Form 8879-TE		IRS e-f	file Signature or a Tax Exem	Authorization	-	OMB No. 1545-0047
	For calendar ye	ar 2022, or fiscal year b	beginning JUL 1	, 2022, and ending JUN 30	, 20 2 3	2022
Department of the Treasury Internal Revenue Service			ot send to the IRS. Kee v.irs.gov/Form8879TE f	p for your records. or the latest information.		2022
Name of filer					EIN or SSN	
BERKS	COUNTY		FOUNDATION,	INC.	23-27	59892
Name and title of officer or pe	rson subject to	tax KEVIN PRESI	K. MURPHY DENT			
Part I Type of	Return and	Return Infor				
Form 5330 filers may ente or 10a below, and the amo	r dollars and c ount on that lir	ents. For all othe ne for the return b	r forms, enter whole doll being filed with this form	the applicable amount, if any, ars only. If you check the box of was blank, then leave line 1b , rn, then enter -0- on the applica	on line 1a, 2a, 3 2b, 3b, 4b, 5b, 0	a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere	🗴 b Totalı	revenue, if any (Form 99	0, Part VIII, column (A), line 12)	њ1 <u>1,644,962.</u>
2a Form 990-EZ che	ck here			0-EZ, line 9)		2b
3a Form 1120-POL	check here			e 22)		3b
4a Form 990-PF che				ome (Form 990-PF, Part V, line		4b
5a Form 8868 check				3c)		5b
6a Form 990-T chec				line 4)		6b
7a Form 4720 check				line 1)		
8a Form 5227 check9a Form 5330 check				ear (Form 5227, Item D)		3b
9a Form 5330 check 10a Form 8038-CP ch			ue (Form 5330, Part II, lir	quested (Form 8038-CP, Part		96 106
				or Person Subject to T	ax	
Under penalties of perjury	I declare that	X I am an off		or 📃 I am a person subject	to tax with respe	ct to (name
of entity)				, (EIN)	and that I have e	xamined a copy of the
financial institution to deb later than 2 business days payment of taxes to receiv	t the entry to t prior to the pa confidential	this account. To r ayment (settleme information nece	revoke a payment, I mus nt) date. I also authorize ssarv to answer inquiries	for payment of the federal taxe t contact the U.S. Treasury Fin the financial institutions involv s and resolve issues related to if applicable, the consent to el	ancial Agent at 1 ed in the process the payment. I h	-888-353-4537 no sing of the electronic ave selected a
X I authorize KR	EISCHER	MILLER			to enter my PI	02395
			ERO firm name			Enter five numbers, but
	ncy(ies) regula	ting charities as		indicated within this return that program, I also authorize the		
return. If I have i	ndicated withi	n this return that	-	ter my PIN as my signature on eing filed with a state agency(i nsent screen.	•	-
Signature of officer or person subje		uthentication			Date	
ERO's EFIN/PIN. Enter you number (EFIN) followed by	-	-		242937111 Do not enter all zer		
-		•		2 electronically filed return indi nized e-File (MeF) Information fo	or Authorized IRS	
ERO's signature				Date	1 -1	<u> </u>
	Do No			n - See Instructions Unless Requested To D	o So	
LHA For Privacy Act and				-		Form 8879-TE (2022)
202521 12-16-22						

12351214 759120 4650.700

			EXTENDED TO MAY 15, 2024 Return of Organization Exempt Fror	n Incom	a Tay	OMB No. 1545-0047
For	_ Q	90	- · ·			0000
FUI		50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it ma			Open to Public
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
			ar year, or tax year beginning JUL 1, 2022 and endin	g JUN 30	, 2023	•
	Check if	le: C Name o	forganization	D Emplo	oyer identific	ation number
	Addre	BERK	S COUNTY COMMUNITY FOUNDATION, INC.			
	Name		usiness as	23	-276989	2
	Initial returr Final returr	Number	and street (or P.0. box if mail is not delivered to street address) Room/		none number 10) 685	-2223
	termi	n-	own, state or province, country, and ZIP or foreign postal code	G Gross re	-	37,428,324.
	Amer returr	nded סביס	ING, PA 19601	H(a) Is th	is a group ret	urn
	Appli tion	F Name a	nd address of principal officer: KEVIN K. MURPHY	for s	subordinates?	Yes X No
	pendi	SAME	AS C ABOVE	H(b) Are a	Il subordinates inc	luded? Yes No
		empt status:		<u>527</u> If "N	lo," attach a li	ist. See instructions
	Nebsi		BCCF.ORG		up exemption	
	iorm o art I	f organization: Summary	X Corporation Trust Association Other L	Year of formation	:1994 M	State of legal domicile: PA
F				ידדת שתר		
ė	1		e the organization's mission or most significant activities: TO PROM			
Governance			THE QUALITY OF LIFE FOR THE RESIDENT			
ern	2	Check this bo				
Š	3		ting members of the governing body (Part VI, line 1a)			<u> 12</u> 11
			lependent voting members of the governing body (Part VI, line 1b)			11
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)			200
Activities &	6		of volunteers (estimate if necessary)			0.
Ä			d business revenue from Part VIII, column (C), line 12			0.
		Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior `		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		5,322.	5,565,240.
Iue	9			0,15	0.	0.
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	9 89	9,454.	6,074,664.
Be	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,141.	5,058.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,917.	11,644,962.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		6,950.	6,042,375.
			to or for members (Part IX, column (A), line 4)		0.	0.
	45	•	r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,22	7,213.	1,384,973.
Ises	16a		undraising fees (Part IX, column (A), line 11e)	,	0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25) 514,766.			
ň	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,24	3,955.	1,786,798.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,118.	9,214,146.
	19		expenses. Subtract line 18 from line 12	10,12	0,799.	2,430,816.
D.			·	Beginning of C	urrent Year	End of Year
et Assets or	20	Total assets (F	Part X, line 16)	120,00		123,855,597.
ASS	21		(Part X, line 26)	6,77	8,047.	7,299,711.
Net.	22	Net assets or	fund balances. Subtract line 21 from line 20	113,23		116,555,886.
	art II					
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and st	atements, and to	the best of my l	knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which pre	parer has any kno	wledge.	
_						

Sign	Signature of officer		I	Date		
Here	<u>KEVIN K. MURPHY, PRESIDENT</u>					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	CHRISTOPHER M. PEKULA		12/14/20			
Preparer	Firm's name KREISCHER MILLER		F	Firm's EIN 23-1980475		
Use Only	Firm's address 100 WITMER ROAD, S	SUITE 350				
	HORSHAM, PA 19044-	-2369	F	Phone no. 215 - 441 - 4600		
May the IF	RS discuss this return with the preparer shown abov	ve? See instructions		X Yes No		
232001 12-1	232001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instru	nstructions.			Taxpayer identification number (TIN)			
print	BERKS COUNTY COMMUNITY FOUN	IDATIO	N, INC.		23-27	69892		
File by the due date fo filing your								
return. See instructions		oreign add	ress, see instructions.					
Enter the	e Return Code for the return that this application is for (fil	e a separat	te application for each return)					
Applicat	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990 or Form 990-EZ			Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
Form 99	0-T (corporation) THE ORGANIZATIO	07						
 If the If this box 1 Irath the 	hone No. ► <u>610-685-2223</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginningJUL_1, 2022 the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX anization's , an	mption Number (GEN) If ch a list with the names and TINs of <u>X 15, 2024</u> , to file return for: d ending <u>JUN 30, 2023</u>	this is fo all memb	r the whole <u>c</u> ers the exter npt organizat 	group, check this		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.), enter the	tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year overp			3b	\$	0.		
c Ba	ilance due. Subtract line 3b from line 3a. Include your pa ing EFTPS (Electronic Federal Tax Payment System). See	ayment wit	h this form, if required, by	3c	\$	0.		
	: If you are going to make an electronic funds withdrawal				d Form 8879			
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 8	868 (Rev. 1-2022)		

223841 04-01-22

	BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 2 T III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	OF BERKS COUNTY.
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 X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,515,339. including grants of \$ 6,042,375.) (Revenue \$ 67,340.) BERKS COUNTY COMMUNITY FOUNDATION HELPS PEOPLE FIND THE BEST WAY TO
	MAKE CHARITABLE GIFTS TO SUPPORT THE COMMUNITY. THE COMMUNITY
	FOUNDATION MANAGES OVER 370 DIFFERENT FUNDS, EACH ESTABLISHED WITH A
	SPECIFIC PURPOSE DETERMINED BY THE ORGINAL DONOR. SOME DONORS HAVE
	DECIDED IT IS BEST TO LEAVE THE USE OF THE FUNDS TO THE DISCRETION OF
	THE COMMUNITY FOUNDATION BOARD. IN THIS WAY, THE COMMUNITY FOUNDATION
	CAN REMAIN FLEXIBLE AND RESPONSIVE TO COMMUNITY NEEDS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,515,339.
	Form 990 (2022)
23200	2 12-13-22 C

Form 990 (2				FOUNDATION,	INC.
Part IV	Checklist of Rec	uired S	chedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10	~	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		х
h	Schedule D, Parts XI and XII	120		
D.	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
18	column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	X	
232003	12-13-22	Form	990	(2022)

232003 12-13-22

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 Form 990 (2022)
 BERKS COUNTY COMMUNITY FOUNDATION, INC.
 23-2769892
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 Continued)
 Continued
 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	Х	
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	Х	<u> </u>
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			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35a	Part V, line 1	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	האסטר אי סטופטעוב ט טטוגמוזא מ ובאסטואב טו זוטנב נט מוץ וווים ווי נווא רמוג ע		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 34		162	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
	5			

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Form	990 (2022) BERKS COUNTY COMMUNITY FOUNDATION, INC	23-2769	892	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				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 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	Х	
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	<u>11a</u>	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	[
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)

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Form	990 ((2022)
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BERKS COUNTY COMMUNITY FOUNDATION, INC.

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

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any othe	r			
				2		Х
3						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or		7a		x
h				14		
D	persons other than the governing body?			7b		х
8		5	0			
а				8a		
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	and branches to ensure their operations are consistent with the organization's exempt purposes?	-		10b		
11a				11a	Х	
		5				
				12a	х	
b						
				120		
C		,		10-	v	
40						
13						
14				14	~	
15		l by independe	ent			
b				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participati	ion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's				
	the number of voting members of the governing body at the end of the tax year					
Sec	tion 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, ar	nd 990-T (sectio	on 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	on Schodula ()			
19			,	finan	rial	
13			r policy, allu	mail	Jial	
20		ke and recert	-			
20	THE ORGANIZATION - 610-685-2223	INS ALLU LECOLOS	5			
	237 COURT STREET, READING, PA 19601					
	257 COOKI DIKEEI, KEADING, IA 19001					

Form 990 (2022)	BERKS COUNTY				23-2769892	Page 7
Part VII Compensa	tion of Officers, Directo	ors, Trustees, Ko	ey Employees, Hig	hest Con	npensated	
Employees	, and Independent Con	tractors				
Check if Scheo	dule O contains a response or i	note to any line in th	is Part VII			
Section A. Officers, Dire	ectors, Trustees, Key Employ	ees, and Highest C	ompensated Employee	es		
	all persons required to be liste ation's current officers, directed		,	0	0	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C)					(D)	(E)	(F)		
Name and title	Average	Position			Reportable	Reportable	Estimated			
	hours per	box, unless person is both an COM		compensation	compensation	amount of				
	week	week officer and a director/trustee) fro		from	from related	other				
	(list any	ector				the	organizations	compensation		
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	pensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com ee		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEVIN K. MURPHY	37.50				-	<u>+ </u>	<u> </u>			
PRESIDENT	1.00	х		х				262,884.	0.	20,201.
(2) FRANCES A. AITKEN	37.50									
TREASURER & CHIEF OPERATIN	1.00			Х				180,956.	0.	16,497.
(3) HEIDI WILLIAMSON	37.50									
CHIEF STRATEGY OFFICER						Х		140,349.	0.	5,962.
(4) ALFRED WEBER	1.00									
CHAIR		х		Х				0.	0.	0.
(5) DOUGLAS F. SMITH	1.00								•	
DIRECTOR		х						0.	0.	0.
(6) ELAINE MCDEVITT	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(7) GABRIELA RAFUL	1.00								•	
DIRECTOR	1 00	X						0.	0.	0.
(8) JAY R. WAGNER	1.00			37				0	0	
SECRETARY (9) LYN CAMELLA-RICH	1.00			Х				0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(10) MICHAEL J. ROWLEY	1.00	<u> </u>						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(11) MICHAEL L. MIXELL	1.00	^						0.	0.	0.
ASSISTANT TREASURER	1.00	x		х				0.	0.	0.
(12) RAMONA TURPIN	1.00			<u> </u>				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(13) STEPHEN M. FRITZ	1.00									0.
DIRECTOR		x						0.	0.	0.
(14) SUSAN N. DENARO	1.00									
DIRECTOR		x						0.	0.	0.
(15) VICKI EBNER	1.00									
DIRECTOR		Х						0.	0.	0.
										- 000 (1999)

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Form 990 (2022)

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	JNTY COM	IMU	ΝI	ΤY	F	OUI	ND.	ATION, INC.	23-27	698	92	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	es,	and	Hig	phest	C	ompensated Employee	s (continued)			
(A)	(B)			(C	;)			(D)	(E)		(F)
Name and title	Average			Posit	tion			Reportable	Reportable			nated
	hours per					than or s both :		compensation	compensatio	n	amo	unt of
	week officer and a director/								from related		ot	her
	(list any ਤੁ								organizations	s	compe	ensation
	hours for	r dire				eq		organization	(W-2/1099-MIS	C/	fror	n the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		orgar	nization
	organizations	l trus	nal tr		oyee	duo		1099-NEC)			and r	elated
	(list any hours for related organizations below line)										organi	izations
	line)	Indiv	Insti	Officer	Key	High emp	Forn					
					_							
					_							
1b Subtotal								584,189.		0.	42	,660.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								584,189.		0.	42	,660.
2 Total number of individuals (including but no							. ro		000 of roportable			,
		056	ISLEC		uve)	whic	16	ceiveu more than \$100,				3
compensation from the organization												es No
											ľ	
3 Did the organization list any former officer,	director, trust	ee, k	ey e	mplo	byee	e, or l	nig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for se	uch individual									L	3	<u> </u>
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	nsat	ion	and o	oth	er compensation from t	ne organization			
and related organizations greater than \$150	,000? If "Yes.	" coi	nple	te S	che	dule	J fo	or such individual			4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com											5	X
Section B. Independent Contractors	<u>piete oeriedun</u>	2010	<u>// 5u</u>		0100						-	
1 Complete this table for your five highest con	moonsated inc	ana	ndon	t co	ntra	otor	h th	at received more than \$	100 000 of comp	oncatio	n from	
										CIISatic		1
the organization. Report compensation for t	ne calendar ye	eare	nain	g wi	un o	rwitr			ear.		(0)	
(A) Name and business	address	NTC	NTT					(B) Description of s	envices	Co	(C) mpens	ation
	audi e33	NC	NE				_	Description of s	ei vices	00	препа	all011
							+					
							+					
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	-		ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz												
a rou, out of compensation from the organiz	zation				0							90 (2022)

232008 12-13-22

	990 (COMMUNITY	FOUNDATIC	ON, INC.	23-2769	892 Page 9
Par	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line i		(5)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
ran		Membership dues 1b					
N G		Fundraising events 1c	169,281.				
ar /	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
tion S	f	All other contributions, gifts, grants, and					
jt j		similar amounts not included above 1f	5,395,959.				
onti	-	Noncash contributions included in lines 1a-1f	128,440.	E E C E 0 4 0			
<u></u>	h	Total. Add lines 1a-1f	Business Code	5,565,240.			
	0.0		Business Code				
Program Service Revenue	2 a b						
Ser	c c						
m Ver	d						
Be	e						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		2,053,885.			2053885.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a 38,602. Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 38,602. Net rental income or (loss)		38,602.	38,602.		
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> u	assets other than inventory 7a 29,725,626.					
	b	Less: cost or other basis					
e		and sales expenses					
venue	с	Gain or (loss) 7c 4,020,779.					
0	d	Net gain or (loss)		4,020,779.			4020779.
Other Ro	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b	78,515.	-62,282.			62 202
		Net income or (loss) from fundraising events		-02,202.			-62,282.
	эa	Gross income from gaming activities. See Part IV, line 19 9a					
	h	Part IV, line 19 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
s			Business Code				
e e	11 a	MANAGEMENT FEES	900099	27,128.	27,128.	ļ	
land	b	OTHER INCOME	900099	1,610.	1,610.		
Miscellaneous <u>Revenue</u>	С						
Ξ	d	All other revenue	L	28,738.			
	<u>е</u> 12	Total. Add lines 11a-11d		11,644,962.	67,340.	0.	6012382.
				, 011, 502.	1 57,540.	J. J.	Form 990 (2022)

Form 990 (2022) BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 10 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).

Secu	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Dou	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	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	4,179,219.	4,179,219.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,863,156.	1,863,156.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	527,871.	185,554.	193,020.	149,297.
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	713,276.	381,160.	280,389.	51,727.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18,267.	8,886.	7,559. 14,319.	1,822. 2,214.
9	Other employee benefits	37,390.	20,857.	14,319.	2,214.
10	Payroll taxes	88,169.	40,552.	33,675.	13,942.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	39,889.	1,607.	38,282.	
с	Accounting	40,669.		40,669.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	265,361.		265,361.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	265,721.	255,180.	10,541.	
12	Advertising and promotion	309,753.	108,661.	95,736.	105,356.
13	Office expenses	74,099.	60,132.	10,541.	3,426.
14	Information technology	165,666.	65,010.	79,129.	21,527.
15	Royalties				
16	Occupancy	134,986.	83,632.	25,677.	25,677.
17	Travel	7,068.	5,908.	820.	340.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	76,797.	46,483.	21,438.	8,876.
20	Interest	89,906.	53,944.	17,981.	17,981.
21	Payments to affiliates	100 040	110	24.000	24 226
22	Depreciation, depletion, and amortization	178,743.	110,571.	34,086.	34,086.
23	Insurance	45,014.	12,137.	10,078.	22,799.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SPECIAL EVENTS	65,750.	12,016.		53,734.
b	PROFESSIONAL DUES AND S	27,376.	20,674.	4,740.	1,962.
c		,			•
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,214,146.	7,515,339.	1,184,041.	514,766.
26	Joint costs. Complete this line only if the organization				•
20					
20	reported in column (B) joint costs from a combined				
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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232010 12-13-22

Form **990** (2022)

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Form 990 (2		COUNTY	COMMUNITY	FOUNDATION,	INC
Part X	Balance Sheet				

C. 23-2769892 Page 11

Pa		balance Sheet					
		Check if Schedule O contains a response or note t	o any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,789.	1	26,798.
	2	Savings and temporary cash investments			4,822,280.	2	4,149,797.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			37,489.	4	64,309.
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disgualifie	d per				
		under section 4958(f)(1)), and persons described in		6			
s	7	Notes and loans receivable, net			198,617.	7	162,505.
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,949,908.			
	b	Less: accumulated depreciation	10b	2,418,351.	4,418,314.	10c	4,531,557.
	11	Investments - publicly traded securities			80,676,606.	11	90,297,580.
	12	Investments - other securities. See Part IV, line 11			28,871,059.	12	23,655,803.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	975,535.	15	967,248.		
	16	Total assets. Add lines 1 through 15 (must equal	120,009,689.	16	123,855,597		
	17	Accounts payable and accrued expenses			267,596.	17	222,499.
	18	Grants payable	1,619,306.	18	1,416,948.		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
s	22	Loans and other payables to any current or former	offic	er, director,			
litie		trustee, key employee, creator or founder, substan	itial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrelate	d thir	d parties	1,707,386.	23	1,641,927.
	24	Unsecured notes and loans payable to unrelated the	hird p	oarties		24	
	25	Other liabilities (including federal income tax, paya	bles 1	to related third			
		parties, and other liabilities not included on lines 1	7-24)	. Complete Part X			
		of Schedule D			3,183,759.		4,018,337.
	26	Total liabilities. Add lines 17 through 25			6,778,047.	26	7,299,711.
		Organizations that follow FASB ASC 958, check	here	e X			
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			112,304,161.	27	115,609,368.
Ba	28	Net assets with donor restrictions			927,481.	28	946,518.
pur		Organizations that do not follow FASB ASC 958	, che	ck here			
Ĕ.		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equi	pmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco				31	
Net	32	Total net assets or fund balances			113,231,642.	32	116,555,886.
	33	Total liabilities and net assets/fund balances	<u></u>		120,009,689.	33	123,855,597.

