C)(3)	25,000				RAPID RESPONSE GRANT FOR HURRICANE HARVEY, IRMA, AND MARIA RELIEF

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY OF READING PO BOX 1099 READING, PA 19602		501(C)(3)	280,419				PARTNER AGENCY INVESTMENTS LEARNING CENTER, SUPPORTIVE HOUSING, SHARE
THE SALVATION ARMY OF READING PO BOX 1099 READING, PA 19602		501(C)(3)	25,000				VENTURE GRANT FOR FOOD ASSISTANCE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY OF READING PO BOX 1099 READING, PA 19602		501(C)(3)	15,000				RAPID RESPONSE GRANT TO SUPPORT HOMELESS PREVENTION
THRESHOLD REHABILITATION SERVICES INC 1000 LANCASTER AVENUE READING, PA 19607		501(C)(3)	134,731				PARTNER AGENCY INVESTMENTS EMPLOYMENT SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED LABOR COUNCIL OF READING & BERKS COUNTY 1251 N FRONT STREET READING, PA 19601		501(C)(3)	93,952				PROGRAM FUNDING INVESTMENTS
UNITED WAY OF LANCASTER 630 JANET AVENUE LANCASTER, PA 17601		501(C)(3)	60,000				SUBCONTRACTED GRANTS 211 CALL CENTER MONTHLY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY WORLDWIDE P O BOX 418607 BOSTON, MA 022418607		501(C)(3)	55,000				GRANTS FOR HURRICANE HARVEY, IRMA, AND MARIA RELIEF
WOOD-TO-WONDERFUL 1044 N 8TH ST READING, PA 19604		501(C)(3)	5,000				ONE-TIME GRANT FOR "READING IS TOYRIFIC" PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF READING & BERKS COUNTY 631 WASHINGTON STREET READING, PA 19603		501(C)(3)	444,552				PARTNER AGENCY INVESTMENTS CHILD CARE/ HEALTHY YOUTH, RESIDENCE, BABY UNIVERSITY
YMCA OF READING & BERKS COUNTY 631 WASHINGTON STREET READING, PA 19603		501(C)(3)	10,000				ONE-TIME GRANT FOR OLEY VALLEY MIDDLE SCHOOL AFTERSCHOOL PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOCOM INSTITUTE FOR ARTS EDUCATION 1100 BELMONT AVE WYOMISSING, PA 19610		501(C)(3)	15,000				RAPID RESPONSE GRANT TO EXPAND NEIGHBORHOOD BRIDGES AT RIVERSIDE ELEMENTARY
YOCOM INSTITUTE FOR ARTS EDUCATION 1100 BELMONT AVE WYOMISSING, PA 19610		501(C)(3)	25,000				SUBCONTRACTED GRANT TO OFFER NEIGHBORHOOD BRIDGES IN READING SCHOOL DISTRICT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number
23-1655375

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TAMMY L WHITE PRESIDENT	(i)	147,648	0	9,000	7,361	15,957	179,966	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Employer identification number
23-1655375

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	41	798,534	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF BERKS COUNTY INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

23-1655375

990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	<p>EARLY CHILD CARE PROVIDER TRAINING INCENTIVE PROGRAM (AKA CDA) IN HOPES OF HELPING RETAIN TEACHERS IN EARLY LEARNING CENTER CLASSROOMS, AN ADDITIONAL PROFESSIONAL DEVELOPMENT COMPONENT WAS DESIGNED AND ADDED TO THE GROWING READERS PROGRAM OF READY SET READ! THE EARLY CHILD CARE PROVIDER TRAINING INCENTIVE PROGRAM (ALSO REFERRED TO AS THE CDA PROGRAM) HAS BEEN ADDED TO THE GROWING READERS PROGRAM THE PROGRAM IS A COMBINATION OF COLLEGE CREDIT CLASSES THAT HELP THE TEACHERS EARN A CDA (CHILD DEVELOPMENT ASSOCIATE CREDENTIAL) AND EDUCATIONAL AND RETENTION STIPENDS THE GOALS OF THE CDA PROGRAM ARE TO - ASSIST TEACHERS IN OBTAINING A CHILD DEVELOPMENT ASSOCIATE CREDENTIAL (CDA) WITH COLLEGE CREDIT - PROVIDE SUPPORT TO ENSURE SUCCESS - COMPENSATE TEACHERS FOR THEIR ACHIEVEMENTS - ENCOURAGE CONTINUED EDUCATION BEYOND THE CDA - RETAIN TRAINED TEACHERS IN EACH CENTER UWBC READY SET READ! IS PARTNERING WITH READING AREA COMMUNITY COLLEGE (RACC) TO PROVIDE THE TRAINING TO THE STUDENTS AS A COHORT GROUP IN HOPES OF FOSTERING RELATIONSHIPS BETWEEN STUDENTS TO SUPPORT EACH OTHER ON THEIR COLLEGIATE JOURNEY THE COHORT WILL CONSIST OF 12 CANDIDATES UWBC'S READY SET READ! STAFF WILL CONTINUE TO PROVIDE SUPPORT TO THE EARLY LEARNING CENTER(S) AS PRESCRIBED BY THE GROWING READERS PROGRAM IN ADDITION TO THE PROFESSIONAL DEVELOPMENT PROVIDED TO CANDIDATES IN THE CDA PROGRAM CANDIDATES MUST ATTEND CLASSES AND ATTAIN PASSING GRADES IN ORDER TO RECEIVE THE EDUCATION STIPEND AND OBTAIN THEIR CDA CREDENTIAL IN ATTEMPTS TO RETAIN THE HIGHLY QUALIFIED STAFF AT THE CENTERS, CDA GRADUATES WILL EARN A RETENTION INCENTIVE FOR TWO YEARS FOLLOWING THE COMPLETION OF THE PROGRAM OAKBROOK INITIATIVE OVER THE PAST TWO YEARS, UWBC HAS BEEN WORKING WITH THE OAKBROOK COMMUNITY INCLUDING ORGANIZING A SUMMER READING PROGRAM IN 2017, THROUGH PARTNERSHIPS WITH BERKS COMMUNITY HEALTH CENTER, CUSTOMERS BANK, READING HOUSING AUTHORITY AND READING SCHOOL DISTRICT, AND AS A RESULT CONNECTING WITH OVER 140 CHILDREN IN JUNE 2017, A DOOR-TO-DOOR SURVEY WAS CONDUCTED TO FIND OUT WHAT OAKBROOK RESIDENTS SHARE AS THEIR NEEDS AND CONCERNS RELATED TO HEALTH, EDUCATION, EMPLOYMENT AND OTHER NEEDS UWBC HAD A 39% RATE OF PARTICIPATION WITH THE SURVEY FROM THE 521 HOUSEHOLDS IN OAKBROOK THESE SURVEY RESULTS WERE SHARED THROUGH A DATA WALK CALLED "OAKBROOK SPEAKS" IN OCTOBER 2017 UWBC IS ASSISTING IN ORGANIZING THE OAKBROOK COLLECTIVE IMPACT COUNCIL THE GOAL OF THE COUNCIL IS TO PRIORITIZE THE IDENTIFIED NEEDS AND COORDINATE COLLABORATIVE EFFORTS TO RESPOND TO WHAT OAKBROOK RESIDENTS IDENTIFIED AS THEIR CRITICAL ISSUES THE COUNCIL BEGAN MEETING IN JANUARY 2018 AND WILL MEET QUARTERLY MORE THAN 50 PEOPLE ATTENDED THE FIRST MEETING REPRESENTING VARIOUS NONPROFITS, EDUCATION PARTNERS, THE CORPORATE SECTOR, AS WELL AS OAKBROOK RESIDENTS USING THE COLLECTIVE IMPACT MODEL, COMMUNITY PARTNERS COMMIT TO WORK TOGETHER TO ACHIEVE THE SAME GOAL AND ADDRESS COMPLEX SOCIAL PROBLEMS THIS IS A MULTI-YE</p>

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FORM 990, PART III, LINE 2	AR PROCESS, WHERE THE GROUP LOOKS TO ADDRESS THE ROOT CAUSE OF AN ISSUE AND WORKS TO CREATE CULTURAL SHIFTS

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FORM 990, PART III, LINE 4A	<p>- OLIVET BOYS AND GIRLS CLUB OF READING AND BERKS COUNTY, COMPREHENSIVE YOUTH DEVELOPMENT DURING THE SCHOOL YEAR, KIDS ATTEND THEIR CLUBS MONDAY THROUGH FRIDAY, AND PARTICIPATE IN MANY ACTIVITIES AND PROGRAMS THAT ENRICH THEIR LIVES AND HELP MAKE THEM SUCCESSFUL STUDENTS, ATHLETES AND CITIZENS MEMBERS AGES 6-12 PARTICIPATE FROM 2 30-6 P M MEMBERS 13 AND OLDER UTILIZE THE CLUBS FROM 6-9 P M THESE PROGRAMS INCLUDE TUTORING, ARTS AND CRAFTS, SPORTS AND RECREATION, COMPUTER AND TECHNOLOGY, LEADERSHIP AND CHARACTER BUILDING, COLLEGE ACCESS AND CAREER DEVELOPMENT, AND VISUAL AND PERFORMING ARTS OLIVET SUMMER CAMP PROGRAMS PICKS UP WHEN THE AFTER SCHOOL PROGRAM ENDS, KEEPING YOUTH ENGAGED IN PROGRAMS DURING THE SUMMER MONTHS COMMUNITY INITIATIVE READY SET READ! THIRD GRADE READING PROFICIENCY IS A KEY INDICATOR OF FUTURE SUCCESS, YET RECENT PSSA SCORES SHOW THAT A HIGH PERCENT OF THIRD GRADERS IN BERKS COUNTY FALL SHORT OF BEING PROFICIENT LAUNCHING IN 2012, READY SET READ! (RSR) IS A COLLABORATION AMONG UWBC, THE EDUCATIONAL AND BUSINESS COMMUNITIES AND COMMUNITY ORGANIZATIONS TO IMPROVE READING PROFICIENCY FOR STUDENTS BY THE END OF THIRD GRADE THE COLLECTIVE WORK FOCUSES ON FOUR KEY STRATEGIES IMPLEMENT SCHOOL-READINESS ACTIVITIES FOR PRE-SCHOOL CHILDREN TO SUPPORT LANGUAGE AND PRE-LITERACY DEVELOPMENT IN YOUNG CHILDREN, CONNECT TUTORS WITH EARLY GRADE STUDENTS NEEDING SUPPLEMENTAL INSTRUCTION, ENGAGE PARENTS TO PROMOTE LITERACY AND MOBILIZE THE COMMUNITY AROUND THIS WORK DURING 2017, UWBC ENGAGED WITH LECTIO, A BOSTON-BASED CONSULTING ORGANIZATION SPECIALIZING IN COMMUNITY-BASED EARLY LITERACY PROGRAMS LECTIO GUIDES STAKEHOLDERS THROUGH A COMPREHENSIVE ANALYSIS OF THEIR LITERACY PROGRAMS AND SERVICES, FOCUSING ON GOALS, DESIGN, DESIRED OUTCOMES AND RESOURCE ALLOCATION A SERIES OF SIX FULL-DAY MEETINGS WERE HELD WHERE A CORE GROUP OF THE READY SET READ! BOARD, STAFF AND COMMUNITY MEMBERS TOOK EACH ONE OF THE RSR PROGRAMS THROUGH THE LECTIO PROCESS, PLACING PROGRAMS ON A CONTINUUM THAT RANGED FROM RAISING AWARENESS TO CHANGING BEHAVIOR AS A RESULT, READY SET READ!, WITH APPROVAL FROM THE RSR BOARD OF DIRECTORS AND THE UWBC BOARD OF DIRECTORS, DECIDED TO SUNSET TWO PROGRAMS, READY ROSIE AND STORY FRIENDS IT WAS ALSO DECIDED THAT STAR READERS AND GROWING READERS WOULD UNDERGO A REDESIGN PROCESS, WHILE MORE INFORMATION WOULD BE GATHERED ON THE REMAINING INITIATIVE PROGRAMS IN ORDER TO CONDUCT A MORE INFORMED EVALUATION THIS PROCESS WILL CONTINUE THROUGH 2018 RSR 2017 PROGRAM OVERVIEW STAR READERS PROVIDES TUTORS TO 29 ELEMENTARY SCHOOLS IN 12 SCHOOL DISTRICTS, AND IS DELIVERED BY OVER 450 VOLUNTEER TUTORS OF STUDENTS WHO PARTICIPATED IN STAR READERS, 66% SCORED AT A BENCHMARK LEVEL FOR ACCURACY, ILLUSTRATING THAT THE STUDENTS MOVED FROM INTENSIVE OR STRATEGIC TO GRADE-LEVEL EXPECTATIONS BY THE END OF THE SCHOOL YEAR OVER 98% OF THE STUDENTS INDICATED THAT TUTORING HELPS THEM TO READ BETTER, AND 93% OF THE PARENTS REPORTED THAT THEIR C</p>

