For	" <b>9</b> 9	30	Return of Org	ganization Exc	empt Fro	om Inc	ome Ta	ıx	OMB No 1545-0047		
1 011			1	<del>-</del>	•				2018		
			Under section 501(c), 527, or	4947(a)(1) of the intern al security numbers or				,			
		f the Treasury		ai security numbers or gov/Form990 for instri		-	•	1400	Open to Public Inspection		
A		nue Service	dar year, or tax year beginning			and ending		- 20	, 20 19		
B			Name of organization Berks Cou			- ending	Jun	D Employe	r identification number		
m		applicable C change	Doing business as	inty School Districts H	leaith Trust			D Linploye	27-6465755		
	Name cl	· · ·	Number and street (or P O box if n	mail is not delivered to stree	et address)	Room/sur	le ·	E Telephon			
$\Box$	fortial re		O Box 16050		454.555)	1100111001	·	•	610 987 8577		
$\Box$	Final return/terminated										
П	Amende		Reading, PA 19612-6050	,,				<b>G</b> Gross red	ceipts \$ 86629102		
$\Box$		_	Name and address of principal office	cer Dr Paul Eaken	*		H(a) is this a ni		ubordinates? Yes Vo		
	прриод	- }	111 Commons Blvd, Reading,			6/	1		included? Yes No		
	Tax-exe	mpt status	501(c)(3)		4947(a)(1) or	□ 527 <b>)</b>	<del></del>		list (see instructions)		
J	Website			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1 1011(4)(1)(5)	ر در در ب	H(c) Group	exemption r	number ►		
K	Form of	organization	Corporation  Trust  Associ	iation ☐ Other ►	LYe	ar of formati			of legal domicile PA		
P	art I	Summa	ry		Ï						
	1		cribe the organization's mis	sion or most significa	int activities	Served	as plan spo	nsor to pro	ovide for its		
e			s or their beneficiaries on a se	•					•		
Activities & Governance			care or benefits in event of si		~						
/err	2	Check this	box ▶☐ if the organization	discontinued its ope	rations or d	sposed c	f more than	25% of it	ts net assets.		
é	3	Number of	f voting members of the gove	erning body (Part VI,	line 1a)			3	36		
9	4	Number of	findependent voting membe	ers of the governing b	ody (Part VI	l, line 1b)		4	36		
ties	5	Total numb	ber of individuals employed	ın calendar year 2018	B (Part V, line	e 2a)		5	1		
₹.	6	Total numb	ber of volunteers (estimate if	f necessary)				6	0		
Ą	7a	Total unrel	lated business revenue from	Part VIII, column (C)	, line 12			7a	0		
	b	Net unrela	ted business taxable income	e from Form 990-T, li	ne 38			7b	. 0		
							Prior Ye	ar	Current Year		
<u>o</u>	8	Contribution	ons and grants (Part VIII, line	e 1h)							
Revenue	9	Program s	ment income (Part VIII, Ine 2g)  79516040  79516040  79516040  79516040						86154501		
ě	10	Investmen	t income (Part VIII, column (/	A), lines 3, 4, <u>and 7d)</u>	CEIVE	:D [		313581	474601		
_	11	Other reve	nue (Part VIII, column (A), lin nue-add lines 8 through 11 (	nes 5, 6d, 8 <u>c</u> , 9c, 10c	, and 11e)	-					
	12					ne 12) 💍	-	79829627	86629102		
	13		d sımılar amounts paid (Part			) d					
	14		aid to or for members (Part I					33951426	85368235		
es	15	Salaries, ot	ther compensation, employee	benefits (Part IX, colu	mn (A), lines.	5-710)		25000	30000		
Expenses	16a		ial fundraising fees (Part IX, d						0.11.000000000000000000000000000000000		
ğ	b		raising expenses (Part IX, co								
ш	17		enses (Part IX, column (A), lir			ļ.		391672	350666		
	18		nses Add lines 13-17 (must		ın (A), lıne 25	5) _		34368098	85718901		
	19	Revenue le	ess expenses Subtract line	18 from line 12				-4538471	910201		
Net Assets or Fund Balances	00	Takal	1- (D- 1 V 1 10)			<u> </u>	leginning of Cu		End of Year		
Bala	20		ts (Part X, line 16)			-		19802069	21270698		
a e	21		ities (Part X, line 26)	lune Od forms lune OO			<del></del>	6568778	7023951		
_			or fund balances. Subtract	line 21 from line 20	<del></del>			3233291	14246747		
	art II		re Block								
Un	der pena el correc	ilties of perjury to and complet	, I declare that I have examined this e Declaration of preparer (other than	return, including accompa in officer) is based on all inf	nying schedule ormation of whi	s and stater ich preparer	nents, and to ti has anv knowl	ne best of m edae	y knowledge and belief, it is		
		<del>,                                    </del>	<b>≥</b> 1 / /			· · ·	<u> </u>	<del>11 /11</del>	/2019		
Siç	ın	Signati	ure of officer	10000	2		l Da	te / !!	12017		
He	-	1 C.		Ch-CHAVA		۸ <i>۲</i> <b>-</b> .	 . = 1.43.A	REDV	S HEALTH TRUS		
. 10		Type of	VEN M GERHARD or print name and title	) CO-CHAILE	- WAN	MOE M	· 14/2/ /	URRA	O CH CITY TIME		
_			e preparer's name	Preparer's signature		Da	te	Ta	, PTIN		
Pa		_		1				Check _ self-empl			
	epare						Circ	n's EIN ▶	<u> </u>		
Us	e On			<del> </del>				ne no			
Ma	v the I	Firm s add	this return with the preparer	shown above? (see	nstructions)			110 110	☐ Yes ☐ No		
_	<del>-</del> -		tion Act Notice, see the separa				11282Y		Form <b>990</b> (2018)		