Form 990 (2022)

Form	BERKS COUNTY COMMUNITY FOUNDATION, INC.	23-	2769892	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,21	.4,1	46.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,43	80,8	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	113,23		
5	Net unrealized gains (losses) on investments	5	1,71	.7,0	56.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-82	23,6	28.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	116,55	5,8	86.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

232012 12-13-22

SC	HED	ULE A								OMB No. 1545-0047
(Fo	rm 99	0)			rity Status an					つりつつ
•			Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζζ
		the Treasury			ttach to Form 990 or Fo					Open to Public
Intern	al Rever	ue Service		Go to www.irs.gov/	Form990 for instructior	ns and the	latest inf	ormation.		Inspection
Nam	ne of t	he organizati	on							identification number
		_			OMMUNITY FOUR					3-2769892
Pa	rtl	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (For lines 1 through 12, cl	heck only o	one box.)			
1		A church, cor	nvention of chu	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school des	cribed in secti	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	ə:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in
		section 170(I	ɔ)(1)(A)(vi). (C	omplete Part II.)						
8	X	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities relat	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support fr	om gross investment
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
		See section	5 09(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusion	ively to test for public sat	fety. See	section 50)9(a)(4).		
12		An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform th	he functio	ns of, or to ca	rry out the	purposes of one or
				-	d in section 509(a)(1) o					Check the box on
		7	-	• •	f supporting organizatior	-			-	
а					upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
		٦ Ŭ		complete Part IV, Se						
b					l or controlled in connect			-		-
					anization vested in the sa	ame persoi	ns that co	ntrol or mana	ge the supp	oorted
		ъ	()	t complete Part IV,						
С			-	• • •	g organization operated				lly integrate	d with,
			0). You must complete I			•		
d			-	• •	oorting organization oper				•	
			-	0	ation generally must sat	•			an attentiv	eness
		- ·			nplete Part IV, Sections					
е			•		written determination from			Type I, Type	II, Type III	
	- .		0		nally integrated supporting	ng organiza	ation.			
t		r the number (••	•						
g		i) Name of supp		about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	``	organization		()	(described on lines 1-10	in your governi Yes	ng document? No	support (see ii	-	support (see instructions)
		-			above (see instructions))	163				

Total

Schedule A (Form 990) 2022 BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1882748.	4539199.	3377672.	6005361.	5565240.	21370220.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	1882748.	4539199.	3377672.	6005361.	5565240.	21370220.				
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)						5984362.				
6	Public support. Subtract line 5 from line 4.						15385858.				
	ction B. Total Support				ł		L				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	1882748.	4539199.	3377672.	6005361.	5565240.	21370220.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	1654091.	1775631.	1358616.	1844519.	2092487.	8725344.				
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.)										
11	Total support. Add lines 7 through 10						30095564.				
12		etc. (see instructio	uns)			12	179,527.				
13	First 5 years. If the Form 990 is for th					01(c)(3)	-				
	organization, check this box and stop	-									
Sec	ction C. Computation of Publi										
	Public support percentage for 2022 (I			olumn (f))		14	51.12 %				
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	53.85 %				
1 6a	33 1/3% support test - 2022. If the o					ore, check this bo	x and				
	stop here. The organization qualifies	as a publicly suppo	orted organization				X				
b	33 1/3% support test - 2021. If the c										
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation							
17a	17a 10% -facts-and-circumstances test - 2022. 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 fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation				
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization						
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	-						
	more, and if the organization meets th	-									
	organization meets the facts-and-circu										
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										

232022 12-09-22

Schedule A (Form 990) 2022 BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 3 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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.)						
Sec	ction B. Total Support			•	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
23202	23 12-09-22					Sche	dule A (Form 990) 2022

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Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

232024 12-09-22

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Schedule A (Form 990) 2022 BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 5

га		Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
				Yes	No

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

Sectio	n C.	Туре	II Supporting	j Organi	žations	

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

Sec	ction D. All Type III Supporting Organizations	
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? If "No," explain in Part VI how	
-	the organization maintained a close and continuous working relationship with the supported organization(s).	

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c L	The organizatio	n supported a gover	nmental entity.	Describe in Part	VI how	you supported a	governmental entity	/ (see instruction <u>s).</u>
-----	-----------------	---------------------	-----------------	------------------	--------	-----------------	---------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

Yes No

Yes No

Yes No

1

2

3

2a

2b

3a

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18

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 (explair All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3	in Part VI). See instructions. (B) Current Year (optional)
All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3	(B) Current Year
Section A - Adjusted Net Income (A) Prior Year 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3	
1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3	
2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3	
3 Other gross income (see instructions) 3	
4 Add lines 1 through 3. 4	
5 Depreciation and depletion 5	
6 Portion of operating expenses paid or incurred for production or	
collection of gross income or for management, conservation, or	
maintenance of property held for production of income (see instructions) 6	
7 Other expenses (see instructions) 7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8	
Section B - Minimum Asset Amount (A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	
instructions for short tax year or assets held for part of year):	
a Average monthly value of securities 1a	
b Average monthly cash balances 1b	
c Fair market value of other non-exempt-use assets 1c	
d Total (add lines 1a, 1b, and 1c) 1d	
e Discount claimed for blockage or other factors	
(explain in detail in Part VI):	
2 Acquisition indebtedness applicable to non-exempt-use assets 2	
3 Subtract line 2 from line 1d. 3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	
see instructions).	
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	
6 Multiply line 5 by 0.035. 6	
7 Recoveries of prior-year distributions 7	
8 Minimum Asset Amount (add line 7 to line 6) 8	
Section C - Distributable Amount	Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A) 1	
2 Enter 0.85 of line 1. 2	
3 Minimum asset amount for prior year (from Section B, line 8, column A) 3	
4 Enter greater of line 2 or line 3.	
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).	
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting of	rganization (see

Schedule A (Form 990) 2022

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232026 12-09-22

instructions).

BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769	392 Page	e 7
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	dule A (Form 990) 2022 BERKS COUNTY			. 2	3-2769892	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizations _{(contine}	ued)		
Sect	on D - Distributions			-	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	ons	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsi	ve			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	BERKS	COUNTY	COMMUNI	TY FOUNI	DATION,	INC.	23-2769892 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	mation. Pr 2, 3b, 3c, 4l lines 2 and 3	ovide the exp o, 4c, 5a, 6, 9a ; Part IV, Sect	lanations requir a, 9b, 9c, 11a, 1 ion E, lines 1c, 2	ed by Part II, li 1b, and 11c; F 2a, 2b, 3a, and	ne 10; Part II, I Part IV, Section I 3b; Part V, lin	ine 17a or B, lines 1 e 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
	(See instructions.)		, ,		•			
232028 12-09-2	2			21				Schedule A (Form 990) 2022

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2022

Employer identification number

i lane er tre er gamzat		
	BERKS COUNTY COMMUNITY FOUNDATION, INC.	23-2769892
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

PUBLIC DISCLOSURE COPY

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

BERKS COUNTY COMMUNITY FOUNDATION, INC.

23-2769892

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional effects of the second secon	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$\$ 525,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$\$\$ 200,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$1,000,000. \$\$1,000,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$\$ 243,787. Person X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

PUBLIC DISCLOSURE COPY

Schedule B (Form 990) (2022)

Name of organization

Page **3**

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$

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223453 11-15-22

12351214 759120 4650.700

2022.05010 BERKS COUNTY COMMUNITY FO 4650.701

Schedule B (Form 990) (2022)

PUBLIC DISCLOSURE COPY

Schedule E Name of or	B (Form 990) (2022)			Page				
Name of of	ganzation			Employer identification number				
	COUNTY COMMUNITY FOUNDA			23-2769892				
Part III	from any one contributor. Complete columns (a)	through (e) and the following line	entry. For organiz), (8), or (10) that total more than \$1,000 for the year ations				
	completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 pace is needed.	or less for the year	(Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-								
		(e) Transfer of	gift					
	Transferee's name, address, an	d ZI P + 4	Relati	onship of transferor to transferee				
			1					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
<u> </u>								
			[
	(e) Transfer of gift							
	Transferee's name, address, an	d 7I D + 4	Relati	onship of transferor to transferee				
-			neidu					
		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Parti								
ľ		(e) Transfer of	gift					
	Transformalis many address and	d 7 10 - 4	Dalati					
-	Transferee's name, address, an		Relati	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
1 4111								
ŀ	(e) Transfer of gift							
ŀ	Transferee's name, address, an		Relati	onship of transferor to transferee				

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Schedule B (Form 990) (2022)

SCHEDULE C	Po	olitical Campaign a	nd Lobbyin	g Activities		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	Complete	anizations Exempt From Income if the organization is described I o to www.irs.gov/Form990 for in:	pelow. Attach to F	orm 990 or Form 99		2022 Open to Public Inspection
 Section 501(c)(3) org 	anizations: Com r than section 50	Form 990, Part IV, line 3, or For plete Parts I-A and B. Do not com 01(c)(3)) organizations: Complete P Part I-A only.	plete Part I-C.			tivities), then
 Section 501(c)(3) org Section 501(c)(3) org If the organization answ Tax) (See separate inst Section 501(c)(4), (5) 	panizations that I panizations that I wered "Yes," or ructions), then	Form 990, Part IV, line 4, or For nave filed Form 5768 (election und nave NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy ions: Complete Part III.	ler section 501(h)): Co n under section 501(h	omplete Part II-A. Do i i)): Complete Part II-B	not comp . Do not (n 990-EZ	lete Part II-B. complete Part II-A. , Part V, line 35c (Proxy
Name of organization		OUNTY COMMUNITY F anization is exempt under				er identification number 23-2769892 nization.
 Provide a description Political campaign 	on of the organiz activity expendit	ation's direct and indirect political	campaign activities ir	n Part IV.	\$ _	
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(3	3).		
2 Enter the amount o3 If the organization i4a Was a correction m	f any excise tax ncurred a sectio ade?	incurred by the organization unde incurred by organization managers n 4955 tax, did it file Form 4720 fo	s under section 4955 or this year?		\$_	
b If "Yes," describe in Part I-C Comple		anization is exempt under	r section 501(c),	except section	501(c)(3	3).
2 Enter the amount o	f the filing organ	I by the filing organization for sect ization's funds contributed to othe	er organizations for se	ection 527		
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,			
5 Enter the names, au made payments. For contributions receive	ddresses and en or each organiza ved that were pro	1120-POL for this year?	of all section 527 pol from the filing organiz separate political orga	itical organizations to ation's funds. Also en anization, such as a s	which th nter the a	ne filing organization mount of political
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, en	on's C	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2022

232041 11-08-22

		Form 990) 2022	BERKS C	OUNT	Y COMMUNITY	FOUNDATION,	INC. 23-2	769892 Page
<u> </u>	Part II-A	Complete if the org section 501(h)).	ganization	is exen	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
4	Check	if the filing organiza	ation belongs 1	to an affi	iated group (and list ir	Part IV each affiliated	group member's name	e, address, EIN,
		expenses, and sha	re of excess lo	bbying e	expenditures).			
3	Check	if the filing organiza	ation checked	box A ar	nd "limited control" pro	visions apply.		
			its on Lobbyiı ditures" mea	• •	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
	1a Total lo	bbying expenditures to infl	uence public o	opinion (g	grassroots lobbying)			
	b Total lo	bbying expenditures to infl	uence a legisla	ative bod	y (direct lobbying)			
	c Total lo	bbying expenditures (add l	ines 1a and 1b	o)			0.	
		exempt purpose expenditur						
	e Total ex	xempt purpose expenditure	es (add lines 1	c and 1d)		0.	
		ng nontaxable amount. Ent				n columns.	0.	
	If the an	nount on line 1e, column (a) (or (b) is:	The lob	bying nontaxable am	ount is:		
	Not ove	er \$500,000			the amount on line 1e.			
	Over \$5	500,000 but not over \$1,00	0,000	\$100,000 plus 15% of the excess over \$500,000.				
		1,000,000 but not over \$1,5		\$175,000 plus 10% of the excess over \$1,000,000.				
	Over \$1	1,500,000 but not over \$17	,000,000		0 plus 5% of the exce			
	Over \$1	17,000,000		\$1,000,				
	g Grassro	oots nontaxable amount (er	nter 25% of line	e 1 f)			0.	
	h Subtrac	ct line 1g from line 1a. If zei	ro or less, ente	er-0-				
	i Subtrac	ct line 1f from line 1c. If zer	o or less, ente	r -0-				
		is an amount other than ze						
	reportir	ng section 4911 tax for this	year?					Yes N
			4-'	Year Ave	eraging Period Under	Section 501(h)		
		(Some organizations t			D1(h) election do not ate instructions for lin	-	of the five columns be	elow.
			Lobbyir	ng Expei	nditures During 4-Yea	ar Averaging Period		
		Calendar year al year beginning in)	(a) 201	19	(b) 2020	(c) 2021	(d) 2022	(e) Total
	2a Lobbyir	ng nontaxable amount				494,695.		494,695

2a Lobbying nontaxable amount	494,695.	494,695.
b Lobbying ceiling amount (150% of line 2a, column(e))		742,043.
c Total lobbying expenditures	390.	390.
d Grassroots nontaxable amount	123,674.	123,674.
e Grassroots ceiling amount (150% of line 2d, column (e))		185,511.
f Grassroots lobbying expenditures		

Schedule C (Form 990) 2022

232042 11-08-22

BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion	
	501(6)(0).			Yes	No
	Man a hata ta ta 10000 anno 101 da a anno 101 da an da da distributa ta ang			165	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the tIII-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	-	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3. is
	answered "Yes."			,	,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?				
	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

(Form	990)
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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. **2022** Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number 23 - 2769892

Par			ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	37	341
2	Aggregate value of contributions to (during year)	1,883,164.	4,376,389.
3	Aggregate value of grants from (during year)	909,366.	5,538,873.
4	Aggregate value at end of year	15,563,444.	101,038,747.
5	Did the organization inform all donors and donor advisors in w	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Der			
Par			/, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreati		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifier	ed conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			2b
c	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included in (c) acquired af		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the organ	nization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conservati	on easements during the year
7			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section $1.70/b)(4)/F$	
0			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
3	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		e sheet works of
	art, historical treasures, or other similar assets held for public e	-	
	provide the following amounts relating to these items:		1
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	···· · · · · · · · · · · · · · · · · ·		•
2	If the organization received or held works of art, historical treas		
-	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022
	09-01-22		

3	1					
~		~	-	~	~	

	dule D (Form 990) 2022 BERKS CC	OUNTY COMMU					$\frac{23-27}{2}$			age 2
	•							• (contil	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that	make si	ignificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange progra						
b	Scholarly research	е	Other							
С	3									
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			-			_	-		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	TIV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "	Yes" on	Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other ass	ets not i	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amoun	t	
с	Beginning balance					. <u>1c</u>				
d	Additions during the year					. 1d				
	Distributions during the year									
	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	ustodial accou	unt liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	T V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo	rm 990, Part	IV, line	10.				
	_	(a) Current year	(b) Prior year	(c) Two year	's back		years back	(e) Fou	r years	back
1a	1a Beginning of year balance 109,998,232. 124,883,576. 77,123,472. 81,252,552.							2. 68,213,45		456.
b	b Contributions 4,290,179. 6,228,140. 29,642,465. 4,475,450.							13,845,890		890.
	Net investment earnings, gains, and losses	7,461,636.	-14,250,889.	23,767	,133.	-3,	. 4,247,98		983.	
d	Grants or scholarships	6,222,792.	5,313,140.	39	,855.	4,	267,596.	96. 3,933		169.
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	1,573,872.	1,549,455.	1,609	,639.		897,600.	1	,121,	608.
g	End of year balance	113,953,383.	109,998,232.	128,883	,576.	77,	123,472.	. 81,252,552		552.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	4 0 0	%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should be the second seco	uld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	nd administer	ed for th	e				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm	• • •	or other (other)		ccumula. preciatio		(d) Boo	k valu	е
	Land		,	3,754.	ue	preciatio		24	3,7	51
	Land			<u>3,754</u> . 8,868.	<u>ر</u>	158,1	81	$\frac{24}{4,22}$		
	Buildings		0,37	0,000.	4,.	1,0,1		7,44	0,0	
	Leasehold improvements		1 -	7,514.		129,7	102	n	7,7	<u>,,</u>
	Equipment			9,772.		130,3			<u>7,7</u> 9,3	
	Other						1	$\frac{3}{4,53}$		
ιστα	I . Add lines 1a through 1e. <i>(Column (d) must e</i> c	<u>qual Form 990, Part ></u>	<u>, column (B), line 1</u>	UC.)						

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022 BERKS COUNT	Y COMMUNITY	FOUNDATION,	INC. 23	3-2769892 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 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 en	d-of-year market value
(4) Eta an del alcolo ette a				•
(1) Financial derivatives(2) Closely held equity interests				
(3) Other	11 025 250			
(A) LIMITED PARTNERSHIPS	11,035,250		YEAR MARKET YEAR MARKET	
(B) HEDGE FUNDS	12,620,54	- END-OF-	IEAR MARKET	VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	23,655,803	3.		
Part VIII Investments - Program Related.		ł		
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11c. See Form 990	. Part X. line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)(2)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	1			
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11d. See Form 990	. Part X. line 15.	
-	Description		, , , ,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)			
Part X Other Liabilities.	0 10.,			1
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11e or 11f. See For	m 990. Part X. line 25	5.
(a) Description of lightlity				(b) Book value
(1) Federal income taxes				21 505
(2) GIFT ANNUITY LIABILITY				31,585.
(3) FUNDS HELD AS AGENCY ENDO	WMEN'I'			3,986,752.
(4)				
(5)				
(6)				
(7)				
(8)				1
(9)				
	o 05 \			4,018,337.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	,			
2. Liability for uncertain tax positions. In Part XIII, provide		-		
organization's liability for uncertain tax positions unde	TRADE ASC 740. Check	chere if the text of the	lootnote has been pr	iovided in Part XIII [A]

Schedule D (Form 990) 2022

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	dule D (Form 990) 2022 BERKS COUNTY COMMUNITY FOU				-2769892 Page 4				
Pa	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	13,207,081.						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	5 (7		1,717,05						
b	Donated services and use of facilities	. 2b	12,87	/2.					
С	Recoveries of prior year grants	. 2c		_					
d	Other (Describe in Part XIII.)	2d	78,51	.5.					
е	Add lines 2a through 2d			2e					
3	Subtract line 2e from line 1			3	11,398,638.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	265,36	51.					
b	Other (Describe in Part XIII.)	. 4b	-19,03	37.					
<u>د</u>	Add lines 4a and 4b	4c							
	Add lines 4a and 4b								
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5					
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i>	ents Wi		5					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents Wi		5	irn.				
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i>	ents Wi	th Expenses p	5 er Retu	irn.				
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses p	5 ber Retu	irn.				
5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wi	th Expenses p	5 ber Retu	irn.				
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses p	5 ber Retu	irn.				
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi	th Expenses p	<u>5</u> er Retu 72.	irn.				
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents Wi	th Expenses p	<u>5</u> er Retu 72.	9,040,172.				
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	ents Wi	th Expenses p 12,87 78,51	5 er Retu 72.	9,040,172. 9,040,172. 91,387.				
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents Wi 2a 2b 2c 2d	th Expenses p 12,87 78,51	5 er Retu 72. .5. .2e	9,040,172. 9,040,172. 91,387.				
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d	th Expenses p	5. 5. 72. 5. 2e 3	9,040,172. 9,040,172. 91,387.				
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents Wi	th Expenses p 12,87 78,51	5. 5. 72. 5. 2e 3	9,040,172. 9,040,172. 91,387.				
5 Pa 1 2 a b c d 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wi	th Expenses p	5. 5. 72. 5. 2e 3	9,040,172. 9,040,172. 91,387. 8,948,785.				
5 Pa 1 2 a b c d 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wi 2a 2b 2c 2d 4a 4b	th Expenses p	5 1 7 2 5 5 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1	9,040,172. 9,040,172. 91,387. 8,948,785. 265,361.				
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d 4a 4b	th Expenses p	5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	9,040,172. 91,387. 8,948,785. 265,361.				

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

PART V, LINE 4:

THE COMMUNITY FOUNDATION HELPS INDIVIDUALS, FAMILIES, AND BUSINESSES FIND								
THE BEST WAY TO MAKE CHARITABLE GIFTS THAT SUPPORT CAUSES OR ORGANIZATIONS								
THEY CARE ABOUT. THE GOAL IS TO DEVELOP A CHARITABLE GIVING STRATEGY THAT								
FULFILLS THEIR PERSONAL OBJECTIVES AND MAKES THE MOST SENSE FINANCIALLY.								
THE FOUNDATION MAKES GRANTS FROM THE ENDOWMENT FUNDS IN SUPPORT OF ITS								
MISSION TO PROMOTE PHILANTHROPY AND IMPROVE THE QUALITY OF LIFE FOR THE								
RESIDENTS OF BERKS COUNTY.								

PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC

34

740, INCOME TAXES. ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND

232054 09-01-22

Schedule D (Form 990) 2022

12351214 759120 4650.700

 Schedule D (Form 990) 2022
 BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 5

 (Part XIII Supplemental Information (continued)

 MEASUREMENT ATTRIBUTE FOR COMBINED FINANCIAL STATEMENT RECOGNITION AND

 MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

 RETURN AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS

 DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. THE

 FOUNDATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO

 UNRECOGNIZED TAX BENEFITS IN TAX EXPENSE. THERE WERE NO INTEREST AND

 PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS FOR THE YEARS ENDED JUNE

 30, 2022 AND 2021.

 THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE

 SERVICE (IRS) AND PENNSYLVANIA DEPARTMENT OF REVENUE FOR YEARS PRIOR TO

JUNE 30, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS IN BENEFICIAL TRUST

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS

78,515.

78,515.