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FORM 990, PART III, LINE 4A	<p>CHILD'S ATTITUDE TOWARD READING IMPROVED THROUGH THE YEAR. GROWING READERS PROVIDES SUPPORT AND COACHING TO LATINO-OWNED CHILD CARE CENTERS IN THE CITY OF READING. RAISING A READER PROVIDES A BOOK BAG PROGRAM TO PROMOTE HOME BOOK READING ROUTINES IN FIVE READING ELEMENTARY SCHOOLS, ONE CHILD CARE CENTER, AND FIVE HEAD START CENTERS. VOLUNTEERS ALSO ASSIST WITH THE IMPLEMENTATION OF THIS PROGRAM, REVIEWING AND ROTATING THE BOOK BAGS ON A WEEKLY BASIS. RSR ALSO HAS THREE PEDIATRIC PRACTICE PARTNERS WHO OFFER THE REACH OUT AND READ PROGRAM TO THEIR PATIENTS. CHILDREN RECEIVE A BOOK AT THEIR WELL-VISIT CHECKUP, AND THEIR PARENTS RECEIVE GUIDANCE IN THE IMPORTANCE OF LITERACY DEVELOPMENT. YOCUM INSTITUTE FOR ARTS EDUCATION RECEIVED A \$25,000 INVESTMENT FROM UWBC TO SUPPORT NEIGHBORHOOD BRIDGES, A COMPREHENSIVE PROGRAM OF STORYTELLING AND CREATIVE DRAMA THAT IS CURRICULUM-BASED AND DEVELOPS CHILDREN'S CRITICAL AND CULTURAL LITERACY, VOCABULARY, WRITING AND COMMUNICATION SKILLS. IT IS RECOGNIZED BY THE US DEPARTMENT OF EDUCATION'S OFFICE OF IMPROVEMENT AND INNOVATION AS AN EFFECTIVE MODEL FOR INTEGRATING THE ARTS WITH STANDARDS-BASED EDUCATION PROGRAMS THROUGH THE LECTIO PROCESS. NEIGHBORHOOD BRIDGES HAS BEEN IDENTIFIED AS A SUCCESSFUL "CHANGING BEHAVIOR PROGRAM," IMPROVING PSSA PERFORMANCE FOR 3RD GRADE STUDENTS IN THE READING SCHOOL DISTRICT. ABRIENDO PUERTAS/OPENING DOORS, DELIVERED BY CENTRO HISPANO, RECEIVES AN ANNUAL UWBC INVESTMENT (PREVIOUSLY LISTED AS A FUNDED PROGRAM UNDER THE EDUCATION FOCUS AREA). THE PROGRAM PROVIDES OPPORTUNITIES FOR LATINO PARENTS TO LEARN THE PRINCIPALS OF EARLY CHILDHOOD DEVELOPMENT. SUMMER LEARNING COALITION AS PART OF ITS READY SET READ! INITIATIVE, UWBC CONVENED A GROUP OF COUNTY STAKEHOLDERS TO DETERMINE HOW THEY MIGHT WORK TOGETHER TO IMPROVE READING OUTCOMES FOR CHILDREN AND YOUTH AND ADDRESS THE PROBLEM OF SUMMER LEARNING LOSS (SUMMER SLIDE) FOR CHILDREN IN BERKS COUNTY. THE GROUP OF ALMOST 40 ORGANIZATIONS -- INCLUDING SCHOOL DISTRICT STAFF, MEMBERS OF THE FAITH-BASED COMMUNITY, AND INDIVIDUALS REPRESENTING A DIVERSE SET OF SERVICE AGENCIES AND YOUTH DEVELOPMENT ORGANIZATIONS -- HAS BEEN MEETING THROUGHOUT THE SCHOOL YEAR AND IS DEVELOPING A PLAN THAT LAYS OUT A SHARED APPROACH TO INCORPORATING ENHANCED LITERACY PRACTICES INTO SUMMER PROGRAMS AND PROVIDING A CENTRALIZED, COMPREHENSIVE LISTING OF EDUCATIONALLY ENRICHED SUMMER LEARNING ACTIVITIES FOR CHILDREN IN BERKS COUNTY. READING PUBLIC LIBRARY FAMILY LITERACY PROGRAMMING. UWBC PROVIDED THE READING PUBLIC LIBRARY WITH A \$25,000 INVESTMENT TO SUPPORT FAMILY LITERACY PROGRAMMING AT THEIR MULTIPLE BRANCHES, WHICH INCLUDED SUPPORTING A FAMILY LITERACY OUTREACH LIBRARIAN, A CHILDREN'S SPECIALIST WHO VISITED COMMUNITY PARTNERS AT THEIR SITES, INCLUDING THE SALVATION ARMY READING CORPS, PATHSTONE, FAMILY LITERACY AND LOCAL DAYCARES. OTHER EFFORTS INCLUDED OUTREACH PROGRAMS TO THE LATINO COMMUNITY. THE OUTREACH COORDINATOR DEVELOPED YOUTH AND ADULT LEADERSHIP PROGRAM.</p>

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FORM 990, PART III, LINE 4A	<p>S. ARTS AND CULTURAL PROGRAMS, AND MARKETING MATERIALS TO INTRODUCE LATINOS TO THE LIBRARY FUNDS WERE USED TO INCREASE AND STOCK THE NUMBER OF LITTLE FREE BOOK SWAPS THROUGHOUT THE CITY OTHER FAMILY LITERACY PROGRAMMING INCLUDED NEW CHILDREN'S DRAMATIC PLAY CENTERS, WHERE LIBRARY STAFF PROVIDE "STORY STARTERS" TO ASSIST PARENTS ENGAGE WITH CHILDREN IN PLAYING TOGETHER, THE PURCHASE OF AN EARLY LITERACY TABLET PRELOADED WITH EDUCATIONAL GAMES FOR CHILDREN IN BOTH ENGLISH AND SPANISH, THE PURCHASE OF 13 PLAYAWAY LAUNCHPADS FOR CHILDREN AND TEENS WITH PRELOADED LEARNING GAMES (NO INTERNET ACCESS) TO USE IN-HOUSE FOCUSING ON PHONICS, SCIENCE AND MATH, PURCHASE OF EBOOKS TO SUPPORT THE READING SCHOOL DISTRICT READING OLYMPICS, PURCHASE OF BOOKS TO GIVE AWAY AT THE PENN STREET FARMER'S MARKET, FESTIVALS, AND PROGRAMS OAKBROOK COMMUNITY OUTREACH UWBC HAS BEEN WORKING WITH THE OAKBROOK COMMUNITY, INCLUDING ORGANIZING A SUMMER READING PROGRAM IN 2017 THROUGH PARTNERSHIPS WITH BERKS COMMUNITY HEALTH CENTER, CUSTOMERS BANK, READING HOUSING AUTHORITY AND READING SCHOOL DISTRICT, AND, AS A RESULT, CONNECTING WITH OVER 140 CHILDREN OF THESE CHILDREN, 31 RECEIVED NEW BIKES AND HELMETS COURTESY OF CUSTOMERS BANK FOR COMPLETING 75% OF THE BOOKS FOR BIKES PROGRAM SIX CHILDREN HAD PERFECT ATTENDANCE IN JUNE 2017, A DOOR-TO-DOOR SURVEY WAS CONDUCTED OVER A 14-DAY PERIOD TO FIND OUT WHAT OAKBROOK RESIDENTS SHARE AS THEIR NEEDS AND CONCERNS RELATED TO HEALTH, EDUCATION, EMPLOYMENT AND OTHER NEEDS UWBC HAD A 39% RATE OF PARTICIPATION FROM THE 521 HOUSEHOLDS IN OAKBROOK APPROXIMATELY 30 VOLUNTEERS ASSISTED WITH THIS PROCESS OUR EFFORTS IN OAKBROOK WERE CENTERED ON FIRST LEARNING FROM RESIDENTS WHAT THEY BELIEVE TO BE THEIR MOST CRITICAL ISSUES ALTHOUGH CENSUS DATA CAN POINT TO CRITICAL ISSUES LIKE LOW EDUCATION ATTAINMENT, BELOW POVERTY INCOME LEVELS, AND/OR HEALTH DISPARITIES, WE TOOK AN APPROACH OF GIVING RESIDENTS THE OPPORTUNITY TO CONFIRM WHAT SOME EXTERNAL SOURCES ALREADY NOTE OF THIS COMMUNITY AND/OR PROVIDE ADDITIONAL INSIGHT TO THEIR CHALLENGES THE SURVEY RESULTS WERE SHARED WITH THE COMMUNITY THROUGH A DATA WALK CALLED "OAKBROOK SPEAKS" IN OCTOBER 2017 ONE OF THE MANY NOTEWORTHY FINDINGS FROM OUR DOOR-TO-DOOR SURVEY WAS HEARING DIRECTLY FROM RESIDENTS THEIR CHALLENGE TO MEET THE HOUSEHOLD FOOD DEMAND WE LEARNED THAT 50% OF THE FAMILIES WHO PARTICIPATED IN THE SURVEY WORRIED ABOUT RUNNING OUT OF FOOD, AND 39% OF THE PARTICIPANTS ACTUALLY RAN OUT OF MONEY TO BUY ENOUGH FOOD BY THE END OF EACH MONTH</p>