Part IV	Checklist o	f Require	d Schedule	25

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
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</i> "Yes," <i>complete Schedule D, Part II</i> .	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<b>√</b>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
-		Forr	ո 990	(2018)

Form **990** (2018)

Part	V Checklist of Required Schedules (continued)			
- (			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		<b>✓</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<b>✓</b>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		1
29	Did the organization receive more than \$25,000 in non-cash contributions in the rest rest rest restriction receive contributions of art, historical treasures, or other similar assets, or qualified	23	-	\ <u> </u>
30 31	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> .  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule N</i> , <i>Part I</i>	30		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
Part				Г
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	· U
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a ' C	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	a a	-

- Form 98	JU (2016)			rage o
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		,	,
`		4 55 Mg. 1	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	الْ تَقَدَّدُ	1. 2	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>√</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7.54	74.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>√</b> _
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	THE STATE OF THE S	# K. P	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		<u> </u>
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	\$63KV	1.20	
		72 M	25.00	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	2 أعطسه	The Samuel
	and services provided to the payor?	7b		-
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7c	~ . 26;	( 1.3r ·
d	If "Yes," indicate the number of Forms 8282 filed during the year	250	<b>MA</b>	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		au 178.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Y	ولود مع مانف الحسيب	Ta Maria
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1		1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	1	1	表表.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		4 - 40 F 12	
11	Section 501(c)(12) organizations. Enter		療法	
а	Gross income from members or shareholders		36 8	
b	Gross income from other sources (Do not net amounts due or paid to other sources		13.32 14.72	100
	against amounts due or received from them.)	1	42 12.5	A 15
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	\$ 45	1 200	نو ۾ ٿ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.79	£ 4.	4. 2
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	7490	Y-19	N. S. T.
<b>L</b>	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans   13b		1 573	-1.53
_	· · · · · · · · · · · · · · · · · · ·	<b>-</b>		( 1 ) 1 ( )
14a	Enter the amount of reserves on hand	14a	1,4,4	1
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<del> </del>	+
b		140		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		
	excess parachute payment(s) during the year?	15	,5 -	V
	If "Yes," see instructions and file Form 4720, Schedule N	1	5,	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<del>                                     </del>	<b>√</b>
	If "Yes " complete Form 4720. Schedule O.	1	2 1 5	1 300