-19,037.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Infor	mation Regardin	ig Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)	1 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.										
Department of the Treasury Internal Revenue Service							_		Open to Public Inspection		
Name of the organization		o www.irs.ç	jov/Form990 for inst	ructions	and ti	ne latest informatio	n.	Employer i	r identification number		
BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892											
c Phone solici d In-person so 2 a Did the organization key employees list	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	r oral agreei art VII) or en viduals or en	e Solic f Solic g Spec ment with any individu tity in connection with tities (fundraisers) pur	itation of itation of ial fundra ual (includ	non-g gover iising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y	'es No be		
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have cr or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i		y) to (or retained by)		
				Yes	No						
Total		I									
3 List all states in whi or licensing.	ch the organizatio	n is register	ed or licensed to solic	it contrib	utions	or has been notified	it is e	exempt from	registration		

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			VETERANS			(add col. (a) through
			CENTER LUNCH	K9 BOWL	3	col. (c)
			(event type)	(event type)	(total number)	
	1	Gross receipts	126,109.	22,929.	36,475.	185,513
	2	Less: Contributions	117,177.	19,952.	32,151.	169,280
	3	Gross income (line 1 minus line 2)	8,932.	2,977.	4,324.	16,233
	4	Cash prizes				
	5	Noncash prizes	4,748.		5,926.	10,674
	6	Rent/facility costs		1,638.	9,237.	10,875
	7	Food and beverages	23,692.		1,853.	25,545
L	0	Entotoipmont	20,500.			20,500
L	8 9	Entertainment Other direct expenses		315.	525.	10,921
L	9 10	Direct expense summary. Add lines 4 throug				78,515
L		. , ,	()			-62,282
ır	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
	1	Gross revenue				
	2	Cach prizes				
L		Cash prizes				
		Noncash prizes				
	3					
	3	Noncash prizes				
-	3	Noncash prizes Rent/facility costs	Yes %	Yes%	Yes %	
	3 4 5	Noncash prizes Rent/facility costs	Yes% No	☐ Yes %	Yes% No	
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	No		No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No	No	
	3 4 5 7 8	Noncash prizes	h 5 in column (d)	No	No	
	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d)	□ No	No	
	3 4 5 6 7 8 Ent	Noncash prizes	No N	No No	No	Yes I
	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No N	No No	No	Yes I
	3 4 5 6 7 8 Ent	Noncash prizes	No N	No No	No	Yes N

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	BERKS	COUNTY	COMMUNITY	FOUNDATION,	INC. 23-	2769892	Page 3
11	Does the organization conduct ga	ming activitie	es with nonm	embers?			Yes	No
12	Is the organization a grantor, bene							
	to administer charitable gaming?						Yes	No
	Indicate the percentage of gaming						1 1	
	The organization's facility						13a	%
	An outside facility						13b	%
14	Enter the name and address of the	e person who	prepares the	e organization's gam	ing/special events bool	ks and records:		
	News							
	Name							
	Address							
15a	Does the organization have a cont	tract with a th	nird party fror	n whom the organiza	ation receives gaming re	evenue?	Yes	No No
b	If "Yes," enter the amount of gami	ing revenue r	eceived by th	e organization	δ	and the amount		
	of gaming revenue retained by the							
С	If "Yes," enter name and address	of the third p	arty:					
	Name							
	Address							
16	Gaming manager information:							
10	Carning manager mormation.							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employ	100	Independer	taantraatar			
			/ee		IL CONTRACTOR			
17	Mandatory distributions:							
	Is the organization required under	state law to	make charita	ble distributions fror	n the gaming proceeds	to		
							Yes	No No
b	Enter the amount of distributions i							
_	organization's own exempt activiti			\$	-			
Pa	rt IV Supplemental Inform						art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. A	Also provide a	any additional inform	ation. See instructions.			
23208	33 10-27-22					Sche	dule G (Form	990) 2022
	·			38		23110		,

Schedule G	(Form 990) Supplemental Inform	BERKS COUNTY	COMMUNITY	FOUNDATION,	INC.	23-2769892	Page 4
Part IV	Supplemental Inform	mation (continued)					
,							
_							
						Schedule G (F	orm 990)

232084 04-01-22

SCHEDULE I (Form 990) Department of the Treasury	Gov	rants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni on Form 990, Par	ted States		OMB No. 1545-0047
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest informa	ation.		Inspection
Name of the organization BERKS COU	NTY COMMUN	NITY FOUNDAT	TION, INC.				Employer identification number $23 - 2769892$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?				•		
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL GEOGRAPHIC SOCIETY 1145 17TH ST., NW WASHINGTON, DC 20036	53-0193519		10,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL WILDLIFE REFUGE ASSOCIATION - 1701 K STREET, NW SUITE 550 - WASHINGTON, DC 20006	23-7447365		10,000.	0.			FOR GENERAL OPERATING SUPPORT
HIRE HEROS USA 1360 UNION HILL RD SUITE 2A ALPHARETTA, GA 30004	43-1562688		10,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF YEMIN ORDE 200 HIGHLAND AVENUE SUITE 301 NEEDAM, MA 02494	22-3090463		10,000.	0.			FOR GENERAL SUPPORT
INSTITUTE FOR CONSERVATION LEADERSHIP - 115 CENTERWAY SUITE 207 - GREENBELT, MD 20770	52-1708211		74,700.	0.			FOR A STUDY TO ADDRESS ENVIRONMENTAL ISSUES IN BERKS COUNTY
TULPEHOCKEN AREA SCHOOL DISTRICT 27 REHRERSBURG ROAD BETHEL, PA 19507	23-6050725		22,497.	0.			FOR THE PURCHASE OF A DRIVERS EDUCATION VEHICLE
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	• •		e line 1 table				<u> </u>

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

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Part II Continuation of Grants and Other		nestic Organizations	-		edule I (Form 990), Pa		23-2769692 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							FOR BERKS COUNTY
AMERICAN CANCER SOCIETY							RESIDENTS - TRANSPORTATION
P.O. BOX 22478	12 1500401		24.000				& LODGING (ASTRAZENECA
OKLAHOMA CITY, OK 73123	13-1788491		34,000.	0.			HOPE LODGE OF
HAWK MOUNTAIN SANCTUARY							
1700 HAWK MOUNTAIN ROAD							FOR GENERAL OPERATING
KEMPTON, PA 19529	23-1392700		20,000.	0.			SUPPORT
BOYERTOWN COMMUNITY AMBULANCE							
SERVICE, INC 2 EAST SECOND ST -							FOR CARDIAC MONITOR/
BOYERTOWN, PA 19512	23-6266685		20,000.	0.			DEFIBRILATOR REPLACEMENT
			,				
BERKS NATURE							
575 ST. BERNARDINE STREET							
READING, PA 19607	23-1966295		20,000.	0.			FOR CONSERVATION WORK
BOYERTOWN MIDGET BASEBALL LEAGUE							
PO BOX 34							FOR MACKEY FIELD AT
BOYERTOWN, PA 19512	23-2028558		15,000.	0.			BOYERTOWN COMMUNITY PARK
HAWK MOUNTAIN SANCTUARY							
1700 HAWK MOUNTAIN ROAD	22 1202700		19 200	0.			FOR THE KITTATINY RAPTOR
KEMPTON, PA 19529	23-1392700		19,200.	0.			MONITORING PARTNERSHIP
SOUTH MOUNTAIN YMCA							
201 CUSHION PEAK ROAD							
REINHOLDS, PA 17569	23-2239399		17,900.	0.			FOR GENERAL SUPPORT
BERKS COUNTY ASSOCIATION FOR THE							
BLIND - 2020 HAMPDEN BLVD -							FOR GENERAL OPERATING
READING, PA 19604	23-1381374		16,900.	0.			SUPPORT
WITF, INC.							REPORT FOR AMERICA,
4801 LINDLE ROAD							LATINO COMMUNITIES
HARRISBURG, PA 17111	23-1629016		16,000.	٥.			REPORTER

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Schedule I (Form 990) BERKS COUL Part II Continuation of Grants and Other A			-		dula I (Earm 000) Da		3-2769892 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING HOSPITAL FOUNDATION							
6TH AVENUE & SPRUCE STREET, A2							
SOUTH PO BOX 16052 - READING, PA							FOR THE "DELIVERING
19612	47-3054125		20,000.	0.			SERIOUS NEWS" PROGRAM
AMERICAN RED CROSS PENNSYLVANIA							FOR BLOOD SAVES LIVES:
RIVERS CHAPTER - 3939 BROADWAY -							FIGHTING CANCER IN BERKS
ALLENTOWN, PA 18104	53-0196605		20,000.	0.			COUNTY
BERKS NATURE							FOR ASSISTANCE WITH
575 ST. BERNARDINE STREET							EXPENSES OF LAND
READING, PA 19607	23-1966295		16,000.	0.			PROTECTION PROJECTS
READING HOSPITAL FOUNDATION							
6TH AVENUE & SPRUCE STREET, A2							
SOUTH PO BOX 16052 - READING, PA							READING HOSPITAL HIGH
19612	47-3054125		20,261.	0.			SCHOOL INTERNSHIP PROGRAM
GOGGLEWORKS CENTER FOR THE ARTS							
201 WASHINGTON STREET							FOR GENERAL OPERATING
READING, PA 19601	41-2165262		20,000.	0.			SUPPORT
							FOR GENERAL SUPPORT. UP
ST. JOHN'S UCC CHURCH							TO 50% OF THE GRANT MAY
13 GERNANTS CHURCH ROAD							BE USED TO SUPPORT
LEESPORT, PA 19533	23-2769892		5,100.	٥.			CHARITABLE AC
	23 2703032		5,100.				
ST. MARGARET'S SCHOOL							
233 SPRING STREET							FOR 2022-2023 TUITION
READING, PA 19601	23-1352463		14,992.	0.			SUPPORT
							FOR COSTS ASSOCIATED WITH
THE LGBT CENTER OF GREATER READING							THE EDUCATIONAL
640 CENTRE AVENUE							PRESENTATIONS, NOT TO BE
READING, PA 19601	81-3191097		15,000.	0.			USED FOR THE
READING SEVENTH-DAY ADVENTIST							
JUNIOR ACADEMY - 309 KENHORST	22 2621250		12 170	_			FOR 2022-2023 TUITION
BLVD READING, PA 19607	23-2631259		13,170.	0.			SUPPORT

Schedule I (Form 990) BERKS COUNTY COMMUNITY FOUNDATION INC Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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Part II Continuation of Grants and Othe							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 STREET							
READING, PA 19602	23-2087191		12,500.	٥.			FOR GENERAL SUPPORT
			,				
UNITED WAY OF BERKS COUNTY							
25 N. 2ND ST, STE 101							
READING, PA 19601	23-1655375		12,500.	٥.			FOR THE ANNUAL CAMPAIGN
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -							
MEMPHIS, PA 38105	62-0646012		11,400.	0.			FOR GENERAL SUPPORT
DEDUG GAMMALIG HIGH GOMAN							
BERKS CATHOLIC HIGH SCHOOL							
955 EAST WYOMISSING BLVD.	20.0226245		11.400				
READING, PA 19611	32-0336345		11,400.	0.			FOR GENERAL SUPPORT
LIFELINE OF BERKS COUNTY, INC.							
612 READING AVENUE							
READING PA 19611	23-2071962		11,400.	0.			FOR GENERAL SUPPORT
	23-2071902		11,400.	0.			FOR GENERAL SUFFORI
DIOCESE OF ALLENTOWN							
P.O. BOX F							
ALLENTOWN, PA 18105-1538	23-1598116		11,400.	٥.			FOR GENERAL SUPPORT
PINE GROVE CHURCH							
1194 READING ROAD PO BOX 573							FOR PLYMOUTH TOWNSHIP
BOWMANSVILLE, PA 17507	23-2243488		11,000.	٥.			POLICE K-9 UNIT
CLARE OF ASSISI HOUSE							
325 S 12TH ST							FOR CONTINUING TO
READING, PA 19602	47-1044541		11,000.	0.			EMPOWER"
INTER LAY OF DEDUG COINTY							
UNITED WAY OF BERKS COUNTY							
25 N. 2ND ST, STE 101	23-1655375		10 600				FOR CENERAL CURROR
READING, PA 19601	23-10003/5		10,600.	٥.			FOR GENERAL SUPPORT

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-23-	276989	94	Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS NATURE							FOR ASSISTANCE WITH
575 ST. BERNARDINE STREET							EXPENSES OF LAND
READING, PA 19607	23-1966295		10,500.	0.			PROTECTION PROJECTS
BERKS NATURE							FOR ASSISTANCE WITH
575 ST. BERNARDINE STREET							EXPENSES OF LAND
READING, PA 19607	23-1966295		10,400.	0.			PROTECTION PROJECTS
SAFE BERKS							FOR SAFE BERKS EDUCATION
255 CHESTNUT STREET							EMPLOYMENT, AND
READING, PA 19602	23-2087191		15,000.	0.			EMPOWERMENT PROGRAM
BERKS NATURE							FOR ASSISTANCE WITH
575 ST. BERNARDINE STREET							EXPENSES OF LAND
READING, PA 19607	23-1966295		21,100.	0.			PROTECTION PROJECTS
BERKS NATURE							
575 ST. BERNARDINE STREET							FOR EASEMENT MANAGEMENT
READING, PA 19607	23-1966295		21,300.	0.			AND DEFENSE
WYOMISSING PUBLIC LIBRARY							
9 READING AVE							
WYOMISSING, PA 19610	23-1237320		10,300.	٥.			FOR GENERAL SUPPORT
BASEBALLTOWN CHARITIES							FOR RENOVATIONS AT THE
PO BOX 15050							RIP-IT BASEBALL TRAINING
READING, PA 19612	16-1663348		42,000.	0.			FACILITY
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
BERKS CATHOLIC HIGH SCHOOL							
955 EAST WYOMISSING BLVD.							FOR 2022-2023 TUITION
READING, PA 19611	32-0336345		45,609.	0.			SUPPORT
RODALE INSTITUTE							
611 SIEGFRIEDALE ROAD							
KUTZTOWN, PA 19530	23-7206884		50,000.	٥.			FOR BEEKEEPING

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR READING AREA							
COMMUNITY COLLEGE - 10 SOUTH							FOR RACC'S 50TH
SECOND ST. PO BOX 1706 - READING,							ANNIVERSARY SIGNATURE
PA 19603-1706	23-2273163		50,000.	0.			CHALLENGE
BARRIO ALEGRIA 116 NORTH 11TH STREET							
READING, PA 19601	83-1617182		61,091.	0.			FOR GENERAL SUPPORT
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC 58 KENNEL RD -	23-1417505		90,000.	0.			FOR THE MOBILE ADOPTION
BIRDSBORO, PA 19508	23-141/505		90,000.	U.			FOR CATALYZING CLEAN
THE ENERGY EFFICIENCY ALLIANCE 614 S. 4TH ST. #307							ENERGY WORKFORCE DEVELOPMENT IN THE METED
PHILADELPHIA, PA 19147	23-3007497		40,000.	0.			& PENELEC TERRITO
HUMANE PENNSYLVANIA 1729 N. 11TH STREET READING, PA 19604	23-1384936		95,000.	0.			FOR HEALTHY PETS INITIATIVES
	20 1001900						
TOWER HEALTH AT HOME 1170 BERKSHIRE BOULEVARD	22 1466250		05.000				IMPLEMENTATION OF THE NEW MEDICAL RECORD SYSTEM FOR
WYOMISSING, PA 19610	23-1466250		95,000.	0.			HOSPICE DEPARTMENT
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC 58 KENNEL RD -							FOR CAPACITY BUILDING -
BIRDSBORO, PA 19508	23-1417505		95,000.	0.			CAPITAL ASSESSMENTS
FOUNDATION FOR THE READING PUBLIC MUSEUM - 500 MUSEUM RD - READING,							TO SUPPORT PLAN TO INCREASE DONOR ENGAGEMENT AND IMPROVE FUNDRAISING
PA 19611-1425	23-2563964		100,000.	0.			EFFORTS
BERKS COUNTY ASSOCIATION FOR THE BLIND - 2020 HAMPDEN BLVD -							FOR LU/LA (LIMITED USE/LIMITED APPLICATION)
READING, PA 19604	23-1381374		115,999.	٥.			LIFT

BERKS COUNTY COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOTLIGHT PA							
228 WALNUT ST., #11728							FOR A NEW JOURNALISM
HARRISBURG, PA 17108-1728	92-0577182		135,000.	0.			MODEL FOR BERKS COUNTY
RODALE INSTITUTE							
611 SIEGFRIEDALE ROAD							FOR RODALE INSTITUTE
KUTZTOWN, PA 19530	23-7206884		150,000.	0.			SCIENCE CENTER
DEFINE OF DONTINGS OF US							
ESTATE OF DOMINGO CRUZ							
867 BERKSHIRE BLVD, SUITE 103	22.2760002		05.000	0			TH NEWODY OF DONTHGO ODH
WYOMISSING, PA 19610	23-2769892		95,000.	0.			IN MEMORY OF DOMINGO CRUZ
BERKS NATURE							
575 ST. BERNARDINE STREET							FOR EASEMENT MANAGEMENT
READING, PA 19607	23-1966295		21,300.	0.			AND DEFENSE
HCSC BLOOD CENTER DBA			·				FOR MILLER-KEYSTONE BLOOD
MILLER-KEYSTONE BLOOD CENTER -							CENTER USES CENTRIFUGE
1465 VALLEY CENTER PARKWAY -							TECHNOLOGY TO PROCESS
BETHLEHEM, PA 18017	23-1731796		38,900.	0.			BLOOD PRO
HELPING HARVEST FOOD BANK							
117 MORGAN DRIVE	00.0456000		26.000				
SINKING SPRING, PA 19608	22-2456238		36,020.	0.			FOR THE WEEKENDER PROGRAM
JOHN PAUL II CENTER FOR SPECIAL							FOR 2022-2023 TUITION
LEARNING - 1092 WELSH ROAD -							SUPPORT FOR ALEXANDRA
SHILLINGTON, PA 19607	46-2673757		24,000.	0.			CASTILLO
FOUNDATION FOR READING AREA	10 2013131		24,000.				
COMMUNITY COLLEGE - 10 SOUTH							
SECOND ST. PO BOX 1706 - READING,							FOR 2022 READING HIGH
PA 19603-1706	23-2273163		24,220.	0.			SCHOOL OPPORTUNITY FUND
J.K. BOYER BOYERTOWN COMMUNITY							FOR COMMUNITY ACTIVITIES
LIBRARY - 24 N. READING AVE -							AT THE BOYERTOWN
BOYERTOWN, PA 19512	23-2519885		24,900.	Ο.			COMMUNITY LIBRARY

Schedule I (Form 990) BERKS COUNTY COMMUNITY FOUNDATION INC Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ANIMAL RESCUE LEAGUE OF BERKS							
COUNTY, INC 58 KENNEL RD -							FOR GENERAL OPERATING
BIRDSBORO, PA 19508	23-1417505		25,000.	0.			SUPPORT
				·			
HUMANE PENNSYLVANIA							
1801 N. 11TH ST.							FOR GENERAL OPERATING
READING, PA 19604	23-1384936		25,000.	0.			SUPPORT
,			, ,				
JEWISH FEDERATION OF READING							
1100 BERKSHIRE BLVD., SUITE 125							FOR THE LOCAL COMMUNITY
WYOMISSING, PA 19610	23-1728784		25,000.	0.			FUND
SOUTH MOUNTAIN YMCA							
201 CUSHION PEAK ROAD							
REINHOLDS, PA 17569	23-2239399		36,300.	0.			FOR GENERAL SUPPORT
RYERSS FARM FOR AGED EQUINES							
1710 RIDGE ROAD							FOR RESCUE HORSES AND
POTTSTOWN, PA 19465	23-6215037		25,000.	0.			THOSE IN NEED OF CARE
							FOR IVE GOT YOUR BACK:
AEVIDUM							STUDENT-DRIVEN MENTAL
PO BOX 64							HEALTH SUPPORT & SUICIDE
LITITZ, PA 17543	27-3668412		25,750.	0.			PREVENTIO
JEWISH FEDERATION OF READING							
1100 BERKSHIRE BLVD., SUITE 125							FOR SUPPORT TO THE JEWISH
WYOMISSING, PA 19610	23-1728784		27,000.	0.			FAMILY SERVICE PROGRAM
CARE DEDUC							
SAFE BERKS 255 CHESTNUT STREET							FOR SUPPORT TO THE
	23-2087191		27 000	0.			
READING, PA 19602	23-200/191		27,000.	0.			EMERGENCY SAFE HOUSE
READING SEVENTH-DAY ADVENTIST							
JUNIOR ACADEMY - 309 KENHORST							FOR 2022-2023 TUITION
BLVD READING, PA 19607	23-2631259		30,430.	0.			SUPPORT