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FORM 990, PART III, LINE 4A	<p>IN THE ARTICLE, "THE NEGATIVE EFFECTS OF POVERTY & FOOD INSECURITY ON CHILD DEVELOPMENT", AUTHORS CHILTON, CHYATTE, AND BREAUX EXPLAIN THAT "AS DEVELOPMENT EXPERTS LEARN MORE ABOUT THE IMPORTANCE OF THE FIRST THREE YEARS OF LIFE, THERE IS GROWING RECOGNITION THAT INVEST MENTS IN EARLY EDUCATION, MATERNAL-CHILD ATTACHMENT AND NURTURANCE, AND MORE CREATIVE NUTR ITION INITIATIVES ARE CRITICAL TO HELP BREAK THE CYCLE OF POVERTY EVEN THE SLIGHTEST FORM OF FOOD INSECURITY CAN AFFECT A YOUNG CHILD'S DEVELOPMENT AND LEARNING POTENTIAL THE RES ULT IS THE PERPETUATION OF ANOTHER GENERATION OF POVERTY " [SOURCE THE NEGATIVE EFFECTS O F POVERTY & FOOD INSECURITY ON CHILD DEVELOPMENT CHILTON, MARIANA, CHYATTE, MICHELLE, BRE AUX, JENNIFER INDIAN JOURNAL OF MEDICAL RESEARCH, NEW DELHI VOL 126, ISS 4, (OCT 2007) 262-72] IN ORDER TO ADDRESS THE NEEDS IDENTIFIED THROUGH THE SURVEY OF OAKBROOK RESIDENT S, UWBC IS ASSISTING IN ORGANIZING THE OAKBROOK COLLECTIVE IMPACT COUNCIL UTILIZING THE C OLLECTIVE IMPACT MODEL, THE GOAL OF THE COUNCIL IS TO PRIORITIZE THE IDENTIFIED NEEDS AND COORDINATE COLLABORATIVE EFFORTS TO RESPOND TO WHAT OAKBROOK RESIDENTS IDENTIFIED AS THEIR CRITICAL ISSUES PARTICIPANTS INCLUDE REPRESENTATIVES OF VARIOUS NONPROFITS, EDUCATION PA RTNERS, THE CORPORATE SECTION, AS WELL AS OAKBROOK RESIDENTS THIS IS A MULTI-YEAR PROCESS , WHERE THE GROUP LOOKS TO ADDRESS THE ROOT CAUSE OF AN ISSUE AND WORKS TO CREATE CULTURAL SHIFTS HEALTH FOCUS AREA HEALTH IMPACTS EVERY ASPECT OF A PERSON'S LIFE GOOD HEALTH ALL OWS CHILDREN TO LEARN BETTER AND ADULTS TO LIVE MORE PRODUCTIVE, FULLER LIVES THROUGH FUN DING PROGRAMS WITH OUR PARTNER AGENCIES AND OUR INVOLVEMENT IN VARIOUS COMMUNITY COLLABORA TIONS, UWBC IS CREATING OPPORTUNITIES FOR PEOPLE TO ACHIEVE THEIR OPTIMAL HEALTH AND INDEP ENDENCE PROGRAMS UWBC SUPPORTS ADDRESS BOTH THE PREVENTIVE ASPECT OF PHYSICAL AND MENTAL HEALTH ISSUES, WHILE ALSO ADDRESSING INTERVENTIONAL NEEDS MENTAL HEALTH - COMMUNITY OUTC OME INDIVIDUALS AND FAMILIES EXPERIENCING BEHAVIORAL HEALTH PROBLEMS RECEIVE SERVICES THA T IMPROVE THEIR ABILITY TO FUNCTION SUCCESSFULLY - FAMILY GUIDANCE CENTER, COUNSELING AS SISTS PERSONS IN IMPROVING THEIR QUALITY OF LIFE BY PROVIDING AFFORDABLE, ACCESSIBLE, QUAL ITY COUNSELING SERVICES THEY UTILIZE QUALIFIED, CREDENTIAL, COMPETENT STAFF TRAINED IN EVIDENCE-BASED PRACTICE APPROACHES - GREATER READING MENTAL HEALTH ALLIANCE, ADVOCACY AND SUPPORT GROUPS ASSIST INDIVIDUALS, INCLUDING CHILDREN AND THEIR FAMILIES AS WELL AS ADUL TS, WITH MENTAL ILLNESS TO DEVELOP STRATEGIES AND ADVOCATE FOR THEMSELVES IN ORDER TO RECE IVE THE SERVICES THEY NEED - READING HOSPITAL/TOWER HEALTH, PRIMARY CARE/MENTAL HEALTH IN TEGRATION THIS PROGRAM INTEGRATES BEHAVIORAL HEALTH IN PRIMARY CARE SETTINGS PROVIDING DE PRESSIONS SCREENINGS, WHICH WILL INCREASE ACCESS AND IMPROVE EARLY DETECTION, TREATMENT, A ND RECOVERY - SAFEBERKS, COUNSELING SERVICES ARE PROVIDED TO VICTIMS AND SURVIVORS OF DO MESTIC VIOLENCE AND SEXUAL ASS</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>AULT, AS WELL AS FOR THEIR FAMILY MEMBERS, AND "SIGNIFICANT OTHERS" SERVICES INCLUDE SAFE TY PLANNING, GOAL-SETTING, OPTIONS COUNSELING, EDUCATION, AND REFERRALS TO ADDITIONAL SAFE BERKS AND COMMUNITY RESOURCES HEALTH AND WELLNESS -COMMUNITY OUTCOME OLDER ADULTS MORE EFFECTIVELY PREVENT AND MANAGE CHRONIC DISEASES AND CONDITIONS - BERKS ENCORE, MEALS ON WHEELS HOME-BOUND, ISOLATED SENIORS AGED 60+ AND HOME-BOUND DISABLED ADULTS UNDER THE AGE OF 60 RECEIVE A HOT, HOME-DELIVERED MEAL, FIVE DAYS A WEEK THIS HOME DELIVERED MEAL SERV ICE ENABLES THE HOME-BOUND SENIOR TO LIVE INDEPENDENTLY AS LONG AS POSSIBLE, AND RELIEVES THE ISOLATION AND LONELINESS THEY EXPERIENCE - BOYERTOWN AREA MULTI-SERVICE, SUPPORTIVE S ERVICES FOR OLDER ADULTS SINCE ITS INCEPTION, BOYERTOWN AREA MULTI-SERVICE HAS PROVIDED C ASE MANAGEMENT SERVICES TO FAMILIES AND INDIVIDUALS OVER AGE 60 A CASE MANAGER ASSESSES C LIENT'S NEEDS AND GUIDES THE FAMILY OR INDIVIDUAL TO SERVICES THAT ARE AVAILABLE, MAKING U NIQUE RECOMMENDATIONS BASED ON THE SITUATION - COMMUNITY OUTCOME TEENAGERS REDUCE THEIR RATE OF PREGNANCY - BERKS TEENS MATTER (MANAGED BY CO-COUNTY WELLNESS SERVICES) UWBC IS A FOUNDING PARTNER AND FUNDER IN THE DEVELOPMENT OF BERKS TEENS MATTER (BTM), A TEEN PREGN ANCY PREVENTION INITIATIVE TO MEASURABLY DECREASE TEEN PREGNANCY RATES THROUGHOUT BERKS CO UNTY BTM IS UTILIZING THE COLLECTIVE IMPACT MODEL WORKING WITH VARIOUS COMMUNITY PARTNERS TO ADDRESS THIS COMPLEX SOCIAL ISSUE THAT IS LINKED WITH POVERTY, EDUCATION AND HEALTH T HE HIGH SOCIAL AND ECONOMIC COSTS OF TEEN PREGNANCY AND CHILDBEARING CAN HAVE SHORT AND LO NG-TERM NEGATIVE CONSEQUENCES FOR TEEN PARENTS, THEIR CHILDREN, AND THE COMMUNITY TEENS W HO HAVE BABIES ARE LESS LIKELY TO FINISH HIGH SCHOOL AND MORE LIKELY TO RELY ON PUBLIC AS SISTANCE, BE IMPOVERISHED AS ADULTS, AND HAVE CHILDREN WHO HAVE POORER EDUCATIONAL, BEHAVI ORAL, AND HEALTH OUTCOMES COMPARED TO CHILDREN BORN TO OLDER PARENTS - COMMUNITY OUTCOME INDIVIDUALS AT HIGH RISK FOR/LIVING WITH HIV AND OTHER SEXUALLY TRANSMITTED DISEASES RECE IVED EFFECTIVE PREVENTION AND CARE SERVICES - CO-COUNTY WELLNESS SERVICES, CASE MANAGEMENT T FOR OLDER ADULTS AS HIV HAS TRANSITIONED TO A CHRONIC DISEASE, CASE MANAGEMENT HELPS PE OPLE LIVING WITH HIV BY PROVIDING THEM WITH INFORMATION ABOUT HIV DISEASE, CONNECTING THEM TO MEDICAL CARE SO THEY CAN LIVE WELL WITH HIV, AND MAKING SURE THEY ARE AWARE OF THE SUP PORTIVE SERVICES THEY MAY BE ELIGIBLE FOR SELF-SUFFICIENCY AND INDEPENDENT LIVING -COMMU NITY OUTCOME CHILDREN WITH SPECIAL HEALTH CARE NEEDS MAXIMIZE THEIR POTENTIAL THROUGH EAR LY ASSESSMENT AND EARLY INTERVENTION SERVICES - EASTERSEALS EASTERN PENNSYLVANIA, OUTPATI ENT THERAPY AT THEIR CENTER IN READING, EASTERSEALS OFFERS PHYSICAL, OCCUPATIONAL AND SPE ECH THERAPIES TO HELP CHILDREN OF ALL AGES DEVELOP NEW SKILLS AND IMPROVE THEIR OVERALL LE VEL OF FUNCTIONING - EASTERSEALS EASTERN PENNSYLVANIA, PEDIATRIC CLINICS SPECIALTY MEDIC AL CLINICS BRING THE SERVICES</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>OF TOP-QUALITY MEDICAL AND SURGICAL SPECIALISTS TO BERKS COUNTY TO WORK WITH CHILDREN WITH COMPLEX MEDICAL NEEDS EASTERSEALS PROVIDES SPECIALTY PEDIATRIC NEUROLOGY, ORTHOPEDIC, OR THOTIC AND FEEDING CLINICS ALL UNDER ONE ROOF CLINIC SERVICES ARE OFFERED AT NO CHARGE TO THE FAMILIES - EASTERSEALS EASTERN PENNSYLVANIA, THERAPEUTIC RECREATION SEVERAL THERAPEU TIC PROGRAMS ARE OFFERED THROUGHOUT THE YEAR THAT PROVIDE SOCIAL, FITNESS, COMMUNITY, LIFE SKILLS, AND OUTDOOR RECREATIONAL OPPORTUNITIES PROGRAMS ARE OFFERED FRIDAY EVENINGS, SAT URDAYS, AND ALL WEEK LONG DURING THE SUMMER MONTHS IN ADDITION, THERE ARE A NUMBER OF EVE NTS THROUGHOUT THE YEAR IN COMMUNITY-BASED SETTINGS - COMMUNITY OUTCOME OLDER ADULTS AND PEOPLE WITH DISABILITIES LIVE PRODUCTIVE AND INDEPENDENT LIVES IN THEIR HOMES AND COMMUNI TIES FOR AS LONG AS POSSIBLE - BERKS VISITING NURSE ASSOCIATION (BVNA) SKILLED NURSING AN D RELATED SERVICES PATIENTS ARE REFERRED TO BVNA BECAUSE THEY HAVE A MEDICAL CONDITION TH AT MAY BE TREATED EFFECTIVELY IN THEIR HOME, RATHER THAN A HOSPITAL OR NURSING HOME SETTIN G AS MEDICAL TECHNOLOGY HAS IMPROVED, MANY TREATMENTS AND RECOVERY SURGICAL PROCEDURES NO W TAKE PLACE IN THE HOME RATHER THAN IN HOSPITALS, NURSING HOMES, OR REHABILITATION FACILI TIES NURSES ESTABLISH A PLAN OF CARE THAT INCLUDES A VISIT-FREQUENCY PLAN AND OUTLINES TH E TYPES OF CARE NEEDED THROUGH TELEHEALTH SERVICE, 86% OF 412 PATIENTS WERE ABLE TO MANAG E THEIR CHRONIC DISEASE AND REMAIN IN THEIR HOME OF CHOICE - COMMUNITY OUTCOME CHALLENGE D INDIVIDUALS RECEIVE EFFECTIVE SUPPORTIVE SERVICES, INCLUDING CASE MANAGEMENT AND ADVOCAC Y, LEADING TO INCREASED SELF-SUFFICIENCY - BERKS DEAF AND HARD OF HEARING SERVICES ADVOCA CY AND CLIENT SERVICES SERVICES INCLUDE SIGN LANGUAGE CLASSES, ADVOCACY, SOCIAL EVENTS, H EARING AID ASSISTANCE, AND INTERPRETING SERVICES - COMMUNITY OUTCOME CHALLENGED INDIVIDU ALS RECEIVE EFFECTIVE SUPPORTIVE SERVICES, INCLUDING CASE MANAGEMENT AND ADVOCACY, LEADING TO INCREASED SELF-SUFFICIENCY - BERKS CONNECTIONS PRETRIAL SERVICES, PRISONER REENTRY SE RVICES INMATES AT THE BERKS COUNTY JAIL ARE ASSESSED UTILIZING A NATIONALLY-VALIDATED RIS K-NEEDS TOOL INMATES WHO QUALIFY ARE TRANSFERRED TO THE BERKS COUNTY COMMUNITY REENTRY CE NTER (CRC) RESIDENTS ARE SCREENED AND RECEIVE AN INDIVIDUALIZED TRANSITION PLAN AND ADMIS SION TO ALL RELEVANT CLASSES AND PROGRAMS INCLUDING DRUG, ALCOHOL AND MENTAL HEALTH TREATM ENT, COUNSELING, FINANCIAL LITERACY CLASSES AND COACHING, EMPLOYMENT-RELATED WORKSHOPS, RE SUME WRITING, INTERVIEWING SKILLS AND A COMPREHENSIVE SERIES OF EMPLOYMENT WORKSHOPS CALLE D READY TO SUCCEED, AS WELL AS ACCESS TO A COMPUTER LAB AND THE JAIL SYSTEM'S WORK RELEASE PROGRAM ADDITIONAL PROGRAMS INCLUDE COGNITIVE AND FAMILY-RESTORATION RELATED PROGRAMS, E DUCATIONAL (GED) INSTRUCTION AND COMMUNITY-BASED MENTORING</p>