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u>:</u>	•	· L
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		2 de	
b 2	committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>/</b>
3 4 5 6	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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	3 4 5 6		✓ ✓ ✓
7a b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
8	stockholders, or persons other than the governing body?	7b		<b>V</b>
a b	The governing body?	8a 8b	<b>✓</b>	
9 Section	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  on B. Policies (This Section B requests information about policies not required by the Internal Rever	9 oue C	ode l	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
0001	on b. Foliates (This section b requests information about periode increquite by the internal rever		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7 N	# ( ° ° ° °	E ST
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		ļ.,
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14		<b>√</b> . 1 <sup>2</sup> √23/c
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 b	The organization's CEO, Executive Director, or top management official	15a 15b	, w	V V
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	i	/ · · · · · · · · · · · · · · · · · · ·
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	3 34	
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in			
19 20	financial statements available to the public during the tax year.  State the name address, and telephone number of the person who possesses the organization's books and re-			y, and
0	Berks County Intermediate Unit, P.O. Box 16050, Reading, PA 19612-6050 610.987 8577			

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

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

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

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

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

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

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

Check this box in heither the organization no	1	<u> </u>			C)	<u> </u>				, , , , , , , , , , , , , , , , , , , ,
					ition			(5)	, <u>,</u>	(E)
(A)	(B)			neck	more	than c		(D)	(E)	(F)
Name and Title	Average hours per	box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any				т		•	from	related	other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ecto	utio	ಀೣ	duk		ē	(W-2/1099-MISC)		organization
	below dotted line)	¥ =	nal t		loye	omp				and related organizations
	iii(e)	stee	rust		ñ	pens				Organizations
			ee			atec				
					<b></b> .					
(1) Dr. Paul Eaken-Executive Director	10								1	
Berks County School Districts Health Trust		1			<u> </u>			30000	0	0
(2) Tracy Detwiler, Mgt Trustee	.1									
Antietam School District		✓						0	0	0
(3) Mary Ellen Ebling, Labor Trustee	.1									
Antietam School District		1	ļ <u>.</u>					0	0	0
(4) John Reedy, Mgt Trustee	1									
Berks Career & Technology Center		✓			<u> </u>			0	0	0
(5) Heidi Moll, Labor Trustee	.1									
Berks Career & Technology Center		✓	<u> </u>	L_				0	0	0
(6) Carl Blessing, Mgt Trustee	11					i				
Berks County Intermediate Unit		✓	ļ		_			0	0	0
(7) Karen Allen, Labor Trustee	1									
Berks County Intermediate Unit		<b>✓</b>	ļ					0	0	0
(8) Craig Neiman, Mgt Trustee	.1				1					
Brandywine Heights School District		✓_	<u> </u>		<u> </u>	ļ	<u> </u>	0	0	0
(9) Christa Heagerty, Labor Trustee	.1						ŀ			
Brandywine Heights School District		✓		ļ	ļ		<u> </u>	0	0	0
(10) Kathleen Haines, Mgt Trustee	1									
Daniel Boone School District		✓	L	<u> </u>			_	0	0	0
(11) Ashley Renshaw, Labor Trustee	.1									
Daniel Boone School District		<b>✓</b>	ļ.,	_	<u> </u>		<u> </u>	0	0	0
(12) Anne Guydish, Mgt Trustee	1									
Exeter School District		<u> </u>		ļ	<u> </u>	-	<u> </u>		0	0
(13) Lowell Keebler, Labor Trustee	11									_
Exeter School District			-	<u> </u>	<del> </del> —	ļ		0	0	0
(14) Heidi Orth, Mgt Trustee	11									
Fleetwood Area School District		✓					<u> </u>	<u> </u>	) 0	5 000 (2012)