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Part II Continuation of Grants and Other		nestic Organizations			edule I (Form 990). Pa		13-2709092 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							FOR HEALTH OUTREACH
DREXEL UNIVERSITY COLLEGE OF							PROJECT (HOP) AT DREXEL
MEDICINE - 50 INNOVATION WAY -							UNIVERSITY COLLEGE OF
WYOMISSING, PA 19607	23-1352630		32,446.	0.			MEDICINE AT TO
HELPING HARVEST FOOD BANK							
117 MORGAN DRIVE							FOR GENERAL OPERATING
SINKING SPRING, PA 19608	22-2456238		35,000.	0.			SUPPORT
THE KING'S ACADEMY							
1562 MAIN STREET							FOR 2022-2023 TUITION
MOHRSVILLE, PA 19541	23-2965423		25,404.	0.			SUPPORT
	23 2903423		25,101.				BOTTORI
ST. IGNATIUS LOYOLA ROMAN CATHOLIC							
CHURCH - 2810 ST. ALBAN'S DRIVE -							
SINKING SPRING, PA 19608-1028	23-1684800		10,263.	0.			FOR GENERAL SUPPORT
,			,				
PENNSYLVANIA SCHOOL FOR THE DEAF							
100 WEST SCHOOL HOUSE LANE							
PHILADELPHIA, PA 19144	23-1581227		10,263.	0.			FOR GENERAL SUPPORT
DICKINSON COLLEGE							
28 N. COLLEGE STREET PO BOX 1773							FOR F.A.R.M. LAB AT
CARLISLE, PA 17013	23-1365954		150,000.	0.			DICKINSON COLLEGE FARM
SAFE BERKS							
255 CHESTNUT STREET							
READING, PA 19602	23-2087191		7,600.	0.			FOR OPERATIONS
			.,				
WEST READING POLICE DEPARTMENT							
500 CHESTNUT ST							
WEST READING, PA 19611	23-6002959		7,500.	0.			FOR THE K9 UNIT
REFORM CONGREGATION OHEB SHOLOM							
555 WARWICK DRIVE							FOR ROSALYE YASHEK'S
WYOMISSING, PA 19610-1825	23-1664967		7,500.	٥.			ANNUAL DUES

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Part II Continuation of Grants and Other A		n I I I FOUNDA nestic Organizations			edule I (Form 990), Pa		3-2769692 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF READING							
1100 BERKSHIRE BLVD., SUITE 125							
WYOMISSING, PA 19610	23-1728784		7,500.	0.			FOR GENERAL SUPPORT
WEST READING POLICE DEPARTMENT							FOR THE WEST READING
500 CHESTNUT ST							POLICE DEPARTMENT K-9
WEST READING, PA 19611	23-6002959		7,500.	0.			PROGRAM
SACRED HEART SCHOOL							
701 FRANKLIN STREET							FOR 2022-2023 TUITION
WEST READING, PA 19611	23-1547583		7,456.	٥.			SUPPORT
THE ANIMAL RESCUE LEAGUE OF BERKS							FOR THE DIRECT SUPPORT OF
COUNTY, INC 58 KENNEL RD -							ANIMAL CARE, FOOD, OR
BIRDSBORO, PA 19508	23-1417505		7,450.	0.			MEDICINE
HUMANE PENNSYLVANIA							FOR THE DIRECT SUPPORT OF
1729 N. 11TH STREET							ANIMAL CARE, FOOD, OR
READING, PA 19604	23-1384936		7,450.	0.			MEDICINE
ST. IGNATIUS LOYOLA ROMAN CATHOLIC CHURCH - 2810 ST. ALBAN'S DRIVE -							FOR GENERAL OPERATING
SINKING SPRING, PA 19608-1028	23-1684800		7,245.	٥.			SUPPORT
SINKING SIKING, IA 19000 1020	23 1004000		7,245.				SUTTORI
DREXEL UNIVERSITY COLLEGE OF							
MEDICINE - 50 INNOVATION WAY -	22 1252620		7 000	_			FOR THE SCREENING EYE
WYOMISSING, PA 19607	23-1352630		7,000.	0.			EXAMINATION CLINIC
DREXEL UNIVERSITY							
P.O. BOX 8215							UNRESTRICTED GIFT FOR THE
PHILADELPHIA, PA 19101-9684	23-1352630		7,000.	0.			DREXEL FUND
DREXEL UNIVERSITY							
P.O. BOX 8215							
PHILADELPHIA, PA 19101-9684	23-1352630		7,000.	٥.			FOR THE DREXEL FUND

BERKS COUNTY COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS NATURE							FOR SUPPORT OF
575 ST. BERNARDINE STREET							ENVIRONMENTAL EDUCATION
READING, PA 19607	23-1966295		6,900.	0.			PROGRAMS
BERKS NATURE							FOR SUPPORT OF
575 ST. BERNARDINE STREET							ENVIRONMENTAL EDUCATION
	23-1966295		6,800.	0.			PROGRAMS
READING, PA 19607	23-1900295		0,000.	0.			PROGRAMS
IMMANUEL UNITED CHURCH OF CHRIST							
99 SOUTH WAVERLY STREET							FOR PRESCHOOL SUMMER OF
SHILLINGTON, PA 19607	23-1573126		6,750.	0.			FUN ENRICHMENT CAMP
STUDIO B ART GALLERY							
39A E PHILADELPHIA AVE							FOR LEGACY: REMEMBRANCE
BOYERTOWN, PA 19512	04-3724833		6,690.	0.			MATTERS
IMMANUEL UNITED CHURCH OF CHRIST							
99 SOUTH WAVERLY STREET							
	23-1573126		6,661.	0.			NEXT DOOR
SHILLINGTON, PA 19607	23-1373120		0,001.	0.			NEXT DOOR
JUNIOR ACHIEVEMENT OF SOUTHEASTERN							
PA - 994 OLD EAGLE SCHOOL ROAD,							
SUITE 1014 - WAYNE, PA 19087	23-1386172		5,200.	0.			FOR BERKS COUNTY PROGRAMS
UNITED WAY OF BOYERTOWN AREA							
39B E. PHILADELPHIA AVE. PO BOX 213							
BOYERTOWN, PA 19512-0213	23-6395495		5,368.	0.			FOR GENERAL SUPPORT
INTER MAY OF DOVEDSOUND ADDA							
UNITED WAY OF BOYERTOWN AREA							
39B E. PHILADELPHIA AVE. PO BOX 213				_			
BOYERTOWN, PA 19512-0213	23-6395495		5,456.	0.			FOR GENERAL SUPPORT
THE S.P.A.R.K.S FOUNDATION							SPARK-ING A LOVE OF STEM
110 WEST WYOMISSING AVENUE							IN GOVERNOR MIFFLIN
MOHNTON, PA 19540	06-1689284		5,500.	0.			SCHOOL DISTRICT!
1011110N, 111 19910	00 1007204		3,500.	· ·			Person Protect:

BERKS COUNTY COMMUNITY FOUNDATION, INC.

		IITY FOUNDA					23-2769892 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dom (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AMOS LEMON BURKHART FOUNDATION 2 CHADWICK DR. MOHNTON, PA 19540	83-4447469		5,500.	0.			MIFFLIN COMMUNITY STEAM GALLERY
THE LGBT CENTER OF GREATER READING 640 CENTRE AVENUE READING, PA 19601	81-3191097		5,500.	0.			FOR DISCOVERY DAY CAMP
SOUTH MOUNTAIN YMCA 201 CUSHION PEAK ROAD REINHOLDS, PA 17569	23-2239399		7,600.	0.			FOR GENERAL SUPPORT
READING YOUTH LEGION BASEBALL 440 WISTERIA AVENUE READING, PA 19606	86-2969186		6,000.	0.			FOR READING YOUTH LEGION BASEBALL PROGRAM
GOVERNOR MIFFLIN EDUCATION FOUNDATION – 10 SOUTH WAVERLY STREET – SHILLINGTON, PA 19607	23-2790848		6,000.	0.			THE MIFFLIN SUMMER ZONE
GOGGLEWORKS CENTER FOR THE ARTS 201 WASHINGTON STREET READING, PA 19601	41-2165262		6,000.	0.			FOR GARDENS AT LAUER'S PARK
HOPE RESCUE MISSION 645 NORTH 6TH STREET READING, PA 19601	23-1413677		6,000.	0.			FOR UTILITY EXPENSES
CHRIST EPISCOPAL CHURCH 435 COURT STREET PO BOX 1094 READING, PA 19603-1094	23-1360838		6,000.	0.			FOR THE STRATEGIC VISIONING PROPOSAL
BERKS COUNTY SHERIFF'S DEPARTMENT 633 COURT STREET, 3RD FL. READING, PA 19601	23-6003049		6,100.	0.			FOR THE BERKS COUNTY SHERIFF'S K9 UNIT

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			-		adula I (Earm 000) Da		23-2709892 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY HOUSE							
430 N. SECOND STREET PO BOX 12303							FOR KITCHEN EQUIPMENT
READING, PA 19612-2303	23-2543677		6,510.	0.			UPGRADES
POTTSTOWN CLUSTER OF RELIGIOUS							FOR PERSONAL CARE &
COMMUNITIES - 57 NORTH FRANKLIN ST							CLEANING PRODUCT
- POTTSTOWN, PA 19464	23-1977722		6,000.	0.			ASSISTANCE
,			,				
VILLANOVA UNIVERSITY							
800 EAST LANCASTER AVENUE							
VILLANOVA, PA 19085	23-1352688		10,263.	٥.			FOR GENERAL SUPPORT
SOUTH MOUNTAIN YMCA							
201 CUSHION PEAK ROAD							
REINHOLDS, PA 17569	23-2239399		7,700.	0.			FOR GENERAL SUPPORT
HOPE OF THE NATIONS CHRISTIAN							
CENTER/HOPE CENTER - 134 N. 5TH							
STREET - READING, PA 19601	30-0307656		8,000.	٥.			FOR SUMMER ARTS CAMP
REFORM CONGREGATION OHEB SHOLOM							
555 WARWICK DRIVE							
WYOMISSING, PA 19610-1825	23-1664967		10,000.	٥.			FOR GENERAL SUPPORT
THE NATURE CONSERVANCY							
555 E. NORTH LANE, STE. 6030							FOR THE PA CHAPTER FOR
CONSHOHOCKEN, PA 19428	53-0242652		10,000.	٥.			WORK IN PA
BREAST CANCER SUPPORT SERVICES OF							
BERKS COUNTY - 529 READING AVENUE,			10.000	_			FOR SUPPORT SERVICES FOR
SUITE C - READING, PA 19611	23-2762595		10,000.	0.			WOMEN WITH BREAST CANCER
RED CREEK WILDLIFE CENTER							
300 MOONHILL DRIVE							
SCHUYLKILL HAVEN, PA 17972	23-2865324		10,000.	0.			FOR GENERAL SUPPORT
'			, , ,		1		I

BERKS COUNTY COMMUNITY FOUNDATION, INC.

		IITY FOUNDA					23-2769892 Page 1
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WCR CENTER FOR THE ARTS INC							
2650 WESTVIEW DRIVE							
WYOMISSING, PA 19610	32-0117034		10,000.	0.			FOR THE ELEVATOR PROJECT
				```			
READING SYMPHONY ORCHESTRA							
100 N. FIFTH STREET							FOR GENERAL OPERATING
READING, PA 19601-3494	23-1741046		10,000.	0.			SUPPORT
i							
NEW JOURNEY COMMUNITY OUTREACH							
INC 138 SOUTH 6TH STREET -							FOR FOOD PROGRAM STAFF
READING, PA 19602	46-3623955		10,000.	0.			SUPPORT
MIFFLIN COMMUNITY LIBRARY							
6 PHILADELPHIA AVENUE			10.000				FOR CULTURAL READING
SHILLINGTON, PA 19607	23-2980611		10,000.	0.			MATERIAL
EPHRATA RECREATION CENTER							
130 SOUTH ACADEMY DRIVE							
EPHRATA, PA 17522	23-1392955		10,000.	0.			FOR GENERAL SUPPORT
,,			,				
GENERAL CARL SPAATZ REGIONAL ARMY							FOR GENERAL SPAATZ MUSEUM
AIR CORPS MUSEUM - 28 WARWICK							BASD TOUR PROGRAM AND
STREET - BOYERTOWN, PA 19512	82-2537537		10,000.	0.			MECHANICAL/HVAC UPGRADE
THE HIGHLANDS AT WYOMISSING							
2000 CAMBRIDGE AVENUE							FOR THE EMPLOYEE
WYOMISSING, PA 19610	22-2790840		10,000.	0.			SCHOLARSHIP PROGRAM
LANCASTER COUNTY CAREER AND							
TECHNOLOGY FOUNDATION - 432 OLD	02.0640256		10 000	<u>_</u>			FOR GENERAL GURDON
MARKET STREET - MT. JOY, PA 17552	02-0649256		10,000.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD KEYSTONE							
610 LOUIS AVE., STE. 300							
WARMINSTER, PA 18974	23-2450112		10,000.	0.			FOR GENERAL SUPPORT

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		NITY FOUNDA					23-2769892 Page
Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINE GROVE CHURCH							
1194 READING ROAD PO BOX 573							
BOWMANSVILLE, PA 17507	23-2243488		10,000.	٥.			FOR GENERAL SUPPORT
BERKS CONNECTIONS/PRETRIAL							FOR URGENT AND BASIC NEED
SERVICES - 19 N. 6TH STREET 4TH							FUNDING FOR REENTRANT
FLOOR - READING, PA 19601	23-1969810		10,000.	0.			WOMEN
,,							FOR THE FRESH START
THE LGBT CENTER OF GREATER READING							PROGRAM, WHICH WILL
640 CENTRE AVENUE							PROVIDE SHOWER AND
READING, PA 19601	81-3191097		10,000.	0.			LAUNDRY FACILITIES TO
CYSTIC FIBROSIS FOUNDATION -							
LEHIGH VALLEY BRANCH - 600							
CORPORATE CIRCLE SUITE 103 -							
HARRISBURG, PA 17110	13-1930701		10,000.	0.			FOR TEAM AUBREY - LV GS
BERKS COUNTY ASSOCIATION FOR THE							
BLIND - 2020 HAMPDEN BLVD -							FOR CHILDREN'S VISION
READING, PA 19604	23-1381374		8,000.	0.			SCREENINGS
,			, ,				
HANNAH'S HOPE MINISTRIES							
736 UPLAND AVENUE							
READING, PA 19607	45-4674547		8,000.	0.			FOR PATH TO INDEPENDENCE
CAFE ESPERANZA							
105 W GREENWICH ST							
READING, PA 19601	82-2283678		8,250.	0.			FOR THE BREAKFAST CLUB
			,				
THE ANIMAL RESCUE LEAGUE OF BERKS							
COUNTY, INC 58 KENNEL RD -							
BIRDSBORO, PA 19508	23-1417505		8,400.	٥.			FOR GENERAL SUPPORT
BERKS CHRISTIAN SCHOOL							
926 PHILADELPHIA AVENUE							FOR 2022-2023 TUITION
BIRDSBORO, PA 19508	23-2005505		8,802.	0.			SUPPORT
				•••	1	1	

23-2769892 Page 1

Part II Continuation of Grants and Other			-		dula I (Form 000) Da		23-2769892 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF READING POLICE DEPARTMENT 815 WASHINGTON STREET READING, PA 19601	23-6001907		8,900.	0.			FOR THE PURCHASE OF A DUAL PURPOSE POLICE SERVICE DOG
HAMBURG AREA EDUCATION FOUNDATION 701 WINDSOR STREET HAMBURG, PA 19526	81-0595857		7,700.	0.			FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL PA - 745 WEST GOVERNOR ROAD - HERSHEY, PA 17033	23-2204761		9,000.	0.			FOR BERKS COUNTY FAMILIES TO STAY IN HERSHEY
CITY OF READING 815 WASHINGTON STREET, ROOM #2-33 READING, PA 19601	23-6001907		9,177.	0.			FOR CITY OF READING PRIDE PARADE
PLYMOUTH TOWNSHIP POLICE DEPARTMENT - 700 BELVOIR RD PLYMOUTH MEETING, PA 19462	23-6003036		9,500.	0.			FOR PLYMOUTH TOWNSHIP POLICE K-9 UNIT
BLUE MOUNTAIN ACADEMY 2363 MOUNTAIN ROAD HAMBURG, PA 19526	23-1581830		9,540.	0.			FOR 2022-2023 TUITION SUPPORT FOR TRISHA SMITH-DATSON
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD STATEN ISLAND, PA 10306	02-0554654		9,600.	0.			FOR GENERAL SUPPORT
WESTERN BERKS AMBULANCE ASSOCIATION - 2506 BELMONT AVENUE - WEST LAWN, PA 19609-1535	23-6398510		10,000.	0.			FOR GENERAL OPERATING SUPPORT
THE SALVATION ARMY 301 S. 5TH STREET READING, PA 19602	13-5562351		10,000.	0.			FOR RENTAL ASSISTANCE PROGRAM

BERKS COUNTY COMMUNITY FOUNDATION, INC.

		ITY FOUNDA					3-2769892 Page
Part II Continuation of Grants and Other A	Assistance to Don (b) EIN	(c) IRC section	and Domestic Go	(Schein (Schei	edule I (Form 990), Pa (f) Method of	rt II.) (g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
NALD MCDONALD HOUSE PHILADELPHIA							
25 CHESTNUT STREET							FOR BERKS COUNTY FAMILIE
HILADELPHIA, PA 19104	23-7377505		9,000.	0.			TO STAY IN PHILADELPHIA
	20 ,0,,000		5,000.				
ERKS NATURE							
75 ST. BERNARDINE STREET							FOR GENERAL OPERATING
EADING, PA 19607	23-1966295		1,035,900.	0.			SUPPORT

232102 10-31-22

BERKS COUNTY COMMUNITY FOUNDATION, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO PRIMARY AND SECONDARY SCHOOLS	319	807,727.	0.		
FUNERAL EXPENSES	3	1,400.	0.		
SUPPORT FOR EXTRAORDINARY NEEDS	23	15,032.	0.		
YOUTH DEVELOPMENT	46	21,700.	0.		
MEDICAL COST ASSISTANCE	7	4,297.	0.		

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

PART I, LINE 2:

Schedule I (Form 990) 2022

GRANTEES ARE REQUIRED TO COMPLETE A GRANT REPORT ONE YEAR AFTER THE GRANT

IS MADE IF THERE IS A RESTRICTION ON THE GRANT'S PURPOSE IF IT IS FOR

ANYTHING OTHER THAN GENERAL OPERATING SUPPORT.

23-2769892

Schedule I (Form 990) BERKS COUNTY CO	MMUNITY	FOUNDATION	, INC.		23-2769892 Page
Part III Continuation of Grants and Other Assistance to Domes	tic Individuals	(Schedule I (Form 99	90), Part III.)	1	1
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DISASTER RELIEF	13.	1,013,000.	0.		

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47	
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	ח ח	ກກ	
		Compensated Employees		20	22	-	
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organizatio		Employer i			nber	
		BERKS COUNTY COMMUNITY FOUNDATION, INC.	23-2	276989	2		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1 a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	·	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	i i i i i i i i i i i i i i i i i i i					
	Travel for com						
		ation and gross-up payments X Health or social club dues or initiation fee					
	Discretionary	spending account Personal services (such as maid, chauffer	ir, chet)				
L	If any of the have	on line to are shocked, did the exception follows with a solid respective section					
D	-	on line 1a are checked, did the organization follow a written policy regarding payment or		416	Х		
0	•			<u>1b</u>			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		x	
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?					
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's					
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.	511 10				
	X Compensation						
		compensation consultant X Compensation survey or study					
	X Form 990 of c		ommittee				
			ommittee				
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	Receive a severand	e payment or change-of-control payment?		4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X	
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
		:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r						
						X	
b		ation?		5 b		X	
		or 5b, describe in Part III.					
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the					v	
						X	
b		ation?		6b		X	
-		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v	
~		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v	
~				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?			- 000		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2022	

232111 10-18-22

Schedule J (Form 990) 2022

BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KEVIN K. MURPHY	(i)	222,884.	40,000.	0.	10,250.	9,951.	283,085.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FRANCES A. AITKEN	(i)	170,956.	10,000.	0.	7,354.	9,143.	197,453.	0.
TREASURER & CHIEF OPERATIN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDUI	.е м
(Form 990))

Noncash Contributions

OMB No. 1545-0047

Inspection

ſ ΖU **Open to Public**

22

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

Department of the Treasury Internal Revenue Service

		, , , ,	
	Attach to Form 990.		

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

Employer identification number 23-2769892

Name of the	organization
-------------	--------------

BERKS COUNTY COMMUNITY FOUNDATION INC.

Pa	rt I Jypes of Property							
		(a)	(b)	(C)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		-	
		applicable		Form 990, Part VIII, line 1g	TIONCASH CONTINUU	lion anio	unts	
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	4	128.440.	FAIR MARKET	VALI	JE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
44	Historic structures Qualified conservation contribution - Other							
14 15								
15	·····							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19 00	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
						P	es	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t		ntribution, and whi	ch isn't required to be used	for			37
	exempt purposes for the entire holding period?					30a	_	X
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p	•	-	•	ions?	31	_	<u>X</u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				37
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990).	Schedule M	l (Form 9	990) 2	2022

232141 09-09-22

<u>Schedu</u> le M	l (Form 990) 2022	BERKS	COUNTY	COMMUNITY	FOUNDATION,	INC.	23-2769892	Page 2
Part II	Supplementa	l Informa t t I, column (tion. Provide b), the number	the information rea	uired by Part I. lines 30b	. 32b. and 33.	and whether the organization of both. Also complete	on
232142 09-09-2	22						Schedule M (Form 9) 90) 2022
				~	2			

12351214 759120 4650.700

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



23-2769892

BERKS COUNTY COMMUNITY FOUNDATION, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PENNSYLVANIA.

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

THE FOUNDATION'S AUDIT COMMITTEE'S PRIMARY FUNCTION IS TO ASSIST THE BOARD

IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATING TO MONITORING THE

QUALITY, RELIABILITY AND INTEGRITY OF THE EXTERNAL FINANCIAL REPORTING

PROCESS. THIS INCLUDES THE AUDITED FINANCIAL STATEMENTS AS WELL AS THE IRS

FORM 990. THE AUDIT COMMITTEE REVIEWS BOTH DOCUMENTS AND WILL MAKE A

RECOMMENDATION TO THE BOARD FOR APPROVAL. THE BOARD IS PROVIDED COPIES OF

THE CONSOLIDATED FINANCIAL STATEMENTS AND FORM 990 FOR REVIEW BEFORE

APPROVAL.