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FORM 990, PART III, LINE 4A	<p>COMMUNITY COLLABORATIONS COMMUNITY HEALTH NEEDS ASSESSMENT UWBC, PENN STATE HEALTH ST JOSEPH, READING HEALTH SYSTEM, BERKS COUNTY COMMUNITY FOUNDATION AND BERKS COMMUNITY HEALTH CENTER ARE JOINTLY SPONSORING A NEW COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) MANDATED TO BE DONE BY NONPROFIT HOSPITALS EVERY THREE YEARS UNDER THE AFFORDABLE CARE ACT, WE USE THIS COLLABORATIVE EFFORT TO GET THE LATEST DATA ON KEY HEALTH ISSUES IN BERKS COUNTY, FOLLOWED BY JOINT PLANNING AND DEVELOPMENT OF NEW PROGRAMS AND STRATEGIES TO BETTER ADDRESS THE KEY ISSUES UWBC INVESTED \$25,000 IN PENN STATE HEALTH ST JOSEPH TO PILOT A NEW VEGGIE RX PROGRAM WITH MORE FAST FOOD AND CORNER STORES THAN GROCERY OR MARKET OPTIONS, THE CITY OF READING IS CONSIDERED A "FOOD DESERT" IN A 2014 READING FOOD NEEDS ASSESSMENT, RESPONDENTS LISTED AFFORDABILITY AND ACCESSIBILITY AS BARRIERS AND 62 PERCENT CONSUMED VEGETABLES AND FRUIT LESS THAN FOUR TIMES A WEEK RESULTS FROM TWO RECENT COMMUNITY HEALTH NEEDS ASSESSMENTS FOR BERKS COUNTY PRIORITIZE OBESITY AND CHRONIC ILLNESS AS AREAS OF GREATEST NEED OVER 20 PERCENT OF ADULTS SUFFER FROM DIABETES, NEARLY 40 PERCENT HAVE HIGH BLOOD PRESSURE, AND 35 PERCENT ARE CONSIDERED OBESE (HTTP://WWW.THEFUTUREOFHEALTHCARE.ORG/ASSETS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.PDF) IN RESPONSE TO THESE COMMUNITY NEEDS, PENN STATE HEALTH ST JOSEPH IS IMPLEMENTING A PREVENTATIVE HEALTHCARE PROGRAM IN WHICH PHYSICIANS AT THEIR DOWNTOWN READING CAMPUS WILL 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 SHORT-TERM PROGRAM GOALS INCLUDE ENROLLING APPROXIMATELY 60-100 PATIENTS DURING PILOT PHASE, REACHING 75 PERCENT VOUCHER REDEMPTION RATE, INCREASING AWARENESS AND EDUCATION OF FOOD INSECURITY, INCREASING FRESH AND AFFORDABLE FOOD ACCESS, AND INCREASING PATIENT KNOWLEDGE OF NUTRITION THE PROGRAM'S LONG-TERM OBJECTIVE IS TO DECREASE LEVELS OF DIABETES, OBESITY, AND OTHER DIET RELATED CHRONIC ILLNESSES, SUBSEQUENTLY LEADING TO A HEALTHIER CITY POPULATION ADDITIONAL LONG-TERM GOALS INCLUDE SUPPORTING THE LOCAL FOOD SYSTEM (SUCH AS PROMOTING ADDITIONAL PRODUCE RETAIL BUSINESSES), REGIONAL ECONOMY, AND COMMUNITY DEVELOPMENT FAMILYWIZE DISCOUNT PRESCRIPTION DRUG PROGRAM UWBC HAS JOINED WITH 1,000 UNITED WAYS ACROSS THE NATION IN LOWERING THE COSTS OF PRESCRIPTION MEDICATION THROUGH ADMINISTERING THE FAMILYWIZE PROGRAM THE FAMILYWIZE DISCOUNT PRESCRIPTION CARD IS AVAILABLE FREE-OF-CHARGE TO ANYONE WHO NEEDS ASSISTANCE IN PAYING FOR PRESCRIPTIONS NOT COVERED BY</p>

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FORM 990, PART III, LINE 4A	<p>Y AN INSURANCE PLAN IN 2017, 2,348 UNIQUE INDIVIDUALS WERE ASSISTED WITH A PRESCRIPTION DISCOUNT UTILIZING FAMILYWIZE, REPRESENTING \$234,838 IN SAVINGS FOR PEOPLE ACROSS THE COUNTY INCOME (FINANCIAL STABILITY) FOCUS AREA UWBC IS COMMITTED TO EFFORTS THAT HELP INDIVIDUALS AND FAMILIES ACCESS STABLE HOUSING, GAIN JOB SKILLS AND BUILD FINANCIAL LITERACY SO THAT THEY HAVE INCREASED OPPORTUNITIES TO ACHIEVE LONG-TERM FINANCIAL STABILITY THIS IS ACCOMPLISHED THROUGH FUNDING PROGRAMS WITH OUR AGENCY PARTNERS, IN ADDITION TO PROVIDING SPECIAL GRANTS FOR OTHER ORGANIZATIONS HELPING PEOPLE TO ATTAIN FINANCIAL INDEPENDENCE IN DIFFERENT WAYS AFFORDABLE HOUSING - COMMUNITY OUTCOME PEOPLE HAVE ACCESS TO SAFE AND AFFORDABLE HOUSING - HABITAT FOR HUMANITY OF BERKS COUNTY, INC., HOME CONSTRUCTION/RENOVATION FOR LOW INCOME FAMILIES HABITAT FOR HUMANITY BUILDS, RENOVATES, AND REPAIRS HOMES USING VOLUNTEER LABOR AND DONATIONS TO PROVIDE SAFE, AFFORDABLE HOUSING FOR LOW-INCOME FAMILIES RECIPIENTS OF HOMES INVEST THEIR OWN LABOR, CALLED "SWEAT EQUITY", INTO THE BUILDING/RENOVATION, AND PURCHASE THE HOME THROUGH AN AFFORDABLE FINANCING PROGRAM - COMMUNITY OUTCOME CHALLENGED INDIVIDUALS HAVE ACCESS TO TRANSITIONAL OR PERMANENT SUPPORTIVE HOUSING LEADING TO HOUSING STABILITY - THE SALVATION ARMY READING CORPS, PERMANENT SUPPORTIVE HOUSING SUPPORTIVE HOUSING PROGRAM OFFERS PERMANENT HOUSING TO CHRONICALLY HOMELESS AND DISABLED ADULTS AND FAMILIES THROUGH 32 SITES FOR 32 FAMILIES AND 105 INDIVIDUALS THE PROGRAM INCLUDES RENTAL ASSISTANCE, LANDLORD RELATIONS, LIFE SKILLS TRAINING, MONITORING OF BOTH FISCAL (BUDGET) AND PHYSICAL/MENTAL HEALTH ISSUES, CONNECTION WITH THE SALVATION ARMY'S FAMILY SERVICES PROGRAM, AND OTHER COMMUNITY PROGRAMS SKILLED CASEWORKERS DEVELOP AND MONITOR A 12-POINT ENCOURAGEMENT PLAN FOR EACH INDIVIDUAL AND FAMILY - YMCA OF READING & BERKS COUNTY, TRANSITIONAL HOUSING INDIVIDUALS WHO ARE EXPERIENCING HOMELESSNESS, CHEMICALLY DEPENDENCY, MENTAL HEALTH ISSUES AND SOCIAL SERVICE NEEDS IN BERKS COUNTY HAVE A SAFE AND SECURE PLACE TO STAY THE TRANSITIONAL LIVING PROGRAMS PROVIDE INTENSIVE CASE 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 OUTCOME UNEMPLOYED AND UNDEREMPLOYED WORKERS DEVELOP JOB SKILLS AND RECEIVE SUPPORT THAT BETTER CONNECT THEM TO JOBS - THRESHOLD REHABILITATION SERVICES, INC., BERKS PERSONNEL NETWORK PROVIDES COMPREHENSIVE EMPLOYMENT SERVICES DESIGNED TO SUPPORT AND EMPOWER PEOPLE WITH DISABILITIES TO OBTAIN AND MAINTAIN COMPETITIVE EMPLOYMENT IN THE COMMUNITY THE SERVICES ARE INDIVIDUALLY TAILORED TO MEET EACH PERSON'S AREAS OF NEED ACTIVITIES MAY INCLUDE CAREER EXPLORATION, RESUME AND EMPLOYMENT APPLICATION SUPPORT, JOB INTERVIEW SUPPORT, ADVOCACY, TRANSPORTATION TRAINING, JOB DEVELOPMENT AND PLACEMENT, ON-THE-JOB TRAINING, SERVICE COORDINATION</p>