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, a	nd F	lighe	st C	ompensated E	mployees (c	ontin	ued)
			<u> </u>		(0	C)						<u> </u>
	(A)	(B) Position (D) (E						(E)		(F)		
	Name and title	Average					e than o is both		Reportable	Reportable	e	Estimated
		hours per					or/trust		compensation	compensation		amount of
		week (list any	9.5	5	Q	~	9 =	7	from the	related		other
		hours for related	함	stit	Officer	y e	공물	Forme	organization	organization (W-2/1099-M		compensation from the
		organizations	dual	tion	-	ᆵ	st c	۳	(W-2/1099-MISC)		-	organization
		below dotted (ine)	ੈ ਤੂੰ	nar t		Key employee	] j	1			ļ	and related organizations
		"".5,	Individual trustee or director	Institutional trustee		Φ	ens			ļ		organizations
				e			Highest compensated employee					
(15)	Shari Wapinsky, Labor Trustee	.1										. •
Fleetw	ood Area School District		1		<u> </u>		<u> </u>		0		0	
(16) [	Dr. Steve Gerhard, Mgt Trustee	1							ļ		]	
Gover	nor Mifflin School District		✓					L	0		0	0
(17)	Matthew Davis, Labor Trustee	1										
Gover	nor Mifflin School District		✓		L				0		0	
(18)	Aichele Zimmerman, Mgt Trustee	1										
<u>Hambı</u>	urg Area School District		1						0		0	0
(19)	Gerald Weiss, Labor Trustee	1					Ì				ł	
Hambi	urg Area School District		1		L.			L.	0		0	0
(20) <sub>[</sub>	Dave Miller, Mgt Trustee	.1	Į					i	•		1	
Kutzto	wn Area School District		✓		<u> </u>				0		0	0
(21)	Andrea Stern, Labor Trustee	.1										
	wn Area School District		✓						0		0	0
(22)	Shane Mathias, Mgt Trustee	.1										
	nberg School District		✓					L.	0		0	0
(23) Doug Olexy, Labor Trustee		1										
	nberg School District		<b>✓</b>					<u> </u>	0		0	0
(24) <u> </u>	oree Marchese, Mgt Trustee	.1					1					
	alley School District		<b>✓</b>					<u> </u>	0		0	0
(25) <sub>F</sub>	Kristen Bickhart, Labor Trustee	1					:					
Oley V	alley School District		_✓						0		0	0
1b	Sub-total .		•				•		30000			
c	Total from continuation sheets to Part	VII, Sectio	n A		•		•	<b>•</b>				
<u>d</u>	Total (add lines 1b and 1c)			_			<u> </u>	<u>.                                    </u>	30000	L		
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	00,00	0 of
	reportable compensation from the organi	zation >										Vac No
2	Did the executation list any former of	from duani					المنا		طويط يو وويروا			Yes No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete 3							emp	noyee, or nigh	est comper	isate	d 3
	· · ·											(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	For any individual listed on line 1a, is the organization and related organizations											
	individual	greater the	an ori	50,	000	' '	10	۵,	complete sch	edule 3 loi	Suc	
5	Did any person listed on line 1a receive o	r accrue co	mnei	neat	lon	fror	n anv	, un	related organiz	ation or indi	wdus	्रा रहारा है
•	for services rendered to the organization									ation of indi	Muua	1 5 V
Section	on B. Independent Contractors											
1	Complete this table for your five highest of	compensate	ed inc	lene	end	ent	contr	acto	ors that receive	ed more than	 1 \$10	n 000 of
•	compensation from the organization. Rep											
	year							_ ,				gamzanon o tan
	(A)								(B)			(C)
	Name and business add	ress							Description of s	ervices		Compensation
								<u> </u>				
												<del></del>
		<del></del>		_		_		-				
2	Total number of independent contracto	rs (ıncludır	ng bu	it ne	ot I	ımıt	ed to	th	ose listed abo	ove) who		·····
	received more than \$100,000 of compens										~ -	· ·