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

ANNUALLY ALL BOARD MEMBERS, COMMITTEE MEMBERS, AND STAFF ARE REQUIRED TO <u>COMPLETE A CONFLICT OF INTEREST FORM. COMPLETED FORMS ARE SUBMITTED TO THE</u> <u>GOVERNANCE COMMITTEE. ONE OF THE GOVERNANCE COMMITTEE'S ROLES IS TO</u> <u>ANNUALLY REVIEW THE CONFLICT OF INTEREST FORMS SUBMITTED AND MAKE ANY</u> NECESSARY DISCLOSURES IF A CONFLICT IS NOTED.

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

THE COMPENSATION OF THE PRESIDENT OF THE COMMUNITY FOUNDATION IS REVIEWED
AND RECOMMENDED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE
COMMITTEE MEETS IN EXECUTIVE SESSION WITHOUT STAFF PRESENT. THEY REVIEW THE
ESTABLISHED PERFORMANCE OBJECTIVES AND RESULTS OF THE PRESIDENT. IN
ADDITION, THE COMMITTEE REVIEWS INDUSTRY COMPENSATION DATA FROM FORMS 990
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990) 2022
232211 10-28-22

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Schedule O (Form 990) 2022	Page 2
Name of the organization BERKS COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 23-2769892
OF PEER GROUP ENTITES. IT ALSO REVIEWS COMPARABLE LOCAL DA	TA PROVIDED
PERIODICALLY BY A REGIONAL HUMAN RESOURCES CONSULTING FIRM	• AFTER REVIEWING
THAT MATERIAL, THE EXECUTIVE COMMITTEE ESTABLISHES A COMPE	NSATION LEVEL
THAT IS DESIGNED TO RECOGNIZE CURRENT MARKET CONDITIONS AND	D PERFORMANCE IN
THE POSITION. THIS INFORMATION IS THEN REVIEWED IN EXECUTIV	VE SESSION WITH
THE BOARD, WHICH VOTES UPON COMPENSATION.	

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

THE FOUNDATION HAS AN OPEN BOOK POLICY OF DISCLOSURE OF INFORMATION TO THE PUBLIC. ALL BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF ARE AWARE OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY AS THEY ARE REQUIRED TO ANNUALLY READ THE POLICY AND COMPLETE A QUESTIONNAIRE AS TO ANY CONFLICTS THEY MAY HAVE. THESE FORMS ARE REVIEWED BY THE FOUNDATION'S GOVERNANCE COMMITTEE AND, IF NECESSARY, DISCLOSURE OF ANY NOTED CONFLICT IS MADE TO THE BOARD, COMMITTEE, STAFF AND DISCLOSED IN THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:CHANGE IN BENEFICIAL INTEREST TRUSTSCHANGE IN AGENCY FUNDING-842,665.TOTAL TO FORM 990, PART XI, LINE 9-823,628.

232212 10-28-22

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 23 - 2769892

Department of the Treasury Internal Revenue Service

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

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BCCF PROPERTIES LLC - 81-2246750					
237 COURT STREET					BERKS COUNTY COMMUNITY
READING, PA 19601	HOLD AND MANAGE REAL ESTATE	PENNSYLVANIA			FOUNDATION, INC.
COMMUNITY PROPERTIES LLC - 35-1549052					
237 COURT STREET					BERKS COUNTY COMMUNITY
READING, PA 19601	HOLD AND MANAGE REAL ESTATE	PENNSYLVANIA			FOUNDATION, INC.
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BERKS COUNTY COMMUNITY FOUNDATION PROPERTIES							
II - 43-1985063, 237 COUNTY STREET, READING,	TO ACCEPT GIFTS OF REAL						
PA 19601	PROPERTY	PENNSYLVANIA	501(C)(3)	LINE 12A, I			х
SOUTH MOUNTAIN CAMPS FOUNDATION - 26-4511865							
237 COUNTY STREET	ACCEPT GIFTS FOR						
READING, PA 19601	CHARITABLE PURPOSES	PENNSYLVANIA	501(C)(3)	LINE 12A, I			х
HOME HEALTH CARE FOUNDATION - 82-2913556							
237 COUNTY STREET	HEALTH CARE ACTIVITY			LINE 12C,			
READING, PA 19601	RELATED DISTRIBUTIONS	PENNSYLVANIA	501(C)(3)	III-FI			х
	4						

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

23-2769892 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income Share of total (related, unrelated, income cluded from tax under			ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										+		
	{											
	{											
	{											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) b)(13) rolled tity?	
		country)						Yes	No	
									<u> </u>	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b		Х	
	Gift, grant, or capital contribution from related organization(s)	1c	X		
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
ο	Sharing of paid employees with related organization(s)	10		X	
р	Reimbursement paid to related organization(s) for expenses	1p		X	
	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
S	Other transfer of cash or property from related organization(s)	1s		Х	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			0. h. d. h. D. (5

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	1.	~	(f)	(g)	(۲		(i)	(j)	(k)											
(a) Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	∋) e all				•/ opor-	Code V-LIBI	(J) Genera												
of entity	T Timary activity	(state or foreign	(related, unrelated,	partne 501(org	c)(3)	total	end-of-year	Dispr tior allocat	iate	amount in box 20	manag												
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes				Yes	No		Yes N												
				165	NU			165	NU	(1011111000)	Test												
											\vdash												
	-																						

Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Berks County Community Foundation, Inc. 237 Court Street Reading, PA 19601

Prepared By:

Kreischer Miller 100 Witmer Road, Suite 350 Horsham, PA 19044-2369

Amount of Tax:

Balance due of \$250

Make Check Payable To:

Commonwealth of Pennsylvania

Mail Tax Return To:

Bureau of Charitable Organizations 207 North Office Building Harrisburg, PA 17120

Return must be mailed on or before:

May 15, 2024

Special Instructions:

The report should be signed and dated by an authorized individual(s).

A completed and signed copy of the federal Form 990 (and all applicable attachments) must be included with Form BCO-10.

Mail to: Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120 See www.dos.pa.gov/charities for more information	Charitable Organization Registration Statement BCO-10 (rev. 2/2022) Fee: See instructions					
Certificate number: $\frac{12688}{(N/A \text{ if initial registration})}$ Fiscal year ended: $\frac{06/30/2023}{MM DD YYYY}$	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:					
FEIN: 23-2769892	Organization does not solicit contributions in Pennsylvania					
1. Legal name of organization: BERKS COUNTY C	OMMUNITY FOUNDATION, INC.					
Check if name change and give previous name						
 All other names used to solicit contributions: 						
 3. Contact person: FRANCES A. AITKEN 4. Principal address of organization: 	Contact's E-mail: FRANKIA@BCCF.ORG Mailing address: (if different than principal address):					
237 COURT STREET						
READING						
PA 19601						
County: BERKS	Phone number: (610) 685-2223					
800 number:	Fax number:					
Email (if different than Contact's email):						
Website: WWW.BCCF.ORG						
5. Type of organization (e.g. non-profit corporation, uninco NON-PROFIT CORPORATION	Type of organization (e.g. non-profit corporation, unincorporated association, etc.):					
Where established: PENNSYLVANIA	Date established:* 06/06/1994					
*Initial registrants must submit copies of organizational docum	ents such as charter, articles of incorporation,					

constitution or other organizational instrument and by-laws.

BERKS COUNTY COMMUNITY FOUNDATION, INC.

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

	N/A
7.	Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
	X Not Applicable
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If <u>"Not Applicable" is checked, the charitable organization</u> <u>must submit financial reports which are audited, reviewed, compiled or internally prepared. See</u> Instructions.
	Items 8 and 9 are required to be completed by initial registrants only
8.	Date organization first solicited contributions from Pennsylvania residents:
	Other
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.
	Other
	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

23-2769892

	23-276989
10.	BERKS COUNTY COMMUNITY FOUNDATION, INC. Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: <u>501(C)(3)</u> and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable
	schedules, for its most recently completed fiscal year? X Yes No
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	LITERATURE, LOCAL MEDIA COVERAGE, AND VERBAL COMMUNICATIONS BY STAFF AND KEY COMMUNITY LEADERS IN THE
	COUNTY.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	BERKS COUNTY COMMUNITY FOUNDATION HELPS PEOPLE FIND THE BEST WAY TO MAKE CHARITABLE GIFTS TO SUPPORT
	THE COMMUNITY. THE COMMUNITY FOUNDATION MANAGES OVER 370 DIFFERENT FUNDS, EACH ESTABLISHED WITH A
	SPECIFIC PURPOSE DETERMINED BY THE ORGINAL DONOR. SOME DONORS HAVE DECIDED IT IS BEST TO LEAVE THE USE
	OF THE FUNDS TO THE DISCRETION OF THE COMMUNITY FOUNDATION BOARD. IN THIS WAY, THE COMMUNITY FOUNDATION CAN REMAIN FLEXIBLE AND RESPONSIVE TO COMMUNITY NEEDS.
14.	Is the organization registered to solicit contributions in any other state or municipality?
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania
	residents:
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to
	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all
	contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 1

275803 07-06-22

Form BCO-10 (rev. 2/2022)

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

Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization:					
(Attach a separate sheet if necessary)					
/A					
If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined					
registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No X Not Applicable					
If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group					
return and file a public disclosure form (BCO-23) for each affiliate.)					
Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration					
Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization.					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization.					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)					
on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes No X Not Applicable If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)					

12351214 759120 4650.700

2022.05010 BERKS COUNTY COMMUNITY FO 4650.701

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

A. Are in charge of solicitation activities:

SEE STATEMENT 4

B. Have final responsibility for the custody of contributions:

BOARD	OF	DIRECTORS	(SEE	ATTACHED)

237 COURT STREET READING, PA 19601

C. Have final responsibility for final distribution of contributions:

BOARD OF DIRECTORS	(SEE ATTACHED)
--------------------	----------------

237 COURT STREET READING, PA 19601

D. Are responsible for custody of financial records:

SEE STATEMENT 5

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

A. Any other officer, director, trustee, or employee?		Yes	Х	No
---	--	-----	---	----

- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? **

Yes X No

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

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

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
 - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?
 - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
 - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?
 Yes X No

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

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Page 5 of 6

2022.05010 BERKS COUNTY COMMUNITY FO 4650.701

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

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

Signatu	re of Chief Fiscal Officer	Date			
FRAN	CES A. AITKEN, CHIEF FISCAL OFFICER				
Type or	print name and title of Chief Fiscal Officer				
Signatu	re of Other Authorized Officer	Date			
KEVI	N K. MURPHY, PRESIDENT				
Type or	print name and title of Other Authorized Officer				
Che	cklist for registration:				
X	Completed registration statement properly signed and dated.				
X	X A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer				
	Public Disclosure Form BCO-23 (if required)				
X	Applicable Financial Statements (audited, reviewed, compiled o	or internally prepared)			

X Registration fee and any late filing fees

Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

6

See Instructions for more information on completing this form and attachments.

Page 6 of 6

Form BCO-10 (rev. 2/2022)

23-2769892

BERKS COUNTY COMMUN	NITY FOUNDATION, INC.		23-276989
FORM BCO-10	ALL PROFESSIONAL SOLI	CITORS	STATEMENT 1
NAME AND ADDRESS			PHONE NUMBER
N/A			
CONTRACT BEGIN DAT	E CONTRACT END DATE	SOLICIT DATE	
FORM BCO-10	PROFESSIONAL FUNDRAISING	COUNSELS	STATEMENT 2
NAME AND ADDRESS			PHONE NUMBER
N/A			
FORM BCO-10 (OFFICERS, DIRECTORS, TRUSTEES	AND EXECUTIVES	STATEMENT 3
NAME AND ADDRESS		TITLE	
KEVIN K. MURPHY 237 COURT STREET READING, PA 19601	I	PRESIDENT	
NAME AND ADDRESS	,	TITLE	
FRANCES A. AITKEN 237 COURT STREET READING, PA 19601	- 7	FREASURER & CHIEF	OPERATIN
NAME AND ADDRESS	,	TITLE	
ALFRED WEBER 237 COURT STREET	Ċ	CHAIR	

READING, PA 19601

BERKS COUNTY COMMUNITY FOUNDATION, INC	<u>.</u>
NAME AND ADDRESS	TITLE
DOUGLAS F. SMITH 237 COURT STREET READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
ELAINE MCDEVITT 237 COURT STREET READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
GABRIELA RAFUL 237 COURT STREET READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
JAY R. WAGNER 237 COURT STREET READING, PA 19601	SECRETARY
NAME AND ADDRESS	TITLE
LYN CAMELLA-RICH 237 COURT STREET READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
MICHAEL J. ROWLEY 237 COURT STREET READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
MICHAEL L. MIXELL 237 COURT STREET READING, PA 19601	ASSISTANT TREASURER
NAME AND ADDRESS	TITLE
RAMONA TURPIN 237 COURT STREET READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
STEPHEN M. FRITZ 237 COURT STREET READING, PA 19601	DIRECTOR
NAME AND ADDRESS	TITLE
SUSAN N. DENARO 237 COURT STREET READING, PA 19601	DIRECTOR

23-2769892

NAME AND ADDRESS

VICKI EBNER 237 COURT STREET READING, PA 19601 TITLE

DIRECTOR

STATEMENT 4

NAME AND ADDRESS

FORM BCO-10

FRANCES A AITKEN, COO 237 COURT STREET READING, PA 19601

NAME AND ADDRESS

KEVIN K. MURPHY, PRESIDENT 237 COURT STREET READING, PA 19601

FORM BCO-10

CUSTODY OF FINANCIAL RECORDS

IN CHARGE OF SOLICITATION ACTIVITIES

STATEMENT 5

NAME AND ADDRESS

KEVIN K. MURPHY, PRESIDENT 237 COURT STREET READING, PA 19601

NAME AND ADDRESS

FRANCES A AITKEN, COO 237 COURT STREET READING, PA 19601

			EXTENDED TO MAY 15, 2024	<u>4</u> m Incomo Tax	OMB No. 1545-0047		
Form 990			Return of Organization Exempt Fro		0000		
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod Do not enter social security numbers on this form as it m	• • •			
		of the Treasury	itest information.	Open to Public Inspection			
A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023							
B Check if applicable: C Name of organization					cation number		
	Addre	אסדס א	S COUNTY COMMUNITY FOUNDATION, INC.				
H	_chang Name			23-27698	a 2		
Initial return Final return/ termin-			usiness as and street (or P.O. box if mail is not delivered to street address) Roon	n/suite E Telephone number			
			COURT STREET	(610) 68			
			own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	37,428,324.		
Amended READING, PA 19601				H(a) Is this a group re	H(a) Is this a group return		
	Applic dition	^{ca-} F Name a	nd address of principal officer: KEVIN K. MURPHY		for subordinates? Yes X No		
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No		
<u>I</u> T	ax-ex	empt status:		527 If "No," attach a	list. See instructions		
	Vebsi		BCCF.ORG	H(c) Group exemption			
			X Corporation Trust Association Other	L Year of formation: 1994 N	State of legal domicile: PA		
Pa	art I	Summary					
e	1	Briefly describ	e the organization's mission or most significant activities: <u>TO PROM</u> THE QUALITY OF LIFE FOR THE RESIDENT	IOTE PHILANTHROP			
anc							
Governance	2	Check this bo			12 sets.		
g			ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)		11		
			of individuals employed in calendar year 2022 (Part V, line 2a)		16		
ities			of volunteers (estimate if necessary)		200		
Activities &			d business revenue from Part VIII, column (C), line 12		0.		
Ā			business taxable income from Form 990-T, Part I, line 11		0.		
				Prior Year	Current Year		
e	8	Contributions	and grants (Part VIII, line 1h)		5,565,240.		
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	. 0.	0.		
Seve			come (Part VIII, column (A), lines 3, 4, and 7d)		6,074,664.		
ш.			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,058.		
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,644,962.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0	6,042,375.		
			to or for members (Part IX, column (A), line 4) r compensation, employee benefits (Part IX, column (A), lines 5-10)	·	1,384,973.		
ses	15		undraising fees (Part IX, column (A), line 11e)		0.		
Expenses	h h		ing expenses (Part IX, column (D), line 25) 514,766.				
ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1 242 055	1,786,798.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,214,146.		
			expenses. Subtract line 18 from line 12		2,430,816.		
or				Beginning of Current Year	End of Year		
t Assets or Dalances	20	Total assets (F	Part X, line 16)	120,009,689.	123,855,597.		
t As d Bá	21		(Part X, line 26)		7,299,711.		
ER	22		fund balances. Subtract line 21 from line 20	113,231,642.	116,555,886.		
	art II	Signature					
	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,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which p	reparer has any knowledge.			

4965						
75						
600						
May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) BERKS CC	UNTY COMMUNITY FO	DUNDATION, INC.	23-2769892 Page 2
Pa	t III Statement of Program Serv	•		
	Check if Schedule O contains a res	ponse or note to any line in this Pa	art III	<u></u>
1	Briefly describe the organization's mission			
	TO PROMOTE PHILANTHRO	PY AND IMPROVE TH	IE QUALITY OF LIF	E FOR RESIDENTS
	OF BERKS COUNTY.			
	Did the exception undertake any signifi	ant program convince duving the	waar which ware not listed on the	
2	Did the organization undertake any signifi		•	
		Nahadula O		
•	If "Yes," describe these new services on S			es? Yes X No
3	Did the organization cease conducting, or		it conducts, any program service	
	If "Yes," describe these changes on Sche			
4	Describe the organization's program servi			
	Section 501(c)(3) and 501(c)(4) organization		unt of grants and allocations to o	thers, the total expenses, and
4-	revenue, if any, for each program service	including grants of \$	6 042 375	(evenue \$ 67,340.)
4a	(Code:) (Expenses \$, 5 BERKS COUNTY COMMUNIT			
	MAKE CHARITABLE GIFTS			
	FOUNDATION MANAGES OV			
	SPECIFIC PURPOSE DETE			
	DECIDED IT IS BEST TO			
	THE COMMUNITY FOUNDAT			
	CAN REMAIN FLEXIBLE A			NIII FOUNDATION
	CAN REMAIN FLEXIBLE A	ND RESPONSIVE IO	COMMONILI NEEDS.	
4b	(Code:) (Expenses \$	including grants of \$) (R	levenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (R	levenue \$)
4d	Other program services (Describe on Sche	edule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	7,515,339.		
232002	12-13-22			Form 990 (2022)

Form 990 (2				FOUNDATION,	INC.
Part IV	Checklist of Re	equired S	chedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10	~	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		х
h	Schedule D, Parts XI and XII	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
18	column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	X	
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Form 990 (2				FOUNDATION,	INC.
Part IV	Checklist of Required S	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	Х	
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	Х	<u> </u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
a	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 repeated on any of the organization's prior Forms 200 at 200 F72. If I/(a) is a set to be			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05 -	Part V, line 1	34	Δ	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<u> </u>
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 34			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
					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	16							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a	Х					
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccour	its (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X				
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
С	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	e orga	anization solicit			x				
	any contributions that were not tax deductible as charitable contributions?									
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?									
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X				
				7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa									
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				X				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f										
g										
h										
8										
				8		X				
9	Sponsoring organizations maintaining donor advised funds.			9a		x				
а										
b				9b		X				
10	Section 501(c)(7) organizations. Enter:		1							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-						
11	Section 501(c)(12) organizations. Enter:	۱	1							
a		11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b		10						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			<u>12a</u>						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120						
а	Is the organization licensed to issue qualified health plans in more than one state?	•••••		<u>13a</u>						
L	Note: See the instructions for additional information the organization must report on Schedule O.									
a	Enter the amount of reserves the organization is required to maintain by the states in which the	406	1							
-	organization is licensed to issue qualified health plans	13b								
	c Enter the amount of reserves on hand									
	4a Did the organization receive any payments for indoor tanning services during the tax year?									
15	 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 									
15	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16										
10	If "Yes," complete Form 4720, Schedule O.			16		X				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivitia	s							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									
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BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 5

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Form 990	(2022)
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BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	2									
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other												
	officer, director, trustee, or key employee?			2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision										
	of officers, directors, trustees, or key employees to a management company or other person?			3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?												
6													
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	one or										
	more members of the governing body?			7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si												
	persons other than the governing body?			7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year												
а	The governing body?		-	8a	Х								
b	Each committee with authority to act on behalf of the governing body?			8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea												
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)	•									
			,		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such ch												
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b									
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?												
b													
12a													
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	licts?	12b	Х								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," de	escribe										
	on Schedule O how this was done	, 		12c	Х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approva	al by ind	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official			15a	Х								
b	Other officers or key employees of the organization			15b	Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a										
	taxable entity during the year?			16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's										
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3)	s only)	availat	ble							
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website Another's website X Upon request Other <i>(explain</i>		,										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, an	d finano	cial								
_	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 boo	oks and	l records										
	THE ORGANIZATION - 610-685-2223												
	237 COURT STREET, READING, PA 19601				000	(0000)							
232006	12-13-22			Form	990	(2022)							

Form 990 (2022)	BERKS COUNTY	COMMUNITY	FOUNDATION,	INC.	23-2769892	Page 7					
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, Direc	tors, Trustees, Key Employ	ees, and Highest C	ompensated Employee	es							
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), a	and (F) if no compensation wa	as paid.									