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FORM 990, PART III, LINE 4A	<p>TION, AND FOLLOW-UP SUPPORT 91% OF PARTICIPANTS LEARNED HOW TO DEVELOP RESUMES AND HIGHLIGHT THEIR SKILLS AND QUALIFICATIONS, AND 90% WERE SUCCESSFUL WITH COMPLETING PAPER/ONLINE EMPLOYMENT APPLICATIONS THOROUGHLY AND ACCURATELY, AND FOLLOW-UP WITH EMPLOYERS REGARDING THE SUBMISSION OF THEIR APPLICATION - COMMUNITY OUTCOME ADULTS IMPROVE THEIR LITERACY AND ENGLISH LANGUAGE SKILLS IN ORDER TO BE ADEQUATELY PREPARED FOR EMPLOYMENT AND FUNCTION PRODUCTIVELY IN THE COMMUNITY - LITERACY COUNCIL OF READING-BERKS, LITERACY TRAINING AND ESL ONE-ON-ONE TUTORING-ADULTS ARE MATCHED WITH A TRAINED VOLUNTEER TUTOR TO WORK ON THE BASIC SKILLS NEEDED TO GET OR RETAIN A JOB, OR ENTER POST-SECONDARY EDUCATION ESL CLASSES AND ENGLISH-LANGUAGE CIVICS CLASS ARE CONDUCTED WEEKLY, RANGING FROM THE BEGINNING LEVEL TO HIGH ADVANCED LEVEL CLASSES HELP ADULTS LEARN TO SPEAK, READ AND WRITE ENGLISH AND PREPARE THEM FOR SUCCESSFUL CAREERS THEY ALSO OFFER CITIZENSHIP PREPARATION CLASSES, WORKFORCE DEVELOPMENT PROGRAM, HIGH SCHOOL EQUIVALENCY CERTIFICATION CLASSES, AND MORE - LITERACY COUNCIL OF READING-BERKS, ENGLISH FORWARD INCREASES ACCESS TO ESL CLASSES IN BERKS COUNTY AND IMPROVES THE QUALITY OF ESL INSTRUCTION IN ADULT CLASSROOMS THROUGH INSTRUCTOR TRAINING AND SUPPORT, CLASSROOM RESOURCE DEVELOPMENT, AND TECHNICAL ASSISTANCE ONCE INSTRUCTORS COMPLETE THE 11-HOUR INSTRUCTOR TRAINING, THEY CAN BEGIN THEIR OWN ESL PROGRAMS THE COUNCIL PROVIDES CONTINUED LEARNING OPPORTUNITIES FOR INSTRUCTORS TO ENSURE THE QUALITY OF ADULT INSTRUCTION ACROSS ALL ESL PROGRAMS - READING AREA COMMUNITY COLLEGE, BILINGUAL ESL PROGRAM SINCE 2008, UNITED WAY HAS PROVIDED A YEARLY GRANT TO READING AREA COMMUNITY COLLEGE TO OFFER ESL CLASSES FOR PEOPLE WITH THE MOST BASIC ENGLISH LANGUAGE SKILLS, OR NONE AT ALL, AND PROVIDE THEM WITH A MORE FLEXIBLE AND CUSTOMIZED LEARNING ENVIRONMENT OVER 1000 STUDENTS HAVE SUCCESSFULLY COMPLETED THE CLASSES, CONSISTING OF 90 HOURS OF INSTRUCTION PROVIDED OVER EACH 11-WEEK SESSION OF THOSE COMPLETING THE CLASS, 91% INCREASED THEIR ENGLISH LANGUAGE FUNCTIONAL LEVEL AND, AS A RESULT, WERE REFERRED TO CONTINUING ESL CLASSES OFFERED AT RACC MANY STUDENTS HAVE ALSO FURTHERED THEIR FORMAL EDUCATION AND/OR IMPROVED THEIR EMPLOYMENT AS WELL</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>SAFETY-NET SERVICES FOCUS AREA PART OF UWBC'S MISSION IS TO ENSURE THAT THE BASIC NECESSIT IES OF LIFE ARE AVAILABLE FOR THOSE IN NEED UWBC'S PARTNERSHIPS AND FUNDED PROGRAMS PROVI DE A CRUCIAL SAFETY NET FOR VULNERABLE POPULATIONS TO QUICKLY ACCESS HELP AND RECEIVE THE NECESSARY SUPPORT TO HELP THEM HAVE A BETTER QUALITY OF LIFE, BOTH NOW AND IN THE FUTURE MANY OF OUR FUNDED PROGRAMS ARE ALSO TAKING AN ADDED APPROACH TO PROVIDING EMERGENCY SERVI CES THAT SIMPLY TAKE CARE OF THE CRISIS AT HAND FOR THEIR CLIENTS, PROGRAMS ARE NOW STARTI NG TO HELP ADDRESS THE ROOT CAUSES OF WHY A CLIENT NEEDS SAFETY NET SERVICES, TO HOPEFULLY AVOID THE CLIENT REQUIRING THESE TYPES OF SERVICES IN THE FUTURE THE FOLLOWING PROGRAMS SUPPORTED MORE THAN 26,000 RESIDENTS IN BERKS COUNTY BASIC NEEDS - COMMUNITY OUTCOME I NDIVIDUALS AND FAMILIES IN FINANCIAL CRISIS HAVE THEIR BASIC NEEDS QUICKLY MET - BOYERTOW N AREA MULTI-SERVICE, BASIC NEEDS (UNDER AGE 60 POPULATION) CASE MANAGER MEETS WITH FAMIL IES/INDIVIDUALS TO ASSESS CIRCUMSTANCES AND HELPS PROVIDE SUPPORT DURING A CRISIS SITUATIO N TO ADDRESS BASIC NEEDS SUCH AS FOOD, HEAT, RENT, PRESCRIPTIONS AND TRANSPORTATION ADD ITIONAL SUPPORT IS PROVIDED TO GUIDE CLIENTS TO OTHER PROGRAMS AND SERVICES, INCLUDING EMPLO YMENT SERVICES, TO HELP IMPROVE THEIR SITUATION - CENTRO HISPANO DANIEL TORRES, INC , INF ORMATION AND REFERRAL THE MAJORITY OF CENTRO HISPANO'S CLIENTS ARE EITHER UNEMPLOYED OR U NDEREMPLOYED THEY ARE SEEKING ASSISTANCE OR SERVICES TO HELP THEM IN IMPROVING THE QUALIT Y OF LIFE FOR THEM AND FOR THEIR FAMILIES INFORMATION AND REFERRAL, INCLUDES CLIENT/SYSTE M ADVOCACY, TRANSLATION AND INTERPRETATION, AND ASSISTANCE AND SUPPORT WITH COMPLETING DOC UMENTATION CENTRO HISPANO ALSO PROVIDES SUPPORT WITH HELPING CLIENTS APPLY FOR BENEFITS T HROUGH THE STATE'S COMPASS SYSTEM - FRIEND, INC COMMUNITY SERVICES, COMMUNITY RESOURCE C ONNECTIONS SERVING THE KUTZTOWN AREA, CLIENTS ARE REFERRED BY CHURCHES, SCHOOLS, OTHER AG ENCIES OR NEIGHBORS THE CASE MANAGER MEETS WITH THE CLIENT TO DETERMINE WHAT SERVICES ARE NEEDED AND WHAT THE CLIENT QUALIFIES FOR IF THERE IS AN IMMEDIATE CRISIS, THE CASE MANAG ER WILL WORK WITH THE CLIENT TO ADDRESS THE ISSUE IT COULD INCLUDE EMERGENCY FOOD, ASSIST ANCE WITH RENT, HEAT AND ELECTRIC THE CLIENT IS REFERRED TO OTHER AGENCIES AND/OR CONNECT ED TO OTHER SERVICES DEPENDING ON THEIR NEEDS - GREATER BERKS FOOD BANK (GBFB), ACCESS TO FOOD GBFB COLLECTS, PURCHASES, STORES AND DISTRIBUTES OVER 7 MILLION POUNDS OF FOOD ANNU ALLY TO MORE THAN 300 PROGRAMS TO FEED THE HUNGRY IN 2017, UWBC CONTRIBUTIONS HELPED PROV IDE 764,236 MEALS FOR THE HUNGRY IN ADDITION, THROUGH THE BIG CHEESE 3, IN JUNE OF 2017, OVER 500,000 MEALS WERE PACKAGED AND DONATED TO SUPPORT THE GBFB PROGRAMS - JEWISH FAMILY SERVICE, SUPPORTIVE SERVICES SUPPORTIVE SERVICES PROGRAM HELPS CLIENTS AND THEIR FAMILIE S FACE VARIOUS CHALLENGES INCLUDING HEALTH, AGING, INTERPERSONAL RELATIONSHIPS, TRANSPORTA TION, AND FINANCIAL DIFFICULTI</p>

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FORM 990, PART III, LINE 4A	<p>ES CLIENTS ARE EITHER SELF-REFERRED OR REFERRED TO BY NEIGHBORS, FAMILY MEMBERS, CLERGY, PROFESSIONALS IN THE COMMUNITY, AND THROUGH HOSPITAL OUTREACH VISITS EACH CLIENT IS EVALUATED TO DETERMINE THE APPROPRIATE LEVEL OF SERVICE - JEWISH FAMILY SERVICE, FOOD PANTRY THE FOOD PANTRY IS OFFERED THE THIRD WEDNESDAY OF THE MONTH HELD AT ANOTHER UWBC PARTNER, OLIVET'S PENDORA PARK LOCATION, EACH MONTH 150 FAMILIES RECEIVE GROCERIES AT NO COST THROUGH THE FOOD PANTRY THE DEMOGRAPHICS OF PROGRAM'S PARTICIPANTS ARE APPROXIMATELY 83% LATINO, 9% WHITE AND 7% AFRICAN AMERICAN - SALVATION ARMY READING CORPS, FAMILY SERVICES PROGRAM ASSIST CLIENTS RECEIVED EMERGENCY BASIC NEEDS INCLUDING MONTHLY FOOD DISTRIBUTIONS, CLOTHING DISTRIBUTIONS, AND THROUGH CASE MANAGEMENT PROVIDED UTILITY ASSISTANCE, PRESCRIPTION DRUG ASSISTANCE, RENTAL ASSISTANCE, EDUCATION ABOUT COMMUNITY RESOURCES AND APPROPRIATE REFERRALS THEY ALSO OFFER A YEAR-ROUND FURNITURE BANK - SALVATION ARMY SERVICE EXTENSION UNITS, COMMUNITY WELFARE COVERING THE HAMBURG AREA, THEY PROVIDE IMMEDIATE EMERGENCY ASSISTANCE TO MEET A SHORT TERM NEED AS A SERVICE UNIT, THEY ARE A VOLUNTEER COMMITTEE IN A REGION WHERE THERE IS NO PROFESSIONAL SALVATION ARMY PERSONNEL EXAMPLES OF SERVICE UNIT EMERGENCY ASSISTANCE PROVIDED INCLUDED GROCERIES, RENTAL ASSISTANCE, FUEL/UTILITIES, MEDICAL/DENTAL/EYE CARE, CLOTHING, SCHOOL SUPPLIES FOR SCHOOL AGED CHILDREN, TEMPORARY SHELTER, AND SEASONAL ASSISTANCE - COMMUNITY OUTCOME PEOPLE WHO ARE HOMELESS OR EXPERIENCING A HOUSING CRISIS HAVE THEIR EMERGENCY HOUSING NEEDS MET - BERKS COALITION TO END HOMELESSNESS (BCEH), HOMELESS PREVENTION EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM PROVIDES FUNDING FOR RENTAL AND UTILITY ASSISTANCE IF A CLIENT IS UNABLE TO PAY THEIR PORTION OF THE BILL, A REQUEST IS MADE TO BCEH FOR UNITED WAY ASSISTANCE THIS ALLOWS BCEH TO MAKE SURE THE ASSISTANCE GETS TO THE NEEDIEST, IN THE FASTEST AMOUNT OF TIME A CHECK IS MADE OUT TO THE LANDLORD OR UTILITY COMPANY AFTER THE ESG CASE MANAGER HAS DETERMINED THE CLIENT NEED FOR AN OUTSIDE SOURCE OF MATCHING FUNDS - OPPORTUNITY HOUSE, EMERGENCY SHELTER PROVIDES EMERGENCY SHELTER HOUSING TO HOMELESS CHILDREN, WOMEN AND MEN AS WELL AS ON-SITE CASE MANAGEMENT SERVICES, AND CHILDCARE BERKS COUNSELING SERVICES PROVIDES ON-SITE BEHAVIORAL HEALTH COUNSELING AND MEDICAL CARE IS PROVIDED THROUGH THE BERKS COMMUNITY HEALTH CENTER AT 2ND STREET - COMMUNITY OUTCOME VETERANS AND THEIR FAMILIES HAVE ACCESS TO SUPPORTIVE SERVICES TO MEET THEIR BASIC NEEDS - AMERICAN RED CROSS BERKS COUNTY CHAPTER, VETERANS TRANSPORTATION VETERANS RECEIVE SAFE AND RELIABLE TRANSPORTATION TO AND FROM THE LEBANON VA MEDICAL CENTER TO REACH NECESSARY MEDICAL APPOINTMENTS - CATHOLIC CHARITIES DIOCESE OF ALLENTOWN, CASE MANAGEMENT AND COUNSELING FOR VETERANS AND THEIR FAMILIES VETERANS ARE ASSESSED BY A CASE MANAGER TO DETERMINE THEIR IMMEDIATE NEEDS A SERVICE PLAN IS CREATED TO IDENTIFY THE GOALS AND ACTION STEPS THE</p>