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII											
					Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
s, Grants Amounts	1a b c	Federated campaigns Membership dues Fundraising events	1a 1b									
Gıftı	d e	Related organizations Government grants (con	s 1d									
Contributions, and Other Sım	f	All other contributions, gi and similar amounts not inc	luded above 1f									
Sont and (	g h	Noncash contributions includ <b>Total.</b> Add lines 1a–1										
		Total. Aud lines Ta-1	<u>:                                      </u>	Business Code								
Program Service Revenue	2a b	Health & Welfare Contr	ributions	900099	86154501	86154501	* The published * * * * * * * * * * * * * * * * * * *	SS March 1947 (No. 17 197 - 1941 (S)				
VICE	С											
n Se	d											
gran	f	All other program sen	vice revenue									
Pro	g	Total. Add lines 2a–2		>	86154501	THE REAL PROPERTY.	- W - LATE - W	No the Child				
	3	Investment income and other similar amo	. •	ends, interest,	474601			474601				
	4	Income from investment	t of tax-exempt be	ond proceeds ►			<u> </u>					
	5	Royalties	(i) Real	. (II) Personal		<b>建物水件等</b> 2.14.26.28	Company of the compan	24 - 240 MA - 1512				
	6a	Gross rents	(1) 1 1041	(ii) i Cisoriai								
	b	Less rental expenses						1				
	С	Rental income or (loss)				NOT ALMS		A THE STATE OF THE				
	d	Net rental income or (	<del></del>		201 F2	We virging 1 1 V c		The second second to the second to				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other								
	b	Less cost or other basis and sales expenses										
	d d	Gain or (loss) Net gain or (loss)		▶		The state of the s		- Source colored ( )				
/enne	8a	Gross income from fu events (not including \$	indraising									
Other Revenu		of contributions reported See Part IV, line 18	ed on line 1c)									
ot	b	Less direct expenses				American .	The state of the s					
	9a	Net income or (loss) for Gross income from gas See Part IV, line 19		events <b>&gt;</b>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	b	Less direct expenses						The state of the s				
	С	Net income or (loss) fi		vities <b>&gt;</b>								
	10a	Gross sales of in returns and allowance				-	5-57 1963	System 1				
	b	Less cost of goods s			San San San San			May Ch.				
	С	Net income or (loss) fi			Cratherine See		1. 2. 2.					
	11a	Miscellaneous R	evenue	Business Code	<b>多种型</b> 的现在分词	The state of the s	1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	b											
	С											
	ď	All other revenue	•									
	e	Total. Add lines 11a-		<b>&gt;</b>		* -		474004				
	12	Total revenue. See in	เรเนนตแบทร	. 🟲	86629102	86154501		474 <u>601</u>				

	Statement of Functional Expenses		All add an area and a		-1
Section	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon				
Do no	t include amounts reported on lines 6b, 7b,	(A)		(C)	
	, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	85368235 30000			Post Phil
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2705	· · · · · · · · · · · · · · · · · · ·		
11	Fees for services (non-employees)				
a	Management	42772	<del></del>		
b	Legal	1700			
d	Lobbying	15600			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		129		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .				
12	Advertising and promotion				
13	Office expenses				
14	Information technology .				
15	Royalties				
16	Occupancy .		<u> </u>		
17 18	Travel	672			
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		·· <del></del>		
23	Insurance	28825			
24	Other expenses Itemize expenses not covered				1. S. 1. T. T. T. J. J. J. J.
	above (List miscellaneous expenses in line 24e If	· 陈· 西南 "老节"		The state of the s	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Actuarial Fees	132510			
b	PCORI Fee	22537			
С	Innovu Fees	6538			
d	All				
e 25	All other expenses  Total functional expenses Add lines 1 through 24e	66807			
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	85718901	<del></del>	<del></del>	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   if following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