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one			l than d	ne	Reportable	Reportable	Estimated
	hours per	box,	box, unless person is bot		s both	n an	compensation	compensation	amount of	
	week		cer an	d a director/trustee)			tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	suadi		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	io nal		ploye	t corr		1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEVIN K. MURPHY	37.50									
PRESIDENT	1.00	x		х				262,884.	Ο.	20,201.
(2) FRANCES A. AITKEN	37.50									
TREASURER & CHIEF OPERATIN	1.00	1		х				180,956.	Ο.	16,497.
(3) HEIDI WILLIAMSON	37.50									
CHIEF STRATEGY OFFICER						Х		140,349.	0.	5,962.
(4) ALFRED WEBER	1.00									
CHAIR		Х		Х				0.	0.	0.
(5) DOUGLAS F. SMITH	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ELAINE MCDEVITT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) GABRIELA RAFUL	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JAY R. WAGNER	1.00									
SECRETARY				Х				0.	0.	0.
(9) LYN CAMELLA-RICH	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MICHAEL J. ROWLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL L. MIXELL	1.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(12) RAMONA TURPIN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) STEPHEN M. FRITZ	1.00									
DIRECTOR		Х						0.	0.	0.
(14) SUSAN N. DENARO	1.00									
DIRECTOR		Х						0.	0.	0.
(15) VICKI EBNER	1.00									
DIRECTOR	ļ	Х						0.	0.	0.

232007 12-13-22

Form 990 (2022)

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	JNTY COM	IMU	ΝI	ΤY	F	OUI	ND	DATION, INC.	23-27	698	92	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghest	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average			Posi	ition			Reportable	Reportable		Estim	
	hours per					than or s both		compensation	compensation	n	amou	nt of
	week	offic	cer and	d a di	recto	r/truste	ee)	from	from related		oth	er
	(list any	ctor						the	organizations	3	comper	sation
	hours for	r dire				eq		organization	(W-2/1099-MIS	C/	from	the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiz	zation
	organizations	trus	nal tr		oyee	duo		1099-NEC)			and re	lated
	below	ndividual trustee or director	nstitutional trustee	cer	Key employee	nest o	Former				organiz	ations
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Forr					
										-+		
										-+		
										-+		
dh. Quhatal								584,189.		0.	12	660.
1b Subtotal								0.		0.	44,	0.00.
c Total from continuation sheets to Part VI										0.	4.2	
d Total (add lines 1b and 1c)								584,189.			42,	660.
2 Total number of individuals (including but n	ot limited to th	ose	listeo	d ab	ove)) whc	o re	eceived more than \$100,	000 of reportable			~
compensation from the organization												3
										_	Ye	s No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mplo	oyee	e, or l	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes	" co	mole	ete S	Sche	dule	.J f	or such individual			4 X	:
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com					-			-		_	5	x
Section B. Independent Contractors		2010	JI SU		<i>JEI</i> 30					···· I	<u> </u>	
1 Complete this table for your five highest con	mooncotod ind	lana	adan	+ 00	ntro	otor	. +h	at received more than ¢	100.000 of comp	onactic	n from	
										ensatio		
the organization. Report compensation for t	ne calendar ye	eare	nain	g wi		or with			ear.		(0)	
(A) Name and business	address	NTC	NTT					(B) Description of s	envices	Col	(C) mpensa	tion
	2001033	INC	ONE				_	Description of a			препза	
							_					
							T		T			
2 Total number of independent contractors (ir	cluding but of	nt lin	nitod	to t	thes	alist		above) who received m	ore than			
		יוווז	med		inos 0		eu	above, who received mo				
\$100,000 of compensation from the organiz	allon				0	,					00	
										Fo	orm ອອ) (2022)

						ΤY	COMMUNITY	FOUNDATIC	ON, INC.	23-2769	892 Page 9
Pa	rt \	/111	Statement of Re	evenu	le						
			Check if Schedule O	contai	ins a resp	onse	or note to any line		(D)	(0)	
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total Tevende		business revenue	from tax under
											sections 512 - 514
nts	1	а	Federated campaigns		<u>1a</u>						
Contributions, Gifts, Grants and Other Similar Amounts											
S, (Am			Fundraising events				169,281.				
Gift		d	Related organizations		<u>1</u> d						
imi,			Government grants (conti								
tior S		f	All other contributions, gifts,								
ibu			similar amounts not included	d above			5,395,959.				
ontr od O		-	Noncash contributions included in	lines 1a	-1f 1g	\$	128,440.				
a C		h	Total. Add lines 1a-1f		<u></u>			5,565,240.			
							Business Code				
e	2	а									
ervi		b									
S, C		С									
Program Service Revenue		d									
оg Е		е									
ā			All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue								
							·····	2,053,885.			2053885.
	4		Income from investment of								
	5		Royalties	······							
					(i) Re		(ii) Personal				
	6		Gross rents	6a	38	,602.					
			Less: rental expenses	6b		0.					
			Rental income or (loss)	6c		,602.					
			Net rental income or (loss	s) <u></u>				38,602.	38,602.		
	7	а	Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	29,725	,626.					
•		b	Less: cost or other basis		05 504	0.47					
venue			and sales expenses		25,704						
			Gain or (loss)	· · · ·	4,020			4 000 550			4000550
Other Re			Net gain or (loss)					4,020,779.			4020779.
the	8	а	Gross income from fundraisi								
0			including \$								
			contributions reported on		,		16 000				
			Part IV, line 18								
			Less: direct expenses				78,515.	62 282			62, 292
			Net income or (loss) from		-		·····	-62,282.			-62,282.
	9	а	Gross income from gamir	-							
		F	Part IV, line 19								
			Less: direct expenses Net income or (loss) from								
	10		Gross sales of inventory,			<u> </u>					
		a				10a					
		h	and allowances Less: cost of goods sold								
			Net income or (loss) from								
	-			30103		у	Business Code				
sn	11	а	MANAGEMENT FEES				900099	27,128.	27,128.		
neo		b	OTHER INCOME				900099	1,610.	1,610.		
ella		c						, · · - · •	_, · •		
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d					28,738.			
	12		Total revenue. See instruction					, 11,644,962.	67,340.	0.	6012382.
23200							····· I	-	· ·		Form 990 (2022

BERKS COUNTY COMMUNITY FOUNDATION, INC. <u>23-2769892</u> Page **10** Form 990 (2022) 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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	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	4,179,219.	4,179,219.		
2	Grants and other assistance to domestic	, -, -			
-	individuals. See Part IV, line 22	1,863,156.	1,863,156.		
3	Grants and other assistance to foreign	_,,	_,,		
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	527,871.	185,554.	193,020.	149,297.
6	Compensation not included above to disqualified	52770710	100,0010	19970200	110/10/10
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		713,276.	381,160.	280,389.	51,727.
7	Other salaries and wages	715,270.	501,100.	200,305.	51,727.
8	Pension plan accruals and contributions (include	18,267.	8,886.	7 559	1 800
~	section 401(k) and 403(b) employer contributions)	37,390.	20,857.	7,559. 14,319.	<u> 1,822.</u> 2,214.
9 10	Other employee benefits	88,169.	40,552.	33,675.	13,942.
10	Payroll taxes	00,109.	40,002.	55,075.	13,744.
11	Fees for services (nonemployees):				
	Management	39,889.	1,607.	38,282.	
		40,669.	<u> </u>	40,669.	
	Accounting	40,009.		40,009.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	265,361.		265,361.	
f	Investment management fees	205,501.		205,501.	
g	Other. (If line 11g amount exceeds 10% of line 25,	265 721	255 100	10 541	
	column (A), amount, list line 11g expenses on Sch 0.)	<u>265,721.</u> 309,753.	255,180.	<u>10,541.</u> 95,736.	105 256
12	Advertising and promotion		108,661.		105,356.
13	Office expenses	74,099.	60,132.	10,541.	3,426.
14	Information technology	165,666.	65,010.	79,129.	21,527.
15	Royalties	124 000	02 (22)		
16	Occupancy	134,986.	83,632.	25,677.	25,677.
17	Travel	7,068.	5,908.	820.	340.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		46 402	01 420	0.076
19	Conferences, conventions, and meetings	76,797.	46,483.	21,438.	8,876.
20		89,906.	53,944.	17,981.	17,981.
21	Payments to affiliates	100 040		24.000	24.000
22	Depreciation, depletion, and amortization	178,743.	110,571.	34,086.	34,086.
23	Insurance	45,014.	12,137.	10,078.	22,799.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	<u> </u>	10.016		
а	SPECIAL EVENTS	65,750.	12,016.		53,734.
b	PROFESSIONAL DUES AND S	27,376.	20,674.	4,740.	1,962.
С					
d					
е	All other expenses	0 014 145		1 104 011	
25	Total functional expenses. Add lines 1 through 24e	9,214,146.	7,515,339.	1,184,041.	514,766.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
23201	0 12-13-22				Form 990 (2022)

Form 990 (2022)

Part X Balance Sheet

BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 11

		Check if Schedule O contains a response or note	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,789.	1	26,798.
	2	Savings and temporary cash investments	4,822,280.	2	4,149,797.		
	3	Pledges and grants receivable, net	27 400	3	CA 200		
	4	Accounts receivable, net			37,489.	4	64,309.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	•			5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described			100 (17	6	
ets	7	Notes and loans receivable, net			198,617.	7	162,505.
Assets	8	Inventories for sale or use				8	
<	9					9	
	10a	Land, buildings, and equipment: cost or other		C 040 000			
		basis. Complete Part VI of Schedule D	10a	6,949,908. 2,418,351.	4 410 214		
		Less: accumulated depreciation			4,418,314.	10c	4,531,557.
	11	Investments - publicly traded securities			80,676,606.	11	90,297,580.
	12	Investments - other securities. See Part IV, line 1			28,871,059.	12	23,655,803.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			975,535.	14	967,248.
	15	Other assets. See Part IV, line 11			120,009,689.	15	123,855,597.
	16	Total assets. Add lines 1 through 15 (must equa			267,596.	16 17	222,499.
	17	Accounts payable and accrued expenses	1,619,306.	17 18	1,416,948.		
	18	Grants payable			1,019,500.	18 19	1,410,940.
	19	Deferred revenue					
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form					
bilit		trustee, key employee, creator or founder, substa controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			1,707,386.	23	1,641,927.
	23	Unsecured notes and loans payable to unrelated			1,101,500.	23 24	1,011,52,6
	25	Other liabilities (including federal income tax, pay	•			27	
	20	parties, and other liabilities not included on lines					
		of Schedule D			3,183,759.	25	4,018,337.
	26				6,778,047.	26	7,299,711.
		Organizations that follow FASB ASC 958, chee			, ,		, ,
es		and complete lines 27, 28, 32, and 33.					
anc	27				112,304,161.	27	115,609,368.
Bal	28	Net assets with donor restrictions			927,481.	28	946,518.
Fund Balances		Organizations that do not follow FASB ASC 95					
Fu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or	32	Total net assets or fund balances			113,231,642.	32	116,555,886.
	33	Total liabilities and net assets/fund balances			120,009,689.	33	123,855,597.

Form 990 (2022)

Form	BERKS COUNTY COMMUNITY FOUNDATION, INC.	23-	2769892	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,21	.4,1	46.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,43	80,8	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	113,23		
5	Net unrealized gains (losses) on investments	5	1,71	.7,0	56.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-82	23,6	28.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	116,55	5,8	86.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

SC	HED	ULE A								OMB No. 1545-0047
(Fo	(Form 990) (Form 990) Complete if the organization is a section 501(c)(3) organization or a section			つりつつ						
•			Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		Ζυζζ
		the Treasury			ttach to Form 990 or Fo					Open to Public
Intern	al Rever	ue Service		Go to www.irs.gov/	Form990 for instructior	ns and the	latest inf	ormation.		Inspection
Nam	ne of t	he organizati	on							identification number
		_			OMMUNITY FOUR					3-2769892
Pa	rtl	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (For lines 1 through 12, cl	heck only o	one box.)			
1		A church, cor	nvention of chu	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school des	cribed in secti	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiza	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	ə:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in
		section 170(I	ɔ)(1)(A)(vi). (C	omplete Part II.)						
8	X	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities relat	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support fr	om gross investment
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
		See section	5 09(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusion	ively to test for public sat	fety. See	section 50)9(a)(4).		
12		An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform th	he functio	ns of, or to ca	rry out the	purposes of one or
				-	d in section 509(a)(1) o					Check the box on
		7	-	• •	f supporting organizatior	-			-	
а					upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
		٦ Ŭ		complete Part IV, Se						
b					l or controlled in connect			-		-
					anization vested in the sa	ame persoi	ns that co	ntrol or mana	ge the supp	oorted
		ъ	()	t complete Part IV,						
С			-	• • •	g organization operated				lly integrate	d with,
			0). You must complete I			•		
d			-	• •	oorting organization oper				•	
			-	0	ation generally must sat	•			an attentiv	eness
		- ·			nplete Part IV, Sections					
е			•		written determination from			Type I, Type	II, Type III	
	- .		0		nally integrated supporting	ng organiza	ation.			
t		r the number (••	•						
g		i) Name of supp		about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	``	organization		()	(described on lines 1-10	in your governi Yes	ng document? No	support (see ii	-	support (see instructions)
		-			above (see instructions))	163				

Total

Schedule A (Form 990) 2022 BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1882748.	4539199.	3377672.	6005361.	5565240.	21370220.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1882748.	4539199.	3377672.	6005361.	5565240.	21370220.
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)						5984362.
6	Public support. Subtract line 5 from line 4.						15385858.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1882748.	4539199.	3377672.	6005361.	5565240.	21370220.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1654091.	1775631.	1358616.	1844519.	2092487.	8725344.
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.)						
11	Total support. Add lines 7 through 10						30095564.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	179,527.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>51.12 %</u>
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>53.85 %</u>
16 a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, cheo	ck this box and st	t op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

232022 12-09-22

Schedule A (Form 990) 2022 BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 3 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.)

Sec	tion A. Public Support			•	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inoss under section 513						
л	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ũ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
74	3 received from disgualified 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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	·	•	•	•	÷	•
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiza	ition,
Sec	tion C. Computation of Publi	ic Support Per	rcentage				
15	Public support percentage for 2022 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-09-22						A (Form 990) 2022

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Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Yes No

23-2769892 Page 5 BERKS COUNTY COMMUNITY FOUNDATION, INC. Schedule A (Form 990) 2022 Dort IV Suppo

га	artiv	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
				Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised or controlled the supporting organization	2	

Section C. Type II Supporting Organizations	_
	_

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

Section D	. All Typ	e III Sup	oporting	Organizations

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

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)
		1000 1100 000000

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

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

Yes No

12351214 759120 4650.700

2022.05010 BERKS COUNTY COMMUNITY FO 4650.701

	dule A (Form 990) 2022 BERKS COUNTY COMMUNITY			23-2769892 Page 6
Pa	, , , , , , , , , , , , , , , , , , ,			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	on 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		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting or	ganization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-276	9892 Ра	ge 7
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Sche Par		COMMUNITY FOUNI			3-2769892 Page 7			
	on D - Distributions			_	Current Year			
1	Amounts paid to supported organizations to accomplish exer			1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	Γ		10				
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
b	From 2018							
с	From 2019							
d	From 2020							
	From 2021							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
-	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
-	and 4b from line 1. For result greater than zero, <i>explain in</i>							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
-	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
-								

Schedule A (Form 990) 2022

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Schedule A	(Form 990) 2022 BE	ERKS COUNT	Y COMMUNITY	FOUNDATION.	INC. 23-2769892 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3	ion. Provide the 6 b, 3c, 4b, 4c, 5a, 6 2 and 3; Part IV, S	explanations required 5, 9a, 9b, 9c, 11a, 11b ection E, lines 1c, 2a,	by Part II, line 10; Part II, li and 11c; Part IV, Section 2b, 3a, and 3b; Part V, line	ine 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,

232028 12-09-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Internal neverice Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

BERKS	COUNTY	COMMUNITY	FOUNDATION,	INC.	23-2769892

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

52	?7 politic	al organiza	ation
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501(c)(3) exempt private foundation
501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

Form 990-PF

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Employer identification number

23-2769892

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	\$749,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	SCHOLL, MR. JOHN 282 CANDY ROAD MOHNTON, PA 19540-8319	\$ <u>525,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	HOME HEALTH CARE FOUNDATION 555 WARWICK DRIVE WYOMISSING, PA 19610	\$312,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>4</u>	ROSENSON, MR. JAY H. 9 GAELSONG LANE WYOMISSING, PA 19610-3119	\$\$.000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	ESTATE OF STANLEY J. SZORTYKA 50 N 5TH STREET, 2ND FLOOR READING, PA 19601	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	WOMAN'S EXCHANGE OF READING 4600 PENN AVENUE SINKING SPRING, PA 19608	\$243,787.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Name of organization

Page 2

BERKS	COUNTY COMMUNITY FOUNDATION, INC.		23-2769892
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

12351214 759120 4650.700

Schedule B (Form 990) (2022)

Name of organization

Schedule B (Form 990) (2022)

J

12 2760000

Employer identification number

	B (Form 990) (2022)				Page 4
Name of or	rganization				Employer identification number
BERKS	COUNTY COMMUNITY FOUND	ATION, INC.			23-2769892
Part III	from any one contributor. Complete columns (a)	through (e) and the followin	a line entry. For or	anizations	
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	charitable, etc., contributions of \$	1,000 or less for th	e year. (Enter this info. o	nce.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		·			
-		(e) Transf	_		
	Transferee's name, address, a	R	elationship of tra	nsferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
-		(e) Transf	or of gift		
			er of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No.				(
from Part I	(b) Purpose of gift	(c) Use of g	lift	(d) Desc	cription of how gift is held
		(a) Transf	er of gift		
			sfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee

Schedule B (Form 990) (2022)

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities										
(Form 990)	orm 990)										
	For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.										
Department of the Treasury Internal Revenue Service	tment of the Treasury										
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then											
-		plete Parts I-A and B. Do not com				and of, alon					
	 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. 										
 Section 527 organiz 											
-		Form 990, Part IV, line 4, or Formate Filed Form 5768 (election und			-						
	•	nave NOT filed Form 5768 (election	()/	•	•						
	-	Form 990, Part IV, line 5 (Proxy				-					
Tax) (See separate inst											
), or (6) organizat	ions: Complete Part III.									
Name of organization						er identification number					
Part I-A Compl		OUNTY COMMUNITY F anization is exempt under				<u>23-2769892</u>					
	ete il tile org	anization is exempt under			.7 orga						
1 Provide a descripti	on of the organiz	ation's direct and indirect political	campaign activities ir	Part IV							
2 Political campaign					\$						
3 Volunteer hours for	, ,										
		-									
Part I-B Compl	ete if the org	anization is exempt under									
1 Enter the amount o	f any excise tax i	incurred by the organization under	section 4955								
		incurred by organization managers									
		n 4955 tax, did it file Form 4720 fo									
						Yes No					
b If "Yes," describe in Part I-C Compl		anization is exempt under	section 501(c).	except section 5	01(c)(3	3)					
		by the filing organization for secti		-		/-					
		ization's funds contributed to othe	-		···· •						
exempt function ac			-		\$						
3 Total exempt funct		. Add lines 1 and 2. Enter here and									
line 17b					\$						
4 Did the filing organization file Form 1120-POL for this year?											
		ployer identification number (EIN)									
		tion listed, enter the amount paid f omptly and directly delivered to a s									
		additional space is needed, provid			eparate s	egregated fund of a					
(a) Name		(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of political					
(a) Name	- -			filing organizatio		ontributions received and					
				funds. If none, ente	ər -0	promptly and directly delivered to a separate					
						political organization.					
						If none, enter -0					

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	BERKS	COUNT	Y COMMUNITY	FOUNDATION,	INC. 23-2	769892 Page 2					
Part II-A Complete if the org section 501(h)).	anizatior	i is exer	npt under sectioi	n 501(c)(3) and file	a Form 5768 (ele	ction under					
	tion holong	a ta an affi	listed arous (and list in	Dort IV acab offiliated	aroun mombor's nom						
	Ũ		• • •	n Part IV each affiliated	group member's name	, address, EIN,					
expenses, and shar			nd "limited control" pro	avisions apply							
B Check if the filing organiza	LION CHECKE	u dox A ai	ia inflited control pro	ovisions apply.		(b) Affiliated group					
	ts on Lobby				(a) Filing organization's	(b) Affiliated group totals					
(The term "expend	totals										
1a Total lobbying expenditures to influ											
b Total lobbying expenditures to influ	-										
c Total lobbying expenditures (add li	-		• • • •		0.						
d Other exempt purpose expenditure											
e Total exempt purpose expenditure			N		0.						
f_Lobbying nontaxable amount. Ente	er the amou	nt from the	e following table in bot	h columns.	0.						
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:							
Not over \$500,000		20% of	the amount on line 1e.								
Over \$500,000 but not over \$1,000	0,000		00 plus 15% of the exc								
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.							
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.							
Over \$17,000,000		\$1,000,	000.								
g Grassroots nontaxable amount (en	0.										
 g Grassroots nontaxable amount (enter 25% of line 11) h Subtract line 1g from line 1a. If zero or less, enter -0- 											
i Subtract line 1f from line 1c. If zero											
j If there is an amount other than zer	ro on either	line 1h or	line 1i, did the organiz	ation file Form 4720							
reporting section 4911 tax for this	year?				[Yes No					
4-Year Averaging Period Under Section 501(h)											
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.											
	See the separate instructions for lines 2a through 2f.)										
	Lobb	ing Expe	nditures During 4-Ye	ar Averaging Period		-					
Calendar year (or fiscal year beginning in)	(a) 2	019	(b) 2020	(c) 2021	(d) 2022	(e) Total					
2a Lobbying nontaxable amount				494,695.		494,695.					
b Lobbying ceiling amount				494,095.		494,095.					
(150% of line 2a, column(e))						742,043.					
						742,045.					
c Total lobbying expenditures				390.		390.					
				550.							
d Grassroots nontaxable amount				123,674.		123,674.					
e Grassroots ceiling amount						,					
(150% of line 2d, column (e))						185,511.					
f Grassroots lobbying expenditures											
			1			ł					