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FORM 990, PART III, LINE 4A	<p>CASE MANAGER WORKS WITH THE VETERAN TO ACCOMPLISH THESE GOALS, WHICH MAY INCLUDE JOB SEARCH, BUDGET COUNSELING AND GUIDANCE, REFERRAL TO BERKS COUNTY VETERAN'S ADMINISTRATION FOR SPECIFIC ASSISTANCE/ENTITLEMENTS, ASSISTANCE WITH APPLICATIONS FOR SUBSIDIZED HOUSING, FOOD STAMPS, AND OTHER LOW-INCOME PROGRAMS FOR WHICH THE VETERAN MAY BE ELIGIBLE - COMMUNITY OUTCOME CHILDREN DECLARED DEPENDENT RECEIVE CONSISTENT AND EFFECTIVE ADVOCACY FOR THEIR INTERESTS, THROUGHOUT THE LENGTH OF THEIR CASE - CASA OF BERKS COUNTY (COURT APPOINTED SPECIAL ADVOCATE PROGRAM) CASA IS A NATIONAL PROGRAM THAT RECRUITS AND TRAINS VOLUNTEERS TO SERVE AS ADVOCATES FOR CHILDREN WHO HAVE BEEN PLACED IN THE FOSTER CARE SYSTEM THERE ARE CURRENTLY 640 CHILDREN IN THE FOSTER CARE SYSTEM/RESIDENTIAL TREATMENT FACILITIES IN BERKS COUNTY UWBC'S INVESTMENT INCLUDES OPERATIONAL SUPPORT AS WELL TO BUILD UP PROGRAM CAPACITY ALLOWING CASA TO MAKE THEIR PART-TIME VOLUNTEER MANAGER FULL-TIME, THUS INCREASING THE PROGRAM'S CAPACITY FROM 30 TO 45 VOLUNTEERS, WHICH ENABLES CASA TO BETTER SERVE THIS GROWING POPULATION OF YOUTH IN NEED OF SUPPORT - COMMUNITY OUTCOME VICTIMS OF INTERPERSONAL VIOLENCE ARE ENSURED OF SAFETY AND SUPPORTIVE SERVICES - SAFE BERKS, CRISIS SERVICES SUPPORTS THE SAFE HOUSE PROGRAM, AN EMERGENCY SHELTER TO INDIVIDUALS AND FAMILIES IMPACTED BY DOMESTIC VIOLENCE AND SEXUAL ASSAULT FOR UP TO 60 DAYS ALL DAILY NECESSITIES OF FOOD, CLOTHING, HYGIENE PRODUCTS, IN ADDITION TO SAFETY PLANNING, CASE MANAGEMENT AND CONNECTION TO COMMUNITY RESOURCES, DOMESTIC VIOLENCE AND SEXUAL ASSAULT COUNSELING, CHILDREN'S PROGRAMMING, INCLUDING A READY TO READ PROGRAM, NUTRITION PROGRAMS, RECREATIONAL SUPPORTS ARE PROVIDED CRISIS SERVICES INCLUDE THE EMERGENCY HOTLINE TEXTING IS NOW AVAILABLE 24/7/365 IN ENGLISH AND SPANISH THE RAPID RESPONSE PROGRAM PROVIDES SUPPORT TO VICTIMS SEEKING EMERGENCY PROTECTION OR WHO ARE ACCESSING EMERGENCY MEDICAL SERVICES, BASIC CARE, OR RAPE EXAMS AT AREA EMERGENCY ROOMS AND CLINICS - OPPORTUNITY HOUSE, CHILDREN'S ALLIANCE CENTER RECEIVES REFERRALS FROM BOTH CHILDREN & YOUTH AND LAW ENFORCEMENT CHILDREN, AGES 3 TO 18, ARE SEEN IN A CHILD FRIENDLY ENVIRONMENT A MULTIDISCIPLINARY APPROACH ALLOWS THE CHILDREN TO BE INTERVIEWED ONLY ONE OR TWO TIMES, REDUCING THE TRAUMA OF CONSTANTLY REPEATING THEIR STORY TO EACH INDIVIDUAL AGENCY PARTNER IF A CHILD DISCLOSES SEXUAL ABUSE DURING THE INTERVIEW, THEY ARE SCHEDULED FOR A MEDICAL EXAM AND A SEXUALITY EVALUATION</p>

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FORM 990, PART III, LINE 4A	<p>-COMMUNITY OUTCOME LOW INCOME PEOPLE WHO ARE IN LEGAL CRISIS RECEIVE EFFECTIVE LEGAL REPRESENTATION - MIDPENN LEGAL SERVICES , LEGAL REPRESENTATION TO SECURE BASIC NEEDS LOW-INCOME CLIENTS RECEIVE LEGAL COUNSEL AND ADVICE REGARDING THEIR PARTICULAR LEGAL SITUATION THROUGH MIDPENN'S READING OFFICE MIDPENN WORKS WITH SAFE BERKS TO ENSURE THAT ALL DOMESTIC VIOLENCE SURVIVORS HAVE ACCESS TO THE JUSTICE SYSTEM THEY ARE A MEMBER OF BERKS COALITION TO END HOMELESSNESS (BCEH), AND THROUGH THIS PARTNERSHIP, MIDPENN MAKES AND ACCEPTS REFERRALS ON BEHALF OF INDIVIDUALS WHO REQUIRE THEIR LEGAL SERVICES DISASTER RESPONSE - COMMUNITY OUTCOME PEOPLE WHO ARE IMPACTED BY A LOCAL DISASTER OR EMERGENCY HAVE THEIR BASIC NEEDS QUICKLY MET - AMERICAN RED CROSS TRI-COUNTY CHAPTER, DISASTER SERVICES DISASTER CYCLE SERVICES PROVIDES IMMEDIATE EMERGENCY ASSISTANCE TO THE RESIDENT OF BERKS COUNTY WHO HAVE BEEN AFFECTED BY NATURAL OR MAN-MADE DISASTERS TRAINED RED CROSS VOLUNTEERS AND STAFF RESPOND TO DISASTER SITUATIONS AND PROVIDE FOR THE IMMEDIATE EMERGENCY NEEDS OF SHELTER, FOOD, AND CLOTHING ADDITIONAL ASSISTANCE IN OBTAINING LOST MEDICATIONS AND EYEGLASSES IS ALSO PROVIDED RED CROSS STAFF CONTINUES TO WORK LONGER TERM WITH CLIENTS THAT NEED HELP WITH RENT OR BEDDING OR REFERRALS FOR HOUSEHOLD FURNISHING IN LARGER DISASTER SITUATIONS, THE RED CROSS IS RESPONSIBLE FOR MASS CARE SHELTERING AND FEEDING OF DISPLACED RESIDENTS RED CROSS ALSO PROVIDES MASS CARE FEEDINGS FOR EMERGENCY RESPONSE PERSONNEL ON THE SCENE OF A DISASTER STAFF AND VOLUNTEERS ARE TRAINED IN RED CROSS DISASTER SERVICES COMMUNITY COLLABORATION 2-1-1 INFORMATION AND REFERRAL THE 2-1-1 SERVICE PROVIDES PEOPLE WITH INFORMATION ABOUT ESSENTIAL HUMAN SERVICES, SUCH AS LOCATING CHILD CARE, FINDING QUALITY CARE FOR AGING PARENTS, NEEDING ASSISTANCE TO MEET BASIC NEEDS OR JOB TRAINING PROGRAMS 2-1-1 CENTERS ARE STAFFED BY TRAINED SPECIALISTS WHO ASSESS THE CALLERS' NEEDS AND REFER THEM TO THE HELP THEY SEEK IN ADDITION, THE CALL CENTER SPECIALISTS, SEVERAL POSSESSING BILINGUAL SKILLS , FACILITATE CALLS AND QUESTIONS FROM THOSE INTERESTED IN VOLUNTEERING OR DONATING ITEMS, SUCH AS FOOD AND CLOTHING 2-1-1 SERVES AS A VALUED COMMUNITY RESOURCE AND SERVES AS A VITAL CONNECTION FOR THOSE NEEDING HELP, AS WELL AS FOR THOSE WANTING TO GIVE HELP ADDITIONALLY, 2-1-1 IS A USEFUL PLANNING TOOL SINCE IT PROVIDES REAL TIME INFORMATION ABOUT THE SCOPE OF ISSUES LOCAL PEOPLE ARE FACING IN 2017, 6,025 CALLS/WEB VISITS/TEXTS/EMAILS WERE RECEIVED, WITH THE MAJORITY FOCUSED ON INQUIRES RELATING TO UTILITIES ASSISTANCE, HOUSING/HOMELESSNESS AND FOOD ASSISTANCE TOP AGENCY REFERRALS INCLUDED BERKS ENCORE, CATHOLIC CHARITIES, AND THE SALVATION ARMY READING CORPS, AS WELL AS OTHER LOCAL NONPROFITS AND GOVERNMENT ORGANIZATIONS 2-1-1 PHONE SERVICE IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR ONLINE SEARCH CAPABILITY OF THE PA 2-1-1 DATABASE IS ALSO AVAILABLE AT WWW.PA211.EAST.ORG READING CARES SUPPO</p>