	(-	•′			<del> </del>
P	art X	Balance Sheet	V		
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	19760796		20502659
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	36868	4	623217
ts	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	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4405	9	144822
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19802069		21270698
	17	Accounts payable and accrued expenses	6568778		7018561
	18	Grants payable		18 19	4400
	19 20	Deferred revenue		20	4128
	21	Tax-exempt bond liabilities		21	
S		Loans and other payables to current and former officers, directors,			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	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		25	1262
	26	<b>Total liabilities.</b> Add lines 17 through 25	10518778	26	7023951
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		が影響	
anc	27	Unrestricted net assets	The Carlo well and the Carlo	27	There was a bir 350 to a fire a second of
3als	28	Temporarily restricted net assets		28	
D E	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		1,147	
ts c	30	Capital stock or trust principal, or current funds	Water of the second of the sec	30	The same of the sa
sei	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	13233291	33	14246747
_	34	Total liabilities and net assets/fund balances	19802069	34	21270698

Form 9	90 (2018)			Pa	ige <b>12</b>
Par	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		866	29102
2	Total expenses (must equal Part IX, column (A), line 25)	2		857	18901
3	Revenue less expenses Subtract line 2 from line 1	3		9	10201
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		132	33291
5	Net unrealized gains (losses) on investments	5			33878
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(	<u>69377</u>
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		142	46747
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· • •		
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		The state of		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	ılaın ın			多别
	Schedule O				LI.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	ıled or	511	a January	
	reviewed on a separate basis, consolidated basis, or both		Janes .		
	Separate basis Consolidated basis Both consolidated and separate basis		23		
b	Were the organization's financial statements audited by an independent accountant?	•	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	17 24 200		- 3
	separate basis, consolidated basis, or both:		200	1,643	37.5
	Separate basis Consolidated basis Both consolidated and separate basis		21.	F.Co.	Table .
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	<b>√</b>	
	If the organization changed either its oversight process or selection process during the tax year, exp	olaın ın		363	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
_	the Single Audit Act and OMB Circular A-133?		3a		<b>√</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			Forn	990	(2018)

## **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ= 4

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

> ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 27-6465755 Berks County School Districts Health Trust (Continuation of Part VII, Section A) Name and Title (B)Avg Hrs Per Week (C) Indiv Trustee or Dir (D) (E) (F) Jodie Dermo, Mgt Trustee, Pine Grove School District .1 X 0 0 0 Gerald Salen, Labor Trustee, Pine Grove School District 1 X 0 0 0 Dr. BethAnn Haas, Mgt Trustee, Reading Muhl Career & Tech Center .1 X 0 0 0 Kathie Murray, Labor Trustee, Reading Muhl Career & Tech Center .1 X 0 0 0 Robin Brightbill, Mgt Trustee, Schuylkill Valley School District .1 X 0 0 0 Thomas Evanosky, Mgt Trustee, Schuylkill Valley School District .1 X 0 0 0 Thomas Kowalonek, Mgt Trustee, Tulpehocken School District .1 X 0 0 0 Lauren Oswald, Labor Trustee, Tulpehocken School District .1 X 0 0 0 Lori Lillis, Mgt Trustee, Wilson School District 1.0 X 0 0 0 Kathryn Focht, Labor Trustee, Wilson School District 5 X 0 0 0 Mark Boyer, Mgt Trustee, Wyomissing Area School District .5 X 0 0 0 Brian Ackerman, Labor Trustee, Wyomissing Area School District 1.0 X 0 0 0 Part IV Section B - Policies, Line 11b Form 990 and related schedules are reviewed by the Executive Director and the Executive Board. After the reviews are complete, the form is filed with IRS and a copy is made available to the Full Trust Board. Part VI Section C - Disclosure, Line 19 Governing documents available upon request. Part XI - Reconciliation of Net Assets, Line 8 The prior period adjustment of \$69,377 was made on the Trust's audited financial statement as of 6/30/19 in order to properly include the IBNR liability of \$4,762,561.

Schedule O (Form 990 or 990-EZ) (2018);	NOTE AND	Car + -	Page 2
Name of the organization		Employer identification number	,
1			
			·
***************************************			
			<del></del>
	•		
····			
	<del>-</del>		