Schedule C (Form 990) 2022

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BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)		
of the lobbying activity.	Yes	No	Amount		
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? 					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1°		
Part III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(C)(5),	or sec	tion		
501(c)(6).			Yes	No	
			res	NO	
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section		3 Or sec	tion		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				3, is	
answered "Yes."					
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al				
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year					
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3 and a set of pended ustible lebbuild and perform the set of pended ustible lebbuild and pende					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		4			
expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions		4			
Part IV Supplemental Information		. ၁			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A.	lines 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

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SCHEDULE D

(Form	990)
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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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

		NITY FOUNDATION, INC.	23-2769892				
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	37	341				
2	Aggregate value of contributions to (during year)	1,883,164.	4,376,389.				
3	Aggregate value of grants from (during year)	909,366.	5,538,873.				
4	Aggregate value at end of year	15,563,444.	101,038,747.				
5	Did the organization inform all donors and donor advisors in		lds				
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No				
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	/, line 7.				
1	Purpose(s) of conservation easements held by the organizati						
	Preservation of land for public use (for example, recrea		orically important land area				
	Protection of natural habitat		tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a co	onservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b			2b				
с	Number of conservation easements on a certified historic str		2c				
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register 2d						
3	Number of conservation easements modified, transferred, rel		nization during the tax				
	year		-				
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements in		Yes No				
6							
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements during the year				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B	3)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense staten	nent and				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements th	nat describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other S	Similar Assets.				
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bal	lance sheet works				
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthera	nce of public				
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balanc	e sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
			•				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain,	provide				
	the following amounts required to be reported under FASB A	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		\$				

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
232051	09-01-22	

\$

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 BERKS CC	OUNTY COMMU					23-27	<u>6989</u>	<u>2 р</u>	age 2	
								(contil	nuea)		
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that	make sig	gnificant	use of its				
	collection items (check all that apply):		<u> </u>								
a	Public exhibition	a		hange prograi	m						
b	Scholarly research	e	Other								
с	Preservation for future generations										
4	Provide a description of the organization's co						ose in Part	XIII.			
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
Dor	to be sold to raise funds rather than to be ma							_ Yes		No	
Fai	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.										
19	Is the organization an agent, trustee, custodia		any for contribution	s or other ass	ets not ir	acluded					
Ia	on Form 990, Part X?							Yes		No	
h	If "Yes," explain the arrangement in Part XIII a						····· ∟				
b			owing table.					Amour	t		
~	Beginning balance					1c					
	Additions during the year										
	Distributions during the year										
f											
	Ending balance Did the organization include an amount on Fo							Yes		No	
	If "Yes," explain the arrangement in Part XIII.		•								
Par											
		(a) Current year	(b) Prior year	(c) Two years			years back	(e) Fou	r vears	back	
1a	Beginning of year balance	109,998,232.	124,883,576.	77,123							
	Net investment earnings, gains, and losses										
	Grants or scholarships	6,222,792.	5,313,140.		,855.		267,596.				
		•,===,,,,==:	0,010,110.		,	-,-	4,267,596. 3,933,169				
е	Other expenditures for facilities										
	and programs	1,573,872.	1,549,455.	1,609	639	5	397,600.	1	,121,	608	
	Administrative expenses	113,953,383.	109,998,232.				123,472.		,252,		
	End of year balance				, , , , , , , ,	, , , , ,	23, 172.	01	, 232,	552.	
2	Provide the estimated percentage of the curre	1 0 0		i) heid as:							
-	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	,	6									
0.	The percentages on lines 2a, 2b, and 2c should be the second seco		· · · · · · · · · · · · · · · · · · ·			_					
за	Are there endowment funds not in the posses	sion of the organizat	tion that are held ar	na administere	ed for the	Э			Yes	No	
	organization by:							Tes	<u> </u>		
	(i) Unrelated organizations						3a(i)		X X		
								3a(ii)			
								3b			
4 Dar	t VI Land, Buildings, and Equipme		ment funds.								
I ai	Complete if the organization answered		Part IV line 11a S	oo Eorm 000	Dort V I	ino 10					
	· · ·						a al				
	Description of property	(a) Cost or ot basis (investm	• • •	or other (other)	• •	ccumulat preciatior		(d) Boc	ik valu	e	
10	Land		,	3,754.				243,75		54.	
	Land			8,868.	2,158,181.		81.				
	Buildings				, -	,1		-,22	5,0		
	Leasehold improvements		15	7,514.	129,792.		92	27,722.		22	
					,378. 39,394.						
	Other							4,53			
Iotal	. Add lines 1a through 1e. (Column (d) must ed	<u>ual Form 990, Part X</u>	<u>, column (B), line 1</u>	UC.)			<u> </u>	<u>+, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	57.	

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (Form 990) 2022 BERKS COUNT	Y COMMUNITY F	OUNDATION,	INC. 23	-2769892 Page 3
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 en	d-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) LIMITED PARTNERSHIPS	11,035,256.	END-OF-	ZEAR MARKET	VALUE
(B) HEDGE FUNDS	12,620,547.		ZEAR MARKET	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	23,655,803.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	25,055,005.			
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			d-of-year market value
	(b) BOOK Value			
(1)				
<u>(2)</u>				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		11	Deat M. Kern 45	
Complete if the organization answered "Yes"		TTd. See Form 990	, Part X, line 15.	(h) De alevadore
	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	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See For	m 990, Part X, line 25	
1.(a) Description of liability				(b) Book value
(1) Federal income taxes				
(2) GIFT ANNUITY LIABILITY				31,585.
(3) FUNDS HELD AS AGENCY ENDO	WMENT			3,986,752.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25)			4,018,337.
2. Liability for uncertain tax positions. In Part XIII, provide	,			
organization's liability for uncertain tax positions under		-		

232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 BERKS COUNTY COMMUNITY FOU	NDATION	, INC.	23-	2769892	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	evenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.		_	•	
1	Total revenue, gains, and other support per audited financial statements			1	13,207	<u>,081.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a 1	<u>,717,056.</u>			
b	Donated services and use of facilities	2b	12,872.			
с	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIII.)	. 2d	78,515.			
е	Add lines 2a through 2d			2e	1,808	<u>,443.</u>
3	Subtract line 2e from line 1			3	11,398	<u>,638.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	265,361.	_		
b	Other (Describe in Part XIII.)	4b	-19,037.			
с	Add lines 4a and 4b			4c		,324.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,644	<u>,962.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		xpenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	9,040	,172.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a	12,872.	_		
b	Prior year adjustments	2b		_		
С	Other losses	2c		_		
d	Other (Describe in Part XIII.)	2d	78,515.			
е	Add lines 2a through 2d			2e		,387.
3	Subtract line 2e from line 1			3	8,948	<u>,785.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	265,361.	_		
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		,361.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 18.</i>)			5	9,214	146.
	rt XIII Supplemental Information.					, 1 4 0 •

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

PART V, LINE 4:

THE COMMUNITY FOUNDATION HELPS INDIVIDUALS, FAMILIES, AND BUSINESSES FIND
THE BEST WAY TO MAKE CHARITABLE GIFTS THAT SUPPORT CAUSES OR ORGANIZATIONS
THEY CARE ABOUT. THE GOAL IS TO DEVELOP A CHARITABLE GIVING STRATEGY THAT
FULFILLS THEIR PERSONAL OBJECTIVES AND MAKES THE MOST SENSE FINANCIALLY.
THE FOUNDATION MAKES GRANTS FROM THE ENDOWMENT FUNDS IN SUPPORT OF ITS
MISSION TO PROMOTE PHILANTHROPY AND IMPROVE THE QUALITY OF LIFE FOR THE
RESIDENTS OF BERKS COUNTY.

PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC

740, INCOME TAXES. ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND

232054 09-01-22

2022.05010 BERKS COUNTY COMMUNITY FO 4650.701

 Schedule D (Form 990) 2022
 BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892 Page 5

 Part XIII Supplemental Information (continued)

 MEASUREMENT ATTRIBUTE FOR COMBINED FINANCIAL STATEMENT RECOGNITION AND

 MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

 RETURN AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS

 DERECOGNITION, INTEREST, PENALTIES, AND DISCLOSURES REQUIRED. THE

 FOUNDATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO

 UNRECOGNIZED TAX BENEFITS IN TAX EXPENSE. THERE WERE NO INTEREST AND

 PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS FOR THE YEARS ENDED JUNE

 30, 2022 AND 2021.

SERVICE (IRS) AND PENNSYLVANIA DEPARTMENT OF REVENUE FOR YEARS PRIOR TO JUNE 30, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS IN BENEFICIAL TRUST

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS

78,<u>51</u>5.

-19,037.

78,515.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	raisi	ng or Gaming A	ctivi	ties	OMB No. 1545-004	7		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, (or if the	2022			
Department of the Treasury Internal Revenue Service	_	Attach to Form 990						Open to Public Inspection			
Name of the organization		o www.irs.gov/Form990 for instru	ictions a	and th	ne latest information	1	Employer	identification numl	ber		
inanio or the englimitation		OUNTY COMMUNITY FC	UNDA	TIC	ON, INC.		23-27				
		Complete if the organization answ				ine 17					
· · · ·		ed funds through any of the followi	na activi	ities (Check all that apply						
a Mail solicitat	•		•		overnment grants						
b Internet and	email solicitations	f Solicita	ation of	gover	nment grants						
c Phone solicitations g Special fundraising events											
d In-person so		r oral agreement with any individua	l (includ	ina of	ficara diractora truc	+000	or				
•		art VII) or entity in connection with r	•	Ũ		lees,		(es 🗌 No			
	highest paid indiv	viduals or entities (fundraisers) pursu			•	ne fun	draiser is to	be			
	asi \$5,000 by the	organization.									
(i) Name and addres	s of individual		(iii) fundra	Did aiser	(iv) Gross receipts		Amount pai r retained b				
or entity (fund	draiser)	(ii) Activity	have cu or cont contribu	trol of	from activity		undraiser ed in col. (i	to (or retained organization			
			Yes	No							
Total											
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contribu	utions	or has been notified	it is e	exempt from	registration			

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990- (a) Event #1	EZ, lines 1 and 6b. List e	vents with gross receipt (c) Other events	
			VETERANS			(d) Total events
			CENTER LUNCH	K9 BOWL	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
Heve	1	Gross receipts	126,109.	22,929.	36,475.	185,513.
	2	Less: Contributions	117,177.	19,952.	32,151.	169,280.
	3	Gross income (line 1 minus line 2)	8,932.	2,977.	4,324.	16,233.
	4	Cash prizes				
	5	Noncash prizes	4,748.		5,926.	10,674.
Direct Expenses	6	Rent/facility costs		1,638.	9,237.	10,875.
ect Exp	7	Food and beverages	23,692.		1,853.	25,545.
	8	Entertainment	20,500.			20,500.
	9	Other direct expenses	10,081.	315.	525.	10,921.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			78,515.
	11	Net income summary. Subtract line 10 from li				-62,282.
a	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
D			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
			(u) Billige	bingo/progressive bingo		col. (a) through col. (c)
	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
הווברו בצהבוואבא	4	Rent/facility costs				
1	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	☐ Yes % No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	_					
	8	Net gaming income summary. Subtract line 7	trom line 1, column (d)			
)	Fnt	ter the state(s) in which the organization condu	cts gaming activities.			
		he organization licensed to conduct gaming ac				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b	lf "`	Yes," explain:				

232082 10-27-22

Sch	edule G (Form 990) 2022	BERKS	COUNTY	COMMUNITY	FOUNDATION,	INC. 23-	2769892	Page 3
	Does the organization conduct ga						Yes	No
12	Is the organization a grantor, bene							
	to administer charitable gaming?						Yes	No
	Indicate the percentage of gaming						13a	%
	The organization's facility						13b	<u></u> %
	Enter the name and address of the							,,,
	Name		· ·					
	Address							
15a	Does the organization have a cont	tract with a th	nird party fron	n whom the organiza	ation receives gaming re	evenue?	Yes	No No
b	If "Yes," enter the amount of gami	ing revenue r	eceived by th	e organization	\$	and the amount		
	of gaming revenue retained by the							
с	If "Yes," enter name and address	of the third p	arty:					
	Name							
	Address							
40								
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	_							
	Description of services provided							
	Director/officer	Employ	ree	Independen	t contractor			
	Mandatory distributions: Is the organization required under	ototo lovi to	maka abarital	ala diatributiana fran	n the coming proceeds	to		
d					in the gaining proceeds		Yes	No No
b	Enter the amount of distributions r							
	organization's own exempt activiti			\$				
Pa	rt IV Supplemental Inform					ns (iii) and (v); and Pa	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. A	Also provide a	iny additional inform	ation. See instructions.			
00000	2 10 27 22					Cabo	dule G (Form	000) 2022
23208	33 10-27-22					Schee		JJUJ 2022

Schedule G	(Form 990) Supplemental Infor	BERKS	COUNTY	COMMUNITY	FOUNDATION,	INC.	23-2769892	Page 4
Part IV	Supplemental Infor	mation _{(cc}	ontinued)					
							Schedule G (F	orm 990)

232084 04-01-22

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Gov	rants and Oth vernments, an ete if the organization Go to www.irs	d Individual	s in the Ŭni on Form 990, Pa 1990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization							Employer identification number
		NITY FOUNDA	FION, INC.	,			23-2769892
Part I General Information on Grants a							
1 Does the organization maintain records t criteria used to award the grants or assis	tance?	-					
2 Describe in Part IV the organization's pro							N/ 1/2 01 (200 - 200
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL GEOGRAPHIC SOCIETY 1145 17TH ST., NW WASHINGTON, DC 20036	53-0193519		10,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL WILDLIFE REFUGE ASSOCIATION - 1701 K STREET, NW SUITE 550 - WASHINGTON, DC 20006	23-7447365		10,000.	0.			FOR GENERAL OPERATING SUPPORT
HIRE HEROS USA 1360 UNION HILL RD SUITE 2A ALPHARETTA, GA 30004	43-1562688		10,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF YEMIN ORDE 200 HIGHLAND AVENUE SUITE 301 NEEDAM, MA 02494	22-3090463		10,000.	0.			FOR GENERAL SUPPORT
INSTITUTE FOR CONSERVATION LEADERSHIP - 115 CENTERWAY SUITE 207 - GREENBELT, MD 20770	52-1708211		74,700.	0.			FOR A STUDY TO ADDRESS ENVIRONMENTAL ISSUES IN BERKS COUNTY
TULPEHOCKEN AREA SCHOOL DISTRICT 27 REHRERSBURG ROAD BETHEL, PA 19507	23-6050725		22,497.	0.			FOR THE PURCHASE OF A DRIVERS EDUCATION VEHICLE
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations 	• •						

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

Schedule I (Form 990) BERKS COUNTY COMMUNITY FOUNDATION, INC.

23-2769892 Page 1

Schedule I (Form 990) BERKS COU Part II Continuation of Grants and Other		NITI FOUNDAT			edule I (Form 990), Pa		3-2769692 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							FOR BERKS COUNTY
AMERICAN CANCER SOCIETY							RESIDENTS - TRANSPORTATION
P.O. BOX 22478 OKLAHOMA CITY, OK 73123	13-1788491		34,000.	0.			& LODGING (ASTRAZENECA HOPE LODGE OF
	15 1700451		51,000.				
HAWK MOUNTAIN SANCTUARY							
1700 HAWK MOUNTAIN ROAD							FOR GENERAL OPERATING
KEMPTON, PA 19529	23-1392700		20,000.	0.			SUPPORT
BOYERTOWN COMMUNITY AMBULANCE							
SERVICE, INC 2 EAST SECOND ST -							FOR CARDIAC MONITOR/
BOYERTOWN, PA 19512	23-6266685		20,000.	0.			DEFIBRILATOR REPLACEMENT
BERKS NATURE							
575 ST. BERNARDINE STREET							
READING, PA 19607	23-1966295		20,000.	0.			FOR CONSERVATION WORK
			,				
BOYERTOWN MIDGET BASEBALL LEAGUE							
PO BOX 34							FOR MACKEY FIELD AT
BOYERTOWN, PA 19512	23-2028558		15,000.	٥.			BOYERTOWN COMMUNITY PARK
HAWK MOUNTAIN SANCTUARY							
1700 HAWK MOUNTAIN ROAD	23-1392700		19,200.	0.			FOR THE KITTATINY RAPTOR MONITORING PARTNERSHIP
KEMPTON, PA 19529	23-1392700		19,200.	0.			MONITORING PARINERSHIP
SOUTH MOUNTAIN YMCA							
201 CUSHION PEAK ROAD							
REINHOLDS, PA 17569	23-2239399		17,900.	٥.			FOR GENERAL SUPPORT
BERKS COUNTY ASSOCIATION FOR THE							
BLIND - 2020 HAMPDEN BLVD -							FOR GENERAL OPERATING
READING, PA 19604	23-1381374		16,900.	0.			SUPPORT
							DEDODE BOD AVERTON
WITF, INC. 4801 LINDLE ROAD							REPORT FOR AMERICA, LATINO COMMUNITIES
HARRISBURG, PA 17111	23-1629016		16,000.	0.			REPORTER
IRANTODONG, FA 1/111	23-1029010		1 10,000.	U.	1		NDI ONIER

Schedule I (Form 990) BERKS COUNTY COMMUNITY FOUNDATION, INC.

23-2769892 Page 1

Part II Continuation of Grants and Other		n I I I FOUNDA nestic Organizations			edule I (Form 990), Pa		3-2769692 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING HOSPITAL FOUNDATION							
6TH AVENUE & SPRUCE STREET, A2							
SOUTH PO BOX 16052 - READING, PA							FOR THE "DELIVERING
19612	47-3054125		20,000.	0.			SERIOUS NEWS" PROGRAM
AMERICAN RED CROSS PENNSYLVANIA							FOR BLOOD SAVES LIVES:
RIVERS CHAPTER - 3939 BROADWAY -							FIGHTING CANCER IN BERKS
ALLENTOWN, PA 18104	53-0196605		20,000.	0.			COUNTY
BERKS NATURE							FOR ASSISTANCE WITH
575 ST. BERNARDINE STREET							EXPENSES OF LAND
READING, PA 19607	23-1966295		16,000.	0.			PROTECTION PROJECTS
READING HOSPITAL FOUNDATION							
6TH AVENUE & SPRUCE STREET, A2							
SOUTH PO BOX 16052 - READING, PA							READING HOSPITAL HIGH
19612	47-3054125		20,261.	0.			SCHOOL INTERNSHIP PROGRAM
GOGGLEWORKS CENTER FOR THE ARTS							
201 WASHINGTON STREET							FOR GENERAL OPERATING
READING, PA 19601	41-2165262		20,000.	0.			SUPPORT
							FOR GENERAL SUPPORT. UP
ST. JOHN'S UCC CHURCH							TO 50% OF THE GRANT MAY
13 GERNANTS CHURCH ROAD							BE USED TO SUPPORT
LEESPORT, PA 19533	23-2769892		5,100.	0.			CHARITABLE AC
	10 1,09091		5,100.				
ST. MARGARET'S SCHOOL							
233 SPRING STREET							FOR 2022-2023 TUITION
READING, PA 19601	23-1352463		14,992.	0.			SUPPORT
							FOR COSTS ASSOCIATED WITH
THE LGBT CENTER OF GREATER READING							THE EDUCATIONAL
640 CENTRE AVENUE							PRESENTATIONS, NOT TO BE
READING, PA 19601	81-3191097		15,000.	0.			USED FOR THE
	01 01007		10,000.				
READING SEVENTH-DAY ADVENTIST							
JUNIOR ACADEMY - 309 KENHORST							FOR 2022-2023 TUITION
BLVD READING, PA 19607	23-2631259		13,170.	0.			SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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 STREET							
READING, PA 19602	23-2087191		12,500.	0.			FOR GENERAL SUPPORT
UNITED WAY OF BERKS COUNTY							
25 N. 2ND ST, STE 101							
READING, PA 19601	23-1655375		12,500.	0.			FOR THE ANNUAL CAMPAIGN
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - 501 ST. JUDE PLACE -	62-0646012		11,400.	0.			FOR GENERAL SUPPORT
MEMPHIS, PA 38105	02-0040012		11,400.	0.			FOR GENERAL SUPPORT
BERKS CATHOLIC HIGH SCHOOL							
955 EAST WYOMISSING BLVD.							
READING, PA 19611	32-0336345		11,400.	0.			FOR GENERAL SUPPORT
			,				
LIFELINE OF BERKS COUNTY, INC.							
612 READING AVENUE							
READING, PA 19611	23-2071962		11,400.	0.			FOR GENERAL SUPPORT
DIOCESE OF ALLENTOWN							
P.O. BOX F							
ALLENTOWN, PA 18105-1538	23-1598116		11,400.	0.			FOR GENERAL SUPPORT
PINE GROVE CHURCH							
1194 READING ROAD PO BOX 573							FOR PLYMOUTH TOWNSHIP
BOWMANSVILLE, PA 17507	23-2243488		11,000.	0.			POLICE K-9 UNIT
OF ADE OF AGAINT HOUSE							
CLARE OF ASSISI HOUSE							FOR CONTINUING TO
325 S 12TH ST	47-1044541		11 000	0.			EMPOWER"
READING, PA 19602	4/-1044341		11,000.	0.			EHF OWER
UNITED WAY OF BERKS COUNTY							
25 N. 2ND ST, STE 101							
READING, PA 19601	23-1655375		10,600.	0.			FOR GENERAL SUPPORT

BERKS COUNTY COMMUNITY FOUNDATION, INC.