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FORM 990, PART III, LINE 4A	<p>RT OF DISPLACED RESIDENTS DUE TO HURRICANE DEVASTATION IN A PROACTIVE RESPONSE TO THE LARGE NUMBER OF RESIDENTS FROM PUERTO RICO AND OTHER PARTS OF THE CARIBBEAN WHO MIGRATED TO BERKS COUNTY FOLLOWING THE DEVASTATION OF HURRICANE MARIA, UWBC PARTNERED WITH CENTRO HISPANO TO LEAD THE ORGANIZATION OF COMMUNITY EFFORTS TO SUPPORT THESE DISPLACED INDIVIDUALS WORKING WITH CITY AND COUNTY SERVICE OFFICES, UWBC AND CENTRO HISPANO HOSTED "READING CARES PLANNING FORUM" IN OCTOBER 2017 AS A RESULT, CENTRO HISPANO WAS IDENTIFIED AS THE LEAGENCY TO DIRECT RESIDENTS AND HELP TO NAVIGATE THE SYSTEM TO RECEIVE THE SUPPORT THEY NEEDED DURING A CHALLENGING TIME PARTNERSHIPS WERE DEVELOPED TO ADDRESS CRITICAL NEEDS OF THIS POPULATION INCLUDING HEALTH CARE, TEMPORARY HOUSING, WINTER CLOTHING, AND FOOD UWBC ASSISTED WITH CONTINUED COMMUNICATION TO AGENCIES AND OTHER COMMUNITY PARTNERS, AS WELL AS PROVIDED A RAPID RESPONSE GRANT TO CENTRO HISPANO TO SUPPORT THE ONGOING EFFORTS MOST RECENT COUNTS INDICATE THAT 370 FAMILIES WHO HAVE BEEN DISPLACED BY HURRICANE MARIA HAVE SOUGHT SUPPORT FROM CENTRO HISPANO, AND 392 STUDENTS WHO WERE DISPLACED DUE TO THE HURRICANE ARE ENROLLED IN BERKS COUNTY SCHOOLS OTHER COMMUNITY COLLABORATION LEADERSHIP DEVELOPMENT THE BLUE PRINT FOR LEADERSHIP THE BLUEPRINT FOR LEADERSHIP PRIMARY OBJECTIVE IS TO ANNUALLY RECRUIT, TRAIN, PLACE AND SUPPORT INDIVIDUALS FROM UNDER-REPRESENTED GROUPS TO SUCCEED IN POSITIONS OF LEADERSHIP IN NONPROFIT AGENCIES AND COMMUNITY ORGANIZATIONS THE PARTICIPANTS PRIMARILY COME FROM LOCAL COMPANIES THAT HAVE THE CAPACITY TO SUPPORT THE INDIVIDUAL AND THE DESIRE TO GROW A DIVERSE LEADERSHIP WITHIN THEIR OWN RANKS DURING THE SPRING OF 2017, 13 INDIVIDUALS PARTICIPATED IN THIS PROGRAM AND WENT ON TO SERVE ON BOARDS AND COMMITTEES FOR AREA NONPROFITS INCLUDING FOR UWBC</p>

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FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING BOARD MEMBERS ARE RELATED PAMELA AND PETER BARBEY SPOUSES ELLEN AND DANIEL HUYETT SPOUSES MEG AND PAT SHIELDS SPOUSES PETER AND SANTINA CONNORS SPOUSES FOUR MARRIED COUPLES MAINTAIN POSITIONS ON THE UNITED WAY OF BERKS COUNTY BOARD OF DIRECTORS THIS SITUATION OCCURS BECAUSE IT IS A COMMON PRACTICE FOR A HUSBAND AND WIFE TEAM TO SERVE AS CO-CHAIRS OF THE ANNUAL FUND-RAISING CAMPAIGN, WHICH HAS BEEN A VERY SUCCESSFUL AND POPULAR APPROACH WITH THE VOLUNTEERS THE COUPLES REPRESENT PAST, CURRENT AND/OR FUTURE CAMPAIGN CO-CHAIRS NO OTHER BOARD MEMBERS ARE RELATED

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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

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FORM 990, PART VI, SECTION B, LINE 12C	<p>DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN, OR REASONABLY SHOULD BE KNOWN AN INTERESTED PARTY SHALL COMPLETE A QUESTIONNAIRE/DISCLOSURE STATEMENT, IN THE FORM ATTACHED TO FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THE DISCLOSURE STATEMENT SHALL BE COMPLETED UPON HIS OR HER ASSOCIATION WITH UNITED WAY OF BERKS COUNTY AND SHALL BE UPDATED ANNUALLY AN ADDITIONAL DISCLOSURE STATEMENT SHALL BE COMPLETED AT SUCH TIMES AS AN ACTUAL POTENTIAL CONFLICT ARISES FOR BOARD MEMBERS, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE PRESIDENT, WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE GOVERNANCE COMMITTEE THE GOVERNANCE COMMITTEE SHALL REVIEW THE SUMMARY OF THE FINDINGS PREPARED BY THE PRESIDENT AND PRESENT A REPORT TO THE EXECUTIVE COMMITTEE IN THE SPRING OF EACH YEAR IN THE CASE OF MEMBERS OF THE FINANCE COMMITTEE, THE INVESTMENT COMMITTEE AND THE AUDIT COMMITTEE, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE PRESIDENT, WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE EXECUTIVE COMMITTEE IN THE SPRING OF EACH YEAR IN THE CASE OF STAFF, THE DISCLOSURE STATEMENTS SHALL BE PRESENTED TO THE SENIOR VICE PRESIDENT FINANCE & ADMINISTRATION, WHO WILL REVIEW THE DISCLOSURE STATEMENTS AND PRESENT A SUMMARY OF THE FINDINGS TO THE PRESIDENT IN THE SPRING OF EACH YEAR IN THE CASE OF THE SENIOR VICE PRESIDENT FINANCE & ADMINISTRATION, THE DISCLOSURE STATEMENT SHALL BE PROVIDED TO THE PRESIDENT THE PRESIDENT SHALL PROVIDE HIS/HER DISCLOSURE STATEMENT TO THE CHAIRMAN OF THE BOARD THE PRESIDENT SHALL FILE THE VOLUNTEER DISCLOSURE STATEMENTS WITH THE OFFICIAL CORPORATE RECORDS OF UNITED WAY OF BERKS COUNTY THE SENIOR VICE PRESIDENT FINANCE & ADMINISTRATION SHALL FILE THE STAFF DISCLOSURE STATEMENTS WITH OTHER EMPLOYEE RECORDS GENERAL PROCEDURES FOR THE REVIEW OF ACTUAL OR POTENTIAL CONFLICTS WHENEVER THERE IS REASON TO BELIEVE THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS BETWEEN UNITED WAY OF BERKS COUNTY AND AN INTERESTED PARTY, THE BOARD OF DIRECTORS, UPON THE RECOMMENDATION OF THE EXECUTIVE COMMITTEE OR THE GOVERNANCE COMMITTEES, SHALL DETERMINE THE APPROPRIATE ORGANIZATIONAL RESPONSE THIS SHALL INCLUDE, BUT IS NOT NECESSARILY LIMITED TO, INVOKING THE PROCEDURES DESCRIBED IN SECTION V BELOW, WITH RESPECT TO A SPECIFIC PROPOSED ACTION OR TRANSACTION WHERE THE ACTUAL OR POTENTIAL CONFLICT INVOLVES AN EMPLOYEE OF UNITED WAY OF BERKS COUNTY OTHER THAN THE PRESIDENT, THE PRESIDENT SHALL, IN THE FIRST INSTANCE, BE RESPONSIBLE FOR REVIEWING THE MATTER AND MAY TAKE APPROPRIATE ACTION AS NECESSARY TO PROTECT THE INTERESTS OF UNITED WAY OF BERKS COUNTY THE PRESIDENT SHALL DETERMINE WHETHER THE RESULTS OF ANY REVIEW AND ACTION SHALL BE REPORTED TO THE CHAIRMAN WHEN REPORT</p>

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FORM 990, PART VI, SECTION B, LINE 12C	<p>ED TO THE CHAIRMAN, THE CHAIRMAN IN CONSULTATION WITH THE EXECUTIVE COMMITTEE, SHALL DETERMINE IF ANY FURTHER BOARD REVIEW OR ACTION IS REQUIRED. PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST SPECIFIC TRANSACTIONS WHERE AN ACTUAL OR POTENTIAL CONFLICT EXISTS BETWEEN THE INTERESTS OF UNITED WAY OF BERKS COUNTY AND AN INTERESTED PARTY WITH RESPECT TO A SPECIFIC PROPOSED ACTION OR TRANSACTION, THE UNITED WAY OF BERKS COUNTY SHALL REFRAIN FROM THE PROPOSED ACTION OR TRANSACTION UNTIL SUCH TIME AS THE PROPOSED ACTION OR TRANSACTION HAS BEEN APPROVED BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. THE FOLLOWING PROCEDURES MAY APPLY: AN INTERESTED PARTY WHO HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED ACTION OR TRANSACTION OF THE ORGANIZATION SHALL NOT PARTICIPATE, AND MAY BE EXCUSED FROM THE DELIBERATIONS AND DECISION MAKING, WITH RESPECT TO SUCH ACTION OR TRANSACTION UPON REQUEST BY THE BOARD. THE INTERESTED PARTY MAY ANSWER QUESTIONS OR PROVIDE MATERIAL OR FACTUAL INFORMATION ABOUT THE PROPOSED ACTION OR TRANSACTION. THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS MAY APPROVE THE PROPOSED ACTION OR TRANSACTION UPON FINDING THAT IT IS IN THE BEST INTERESTS OF UNITED WAY OF BERKS COUNTY. THE BOARD SHALL CONSIDER WHETHER THE TERMS OF THE PROPOSED TRANSACTION ARE FAIR AND REASONABLE TO THE UNITED WAY OF BERKS COUNTY AND WHETHER IT WOULD BE POSSIBLE, WITH REASONABLE EFFORT, TO FIND A MORE ADVANTAGEOUS ARRANGEMENT WITH A PARTNER OR ENTITY THAT IS NOT AN INTERESTED PARTY. APPROVAL BY THE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS SHALL BE BY VOTE OF A MAJORITY OF DIRECTORS IN ATTENDANCE AT A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS. AN INTERESTED PARTY SHALL NEITHER BE COUNTED FOR PURPOSES OF DETERMINING WHETHER A QUORUM IS PRESENT NOR FOR THE PURPOSES OF DETERMINING WHAT CONSTITUTES A MAJORITY VOTE OF DIRECTORS IN ATTENDANCE. THE MINUTES OF THE MEETING SHALL REFLECT THAT THE CONFLICT DISCLOSURE WAS MADE, THE VOTE TAKEN AND, WHERE APPLICABLE, THE ABSTENTION FROM VOTING AND PARTICIPATION BY THE INTERESTED PARTY. VIOLATIONS OF CONFLICT OF INTEREST POLICY IF THE BOARD OF DIRECTORS HAS REASON TO BELIEVE THAT AN INTERESTED PARTY HAS FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PARTY AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD DETERMINES THAT THE INTERESTED PARTY HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE CORRECTIVE ACTION.</p>

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FORM 990, PART VI, SECTION B, LINE 15	<p>EXECUTIVE COMPENSATION PROCEDURES UNITED WAY OF BERKS COUNTY'S PRIMARY OBJECTIVE IS TO PROVIDE A REASONABLE AND COMPETITIVE EXECUTIVE COMPENSATION OPPORTUNITY CONSISTENT WITH COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO - ENCOURAGE THE ATTRACTION AND RETENTION OF A HIGH CALIBER EXECUTIVE - REINFORCE THE GOALS FOR THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION - ENSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE - BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS ORGANIZATIONAL SUCCESS - ENSURE THAT THE PROGRAM IS EASY TO EXPLAIN, UNDERSTAND AND ADMINISTER - BALANCE THE NEED TO BE COMPETITIVE WITH THE LIMITS OF AVAILABLE FINANCIAL RESOURCES THE CHAIRPERSON OF THE BOARD LEADS THE BOARD OF DIRECTORS IN THE EVALUATION OF THE PRESIDENT'S PERFORMANCE ON AN ANNUAL BASIS THE PRESIDENT PRESENTS TO THE CHAIRPERSON INFORMATION ON THE ACCOMPLISHMENTS OF THE ORGANIZATION AND ITS PROGRESS TOWARD ACHIEVING THE GOALS OUTLINED IN THE STRATEGIC PLAN, THE FULFILLMENT OF HIS/HER DUTIES AND RESPONSIBILITIES AS OUTLINED IN THE POSITION DESCRIPTION, AND THE MANNER IN WHICH THE CHALLENGES OF THE ORGANIZATION HAVE BEEN ADDRESSED AND THE OPPORTUNITIES TAKEN THE PRESIDENT ALSO DEFINES AND DISCUSSES CURRENT AND FUTURE ORGANIZATIONAL CHALLENGES AND OPPORTUNITIES THIS INFORMATION IS SHARED WITH THE BOARD OF DIRECTORS IN ADDITION TO THE ANNUAL REVIEW, A PRESIDENT'S EVALUATION SURVEY IS CONDUCTED SEMI-ANNUALLY WITH FULL BOARD PARTICIPATION, THE RESULTS OF WHICH ARE COMPILED AND ANALYZED BY A THIRD-PARTY PROVIDER HAVING NO VESTED INTEREST IN THE OUTCOME OF THIS PROCESS A FORMAL REPORT IS PRESENTED BY THE PROVIDER FIRST TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR INITIAL DISCUSSION, THEN TO THE FULL BOARD OF DIRECTORS AS PART OF AN EXECUTIVE SESSION FOLLOWING THIS SESSION, THE CHAIRPERSON MEETS WITH THE PRESIDENT AND SHARES THE RESULTS OF THE GROUP EVALUATION AS WELL AS ANY GOALS OR SUGGESTIONS THE BOARD HAS RELATIVE TO THE INFORMATION PRESENTED AND THE FUTURE DIRECTION OF THE ORGANIZATION THE CHAIRPERSON OF THE BOARD COMMUNICATES THE RESULTS OF THE ASSESSMENT VERBALLY TO THE PRESIDENT AND THE INFORMATION IS CAPTURED THROUGH THE MINUTES OF THE EXECUTIVE SESSIONS FOR EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS THE RESULTS OF THE ASSESSMENT ARE INCLUDED IN THE PRESIDENT'S PERSONNEL FILE THE LEVEL AND FORM OF COMPENSATION IS DETERMINED FOLLOWING A REVIEW OF LOCAL COMPENSATION LEVELS OF CEO'S OF ORGANIZATIONS OF SIMILAR SIZE AND SCOPE, AS WELL AS THE COMPENSATION LEVELS OF CEO'S OF UNITED WAY ORGANIZATIONS OF SIMILAR SIZE AND SCOPE WHILE UNITED WAY FOCUSES ON OTHER UNITED WAYS AND NONPROFITS TO BENCHMARK COMPENSATION, THE ORGANIZATION UNDERSTANDS THAT THE MARKET FOR EXECUTIVE TALENT MAY BE BROADER THAN THE GROUP OF CHARITIES MARKET INFORMATION FROM ADDITIONAL MARKET SEGMENTS</p>

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FORM 990, PART VI, SECTION B, LINE 15	<p>TS AND PUBLISHED NOT-FOR-PROFIT COMPENSATION SURVEYS, MAY BE USED AS A SUPPLEMENT THE PRE SIDENT'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 COMPENSA TION 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 PE RIODICALLY, AS DETERMINED BY THE PRESIDENT BUT NOT MORE THAN EVERY THREE YEARS, BASED ON S URVEYS OF SALARIES PAID BY OTHER EMPLOYERS FOR SIMILAR WORK AN OUTSIDE HUMAN RESOURCES FI RM NORMALLY DOES THE ASSESSMENT IF THERE IS EVIDENCE OF A CHANGE IN GENERAL SALARY LEVELS , THE SALARY RANGES ARE ADJUSTED ACCORDING TO THE PROGRAM'S OBJECTIVES, WITH THE APPROVAL OF THE EXECUTIVE COMMITTEE (SEE BELOW) THESE ADJUSTMENTS DO NOT CHANGE THE GRADES TO WHIC H POSITIONS ARE ASSIGNED AND DO NOT RESULT IN AUTOMATIC CHANGES IN INDIVIDUAL SALARIES TH E 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 ASS ESSMENT 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 O RGANIZATION'S COMPENSATION PLAN/SALARY STRUCTURE SHALL BE MADE TO THE FULL BOARD OF DIRECT ORS UNITED WAY OF BERKS COUNTY'S POLICY IS THAT SALARY INCREASES ARE BASED ON MERIT AND S HOULD REFLECT AN EMPLOYEE'S CONTRIBUTION TO THE ORGANIZATION IN RELATION TO THE RESPONSIBI LITIES OF HIS OR HER POSITION SALARY INCREASES MAY BE LIMITED BY THE AVAILABILITY OF FUND S THE SALARY ADMINISTRATION PROGRAM THEREFORE HAS BEEN DESIGNED TO PROVIDE THE BEST PERFO RMERS WITH HIGHER PERCENTAGES OF MERIT INCREASES WITH THE EXCEPTION OF SPECIAL TYPES OF S ALARY ADJUSTMENTS, MERIT INCREASES ARE THE ONLY TYPE OF SALARY INCREASES NORMALLY GRANTED</p>

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<p>FORM 990, PART VI, SECTION C, LINE 19</p>	<p>COMPLIANCE WITH PUBLIC INSPECTION REQUIREMENTS IN GENERAL, EXEMPT ORGANIZATIONS MUST MAKE AVAILABLE FOR PUBLIC INSPECTION CERTAIN ANNUAL RETURNS AND APPLICATIONS FOR EXEMPTION, AND MUST PROVIDE COPIES OF SUCH RETURNS AND APPLICATIONS TO INDIVIDUALS WHO REQUEST THEM IN COMPLIANCE WITH THIS REQUIREMENT, UNITED WAY OF BERKS COUNTY ADHERES TO THE FOLLOWING - IN RESPONSE TO A WRITTEN REQUEST AT THE PRINCIPAL OFFICE OF UNITED WAY OF BERKS COUNTY, A COPY OF THE COVERED TAX DOCUMENTS SHALL BE PROVIDED TO THE REQUESTER WITHIN THIRTY (30) DAYS PER IRS GUIDANCE, A REQUEST THAT IS FAXED, E-MAILED OR SENT BY PRIVATE COURIER IS CONSIDERED A WRITTEN REQUEST - IN RESPONSE TO AN IN-PERSON REQUEST AT THE PRINCIPAL OFFICE OF UNITED WAY OF BERKS COUNTY, A COPY OF THE COVERED TAX DOCUMENTS SHALL GENERALLY BE PROVIDED THE DAY OF THE REQUEST - REQUESTS EITHER IN-PERSON OR WRITTEN SHALL BE PROVIDED INFORMATION THAT OFFERS THE REQUESTOR THE OPPORTUNITY TO ACCESS THE DOCUMENTS FREE OF CHARGE VIA THE WEB, OR AT A COST SHOULD A HARD COPY BE REQUESTED - UNITED WAY OF BERKS COUNTY SHALL CHARGE A REASONABLE FEE FOR COPYING COSTS AND THE ACTUAL COST OF POSTAGE BEFORE PROVIDING COPIES OF THE DOCUMENTS REASONABLE FEES FOR COPYING ARE CONSISTENT WITH THE IRS STANDARD CHARGE OF NO MORE THAN \$ 20 PER PAGE WHILE POSTAGE FEES SHALL BE THE ACTUAL COST INCURRED BY THE ORGANIZATION - TIMELY NOTICE OF THE APPROXIMATE COST AND ACCEPTABLE FORM OF PAYMENT WILL BE PROVIDED WITHIN SEVEN DAYS OF RECEIPT OF THE REQUEST IF IN WRITING OR IMMEDIATELY UPON A REQUEST FROM AN IN-PERSON REQUEST ACCEPTABLE FORMS OF PAYMENT INCLUDE CASH AND MONEY ORDER (IN THE CASE OF AN IN-PERSON REQUEST) AND CERTIFIED CHECK, MONEY ORDER, AND PERSONAL CHECK OR CREDIT CARD, IN THE CASE OF A WRITTEN REQUEST PAYMENT IN FULL IS DUE PRIOR TO PROVIDING COPIES - THE NAMES OR ADDRESSES OF THE ORGANIZATION'S CONTRIBUTORS ON ITS ANNUAL RETURN SHALL NOT BE DISCLOSED IN ACCORDANCE WITH IRS REGULATIONS PUBLIC INSPECTION OF GOVERNING DOCUMENTS UNITED WAY OF BERKS COUNTY IS COMMITTED TO OPENNESS AND TRANSPARENCY TO DONORS/FUNDERS, PARTNER AGENCIES, GOVERNMENTAL ORGANIZATIONS, ITS VARIOUS STAKEHOLDERS, AND THE GENERAL PUBLIC PROACTIVE DISCLOSURE AND DISSEMINATION OF INFORMATION CONCERNING THE GOVERNANCE, OPERATIONS, AND FINANCIAL INFORMATION CONCERNING UNITED WAY OF BERKS COUNTY IS AVAILABLE THE FOLLOWING DOCUMENTS ARE ACCESSIBLE FOR PUBLIC INSPECTION AT THE OFFICE OF UNITED WAY OF BERKS COUNTY ALL DOCUMENTS AS REQUIRED BY FEDERAL, STATE, AND LOCAL LAW, INCLUDING BUT NOT LIMITED TO THE IRS FORM 990 ANNUAL REPORT ARTICLES OF INCORPORATION AUDITED FINANCIAL STATEMENTS CAMPAIGN HIGHLIGHTS REPORT CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY RECORD RETENTION CONFLICT OF INTEREST POLICY ORGANIZATIONAL BY-LAWS MISSION STATEMENT VISION STATEMENT PERSONS REQUESTING HARD COPIES OF DOCUMENTS SHALL BE PROVIDED INFORMATION THAT OFFERS THE REQUESTOR THE OPPORTUNITY TO ACCESS THE INFORMATION FREE OF CHARGE VIA THE WEB UNITED</p>

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FORM 990, PART VI, SECTION C, LINE 19	WAY OF BERKS COUNTY SHALL CHARGE A REASONABLE FEE FOR COPYING COSTS AND THE ACTUAL COST OF POSTAGE BEFORE PROVIDING COPIES OF THE DOCUMENTS IF A HARD COPY IS REQUESTED REASONABLE FEES FOR COPYING ARE CONSISTENT WITH THE IRS STANDARD CHARGE OF NO MORE THAN \$ 20 PER PAGE WHILE POSTAGE FEES SHALL BE THE ACTUAL COST INCURRED BY THE ORGANIZATION THE FOLLOWING DOCUMENTS ARE ACCESSIBLE VIA UNITED WAY OF BERKS COUNTY WEB-SITE AT WWW UWBERKS ORG ANNUAL REPORT AUDITED FINANCIAL STATEMENTS CAMPAIGN HIGHLIGHTS REPORT CODE OF ETHICS AND CONDUCT AND WHISTLEBLOWER POLICY LINKS TO FORM 990 VIA CHARITY NAVIGATOR AND GUIDESTAR MISSION STATEMENT VISION STATEMENT

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FORM 990, PART XI, LINE 9	UNREALIZED GAIN/LOSS ON BENEFICIAL INTEREST 88,752