	OUNTY COMMUN						23-2769892 Page
Part II Continuation of Grants and Oth (a) Name and address of organization or government	(b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS NATURE							FOR ASSISTANCE WITH
575 ST. BERNARDINE STREET							EXPENSES OF LAND
READING, PA 19607	23-1966295		10,500.	0.			PROTECTION PROJECTS
BERKS NATURE							FOR ASSISTANCE WITH
575 ST. BERNARDINE STREET							EXPENSES OF LAND
READING, PA 19607	23-1966295		10,400.	0.			PROTECTION PROJECTS
SAFE BERKS							FOR SAFE BERKS EDUCATION
255 CHESTNUT STREET	22 2007101		15 000	0			EMPLOYMENT, AND
READING, PA 19602	23-2087191		15,000.	0.			EMPOWERMENT PROGRAM
BERKS NATURE							FOR ASSISTANCE WITH
575 ST. BERNARDINE STREET							EXPENSES OF LAND
READING, PA 19607	23-1966295		21,100.	0.			PROTECTION PROJECTS
BERKS NATURE							
575 ST. BERNARDINE STREET							FOR EASEMENT MANAGEMENT
READING, PA 19607	23-1966295		21,300.	0.			AND DEFENSE
CEADING, FA 19007	23-1900295		21,500.				AND DEFENSE
WYOMISSING PUBLIC LIBRARY							
9 READING AVE							
WYOMISSING, PA 19610	23-1237320		10,300.	0.			FOR GENERAL SUPPORT
BASEBALLTOWN CHARITIES							FOR RENOVATIONS AT THE
PO BOX 15050							RIP-IT BASEBALL TRAINING
READING, PA 19612	16-1663348		42,000.	0.			FACILITY
BERKS CATHOLIC HIGH SCHOOL							
955 EAST WYOMISSING BLVD.							FOR 2022-2023 TUITION
READING, PA 19611	32-0336345		45,609.	0.			SUPPORT
RODALE INSTITUTE							
611 SIEGFRIEDALE ROAD							
KUTZTOWN, PA 19530	23-7206884		50,000.	0.			FOR BEEKEEPING
	23 /20004		1 50,000.	υ.			

Schedule I (Form 990) BERKS COUNTY COMMUNITY FOUNDATION, INC.

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Schedule I (Form 990) BERKS COU Part II Continuation of Grants and Other		NITY FOUNDA	-		edule I (Form 990) Pa		23-2769892 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR READING AREA							
COMMUNITY COLLEGE - 10 SOUTH							FOR RACC'S 50TH
SECOND ST. PO BOX 1706 - READING,							ANNIVERSARY SIGNATURE
PA 19603-1706	23-2273163		50,000.	0.			CHALLENGE
BARRIO ALEGRIA 116 NORTH 11TH STREET							
READING, PA 19601	83-1617182		61,091.	0.			FOR GENERAL SUPPORT
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC 58 KENNEL RD - BIRDSBORO, PA 19508	23-1417505		90,000.	0.			FOR THE MOBILE ADOPTION UNIT
							FOR CATALYZING CLEAN
THE ENERGY EFFICIENCY ALLIANCE							ENERGY WORKFORCE
614 S. 4TH ST. #307							DEVELOPMENT IN THE METED
PHILADELPHIA, PA 19147	23-3007497		40,000.	0.			& PENELEC TERRITO
HUMANE PENNSYLVANIA 1729 N. 11TH STREET	23-1384936		05.000	0.			FOR HEALTHY PETS
READING, PA 19604	23-1384936		95,000.	0.			INITIATIVES
TOWER HEALTH AT HOME 1170 BERKSHIRE BOULEVARD WYOMISSING, PA 19610	23-1466250		95,000.	0.			IMPLEMENTATION OF THE NEW MEDICAL RECORD SYSTEM FOR HOSPICE DEPARTMENT
wiomissing, FA 19010	23-1400230		33,000.	0.			HOSFICE DEFARIMENT
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC 58 KENNEL RD -							FOR CAPACITY BUILDING -
BIRDSBORO, PA 19508	23-1417505		95,000.	٥.			CAPITAL ASSESSMENTS
FOUNDATION FOR THE READING PUBLIC MUSEUM - 500 MUSEUM RD - READING,							TO SUPPORT PLAN TO INCREASE DONOR ENGAGEMENT AND IMPROVE FUNDRAISING
PA 19611-1425	23-2563964		100,000.	0.			EFFORTS
BERKS COUNTY ASSOCIATION FOR THE BLIND - 2020 HAMPDEN BLVD -							FOR LU/LA (LIMITED USE/LIMITED APPLICATION)
READING, PA 19604	23-1381374		115,999.	0.			LIFT

BERKS COUNTY COMMUNITY FOUNDATION, INC.

· · · · · · · · · · · · · · · · · · ·		NITY FOUNDA					23-2769892 Page
Part II Continuation of Grants and Other				overnments (Sche			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOTLIGHT PA							
228 WALNUT ST., #11728							FOR A NEW JOURNALISM
HARRISBURG, PA 17108-1728	92-0577182		135,000.	0.			MODEL FOR BERKS COUNTY
,							
RODALE INSTITUTE							
611 SIEGFRIEDALE ROAD							FOR RODALE INSTITUTE
KUTZTOWN, PA 19530	23-7206884		150,000.	0.			SCIENCE CENTER
ESTATE OF DOMINGO CRUZ							
867 BERKSHIRE BLVD, SUITE 103							
WYOMISSING, PA 19610	23-2769892		95,000.	0.			IN MEMORY OF DOMINGO CRUZ
BERKS NATURE							
575 ST. BERNARDINE STREET							FOR EASEMENT MANAGEMENT
READING, PA 19607	23-1966295		21,300.	0.			AND DEFENSE
HCSC BLOOD CENTER DBA	23 1900293		21,500.	••			FOR MILLER-KEYSTONE BLOOD
MILLER-KEYSTONE BLOOD CENTER -							CENTER USES CENTRIFUGE
1465 VALLEY CENTER PARKWAY -							TECHNOLOGY TO PROCESS
BETHLEHEM, PA 18017	23-1731796		38,900.	0.			BLOOD PRO
			, .				
HELPING HARVEST FOOD BANK							
117 MORGAN DRIVE							
SINKING SPRING, PA 19608	22-2456238		36,020.	0.			FOR THE WEEKENDER PROGRAM
JOHN PAUL II CENTER FOR SPECIAL							FOR 2022-2023 TUITION
LEARNING - 1092 WELSH ROAD -							SUPPORT FOR ALEXANDRA
SHILLINGTON, PA 19607	46-2673757		24,000.	0.			CASTILLO
FOUNDATION FOR READING AREA							
COMMUNITY COLLEGE - 10 SOUTH							
SECOND ST. PO BOX 1706 - READING,	00.00701.00						FOR 2022 READING HIGH
PA 19603-1706	23-2273163		24,220.	0.			SCHOOL OPPORTUNITY FUND
J.K. BOYER BOYERTOWN COMMUNITY							FOR COMMUNITY ACTIVITIES
LIBRARY - 24 N. READING AVE -							AT THE BOYERTOWN
BOYERTOWN, PA 19512	23-2519885		24,900.	0.			COMMUNITY LIBRARY

BERKS COUNTY COMMUNITY FOUNDATION, INC.

		NITY FOUNDA					23-2769892 Page
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC. – 58 KENNEL RD – BIRDSBORO, PA 19508	23-1417505		25,000.	0.			FOR GENERAL OPERATING SUPPORT
HUMANE PENNSYLVANIA 1801 N. 11TH ST. READING, PA 19604	23-1384936		25,000.	0.			FOR GENERAL OPERATING SUPFORT
JEWISH FEDERATION OF READING 1100 BERKSHIRE BLVD., SUITE 125 WYOMISSING, PA 19610	23-1728784		25,000.	0.			FOR THE LOCAL COMMUNITY FUND
SOUTH MOUNTAIN YMCA 201 CUSHION PEAK ROAD REINHOLDS, PA 17569	23-2239399		36,300.	0.			FOR GENERAL SUPPORT
RYERSS FARM FOR AGED EQUINES 1710 RIDGE ROAD POTTSTOWN, PA 19465	23-6215037		25,000.	0.			FOR RESCUE HORSES AND THOSE IN NEED OF CARE
AEVIDUM PO BOX 64 LITITZ, PA 17543	27-3668412		25,750.	0.			FOR IVE GOT YOUR BACK: STUDENT-DRIVEN MENTAL HEALTH SUPPORT & SUICIDE PREVENTIO
JEWISH FEDERATION OF READING 1100 BERKSHIRE BLVD., SUITE 125 WYOMISSING, PA 19610	23-1728784		27,000.	0.			FOR SUPPORT TO THE JEWISH FAMILY SERVICE PROGRAM
SAFE BERKS 255 CHESTNUT STREET READING, PA 19602	23-2087191		27,000.	0.			FOR SUPPORT TO THE EMERGENCY SAFE HOUSE
READING SEVENTH-DAY ADVENTIST JUNIOR ACADEMY - 309 KENHORST BLVD READING, PA 19607	23-2631259		30,430.	0.			FOR 2022-2023 TUITION SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							FOR HEALTH OUTREACH
DREXEL UNIVERSITY COLLEGE OF							PROJECT (HOP) AT DREXEL
MEDICINE - 50 INNOVATION WAY -							UNIVERSITY COLLEGE OF
WYOMISSING, PA 19607	23-1352630		32,446.	0.			MEDICINE AT TO
HELPING HARVEST FOOD BANK							
117 MORGAN DRIVE							FOR GENERAL OPERATING
SINKING SPRING, PA 19608	22-2456238		35,000.	0.			SUPPORT
SINKING SIKING, IK 19000	22 2430230		33,000.	0.			BUTTORI
THE KING'S ACADEMY							
1562 MAIN STREET							FOR 2022-2023 TUITION
MOHRSVILLE, PA 19541	23-2965423		25,404.	0.			SUPPORT
ST. IGNATIUS LOYOLA ROMAN CATHOLIC							
CHURCH - 2810 ST. ALBAN'S DRIVE -							
SINKING SPRING, PA 19608-1028	23-1684800		10,263.	0.			FOR GENERAL SUPPORT
PENNSYLVANIA SCHOOL FOR THE DEAF							
100 WEST SCHOOL HOUSE LANE							
PHILADELPHIA, PA 19144	23-1581227		10,263.	0.			FOR GENERAL SUPPORT
DICKINSON COLLEGE							
28 N. COLLEGE STREET PO BOX 1773							FOR F.A.R.M. LAB AT
CARLISLE, PA 17013	23-1365954		150,000.	0.			DICKINSON COLLEGE FARM
	23 1303334		130,000.				DICKINGON COLLEGE FARM
SAFE BERKS							
255 CHESTNUT STREET							
READING, PA 19602	23-2087191		7,600.	0.			FOR OPERATIONS
			, ,				
WEST READING POLICE DEPARTMENT							
500 CHESTNUT ST							
WEST READING, PA 19611	23-6002959		7,500.	0.			FOR THE K9 UNIT
REFORM CONGREGATION OHEB SHOLOM							
555 WARWICK DRIVE							FOR ROSALYE YASHEK'S
WYOMISSING, PA 19610-1825	23-1664967		7,500.	Ο.			ANNUAL DUES

BERKS COUNTY COMMUNITY FOUNDATION, INC. Schedule I (Form 990) ation of Gra .

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF READING							
1100 BERKSHIRE BLVD., SUITE 125							
WYOMISSING, PA 19610	23-1728784		7,500.	٥.			FOR GENERAL SUPPORT
WEST READING POLICE DEPARTMENT							FOR THE WEST READING
500 CHESTNUT ST							POLICE DEPARTMENT K-9
WEST READING, PA 19611	23-6002959		7,500.	0.			PROGRAM
SACRED HEART SCHOOL							
701 FRANKLIN STREET							FOR 2022-2023 TUITION
WEST READING, PA 19611	23-1547583		7,456.	0.			SUPPORT
THE ANIMAL RESCUE LEAGUE OF BERKS							FOR THE DIRECT SUPPORT OF
COUNTY, INC 58 KENNEL RD -							ANIMAL CARE, FOOD, OR
BIRDSBORO, PA 19508	23-1417505		7,450.	٥.			MEDICINE
HUMANE PENNSYLVANIA							FOR THE DIRECT SUPPORT OF
1729 N. 11TH STREET							ANIMAL CARE, FOOD, OR
READING, PA 19604	23-1384936		7,450.	٥.			MEDICINE
ST. IGNATIUS LOYOLA ROMAN CATHOLIC							
CHURCH - 2810 ST. ALBAN'S DRIVE -							FOR GENERAL OPERATING
SINKING SPRING, PA 19608-1028	23-1684800		7,245.	0.			SUPPORT
DREXEL UNIVERSITY COLLEGE OF							
MEDICINE - 50 INNOVATION WAY -							FOR THE SCREENING EYE
WYOMISSING, PA 19607	23-1352630		7,000.	٥.			EXAMINATION CLINIC
DREXEL UNIVERSITY							
P.O. BOX 8215							UNRESTRICTED GIFT FOR THE
PHILADELPHIA, PA 19101-9684	23-1352630		7,000.	٥.			DREXEL FUND
DREXEL UNIVERSITY							
P.O. BOX 8215							
PHILADELPHIA, PA 19101-9684	23-1352630		7,000.	0.			FOR THE DREXEL FUND

BERKS COUNTY COMMUNITY FOUNDATION, INC.

		NITY FOUNDA					23-2769892 Page
Part II Continuation of Grants and Other A	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS NATURE							FOR SUPPORT OF
575 ST. BERNARDINE STREET							ENVIRONMENTAL EDUCATION
READING, PA 19607	23-1966295		6,900.	0.			PROGRAMS
BERKS NATURE							FOR SUPPORT OF
575 ST. BERNARDINE STREET	22 100000		C 000	0			ENVIRONMENTAL EDUCATION
READING, PA 19607	23-1966295		6,800.	0.			PROGRAMS
IMMANUEL UNITED CHURCH OF CHRIST							
99 SOUTH WAVERLY STREET							FOR PRESCHOOL SUMMER OF
SHILLINGTON, PA 19607	23-1573126		6,750.	0.			FUN ENRICHMENT CAMP
· · · · · · · · · · · · · · · · · · ·							
STUDIO B ART GALLERY							
39A E PHILADELPHIA AVE							FOR LEGACY: REMEMBRANCE
BOYERTOWN, PA 19512	04-3724833		6,690.	0.			MATTERS
IMMANUEL UNITED CHURCH OF CHRIST							
99 SOUTH WAVERLY STREET							
SHILLINGTON, PA 19607	23-1573126		6,661.	0.			NEXT DOOR
JUNIOR ACHIEVEMENT OF SOUTHEASTERN							
PA - 994 OLD EAGLE SCHOOL ROAD,							
SUITE 1014 - WAYNE, PA 19087	23-1386172		5,200.	0.			FOR BERKS COUNTY PROGRAMS
,,,				```			
UNITED WAY OF BOYERTOWN AREA							
39B E. PHILADELPHIA AVE. PO BOX 213							
BOYERTOWN, PA 19512-0213	23-6395495		5,368.	0.			FOR GENERAL SUPPORT
UNITED WAY OF BOYERTOWN AREA							
39B E. PHILADELPHIA AVE. PO BOX 213							
BOYERTOWN, PA 19512-0213	23-6395495		5,456.	0.			FOR GENERAL SUPPORT
							CDADE ING A LOVE OF CERTY
THE S.P.A.R.K.S FOUNDATION							SPARK-ING A LOVE OF STEM
110 WEST WYOMISSING AVENUE	06-1600204		E E00	_			IN GOVERNOR MIFFLIN
MOHNTON, PA 19540	06-1689284		5,500.	٥.			SCHOOL DISTRICT!

BERKS COUNTY COMMUNITY FOUNDATION, INC.

		IITY FOUNDA					23-2769892 Page
Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AMOS LEMON BURKHART FOUNDATION							
2 CHADWICK DR.							MIFFLIN COMMUNITY STEAM
MOHNTON, PA 19540	83-4447469		5,500.	0.			GALLERY
THE LGBT CENTER OF GREATER READING							
640 CENTRE AVENUE							
READING, PA 19601	81-3191097		5,500.	Ο.			FOR DISCOVERY DAY CAMP
			, .				
SOUTH MOUNTAIN YMCA							
201 CUSHION PEAK ROAD							
REINHOLDS, PA 17569	23-2239399		7,600.	0.			FOR GENERAL SUPPORT
READING YOUTH LEGION BASEBALL 440 WISTERIA AVENUE							FOR READING YOUTH LEGION
READING, PA 19606	86-2969186		6,000.	0.			BASEBALL PROGRAM
	00 2303100		0,000.				
GOVERNOR MIFFLIN EDUCATION							
FOUNDATION - 10 SOUTH WAVERLY							
STREET - SHILLINGTON, PA 19607	23-2790848		6,000.	0.			THE MIFFLIN SUMMER ZONE
GOGGLEWORKS CENTER FOR THE ARTS							
201 WASHINGTON STREET	41 0165060		C 000	0			FOR GARDENS AT LAUER'S
READING, PA 19601	41-2165262		6,000.	0.			PARK
HOPE RESCUE MISSION							
645 NORTH 6TH STREET							
READING, PA 19601	23-1413677		6,000.	Ο.			FOR UTILITY EXPENSES
CHRIST EPISCOPAL CHURCH							
435 COURT STREET PO BOX 1094							FOR THE STRATEGIC
READING, PA 19603-1094	23-1360838		6,000.	0.			VISIONING PROPOSAL
BERKS COUNTY SHERIFF'S DEPARTMENT							
633 COURT STREET, 3RD FL.							FOR THE BERKS COUNTY
READING, PA 19601	23-6003049		6,100.	Ο.			SHERIFF'S K9 UNIT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY HOUSE							
430 N. SECOND STREET PO BOX 12303							FOR KITCHEN EQUIPMENT
READING, PA 19612-2303	23-2543677		6,510.	0.			UPGRADES
,			,				
POTTSTOWN CLUSTER OF RELIGIOUS							FOR PERSONAL CARE &
COMMUNITIES - 57 NORTH FRANKLIN ST							CLEANING PRODUCT
- POTTSTOWN, PA 19464	23-1977722		6,000.	0.			ASSISTANCE
VILLANOVA UNIVERSITY							
800 EAST LANCASTER AVENUE							
VILLANOVA, PA 19085	23-1352688		10,263.	0.			FOR GENERAL SUPPORT
SOUTH MOUNTAIN YMCA							
201 CUSHION PEAK ROAD							
REINHOLDS, PA 17569	23-2239399		7,700.	0.			FOR GENERAL SUPPORT
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••			
HOPE OF THE NATIONS CHRISTIAN							
CENTER/HOPE CENTER - 134 N. 5TH							
STREET - READING, PA 19601	30-0307656		8,000.	0.			FOR SUMMER ARTS CAMP
REFORM CONGREGATION OHEB SHOLOM							
555 WARWICK DRIVE							
WYOMISSING, PA 19610-1825	23-1664967		10,000.	0.			FOR GENERAL SUPPORT
THE NATURE CONSERVANCY							
555 E. NORTH LANE, STE. 6030							FOR THE PA CHAPTER FOR
CONSHOHOCKEN, PA 19428	53-0242652		10,000.	0.			WORK IN PA
BREAST CANCER SUPPORT SERVICES OF							
BERKS COUNTY - 529 READING AVENUE,							FOR SUPPORT SERVICES FO
SUITE C - READING, PA 19611	23-2762595		10,000.	0.			WOMEN WITH BREAST CANCE
	23 2702393		10,000.				CANCER
RED CREEK WILDLIFE CENTER							
300 MOONHILL DRIVE							
SCHUYLKILL HAVEN, PA 17972	23-2865324		10,000.	Ο.			FOR GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WCR CENTER FOR THE ARTS INC							
2650 WESTVIEW DRIVE							
WYOMISSING, PA 19610	32-0117034		10,000.	0.			FOR THE ELEVATOR PROJECT
	52 011/054		10,000.	0.			
READING SYMPHONY ORCHESTRA							
100 N. FIFTH STREET							FOR GENERAL OPERATING
READING, PA 19601-3494	23-1741046		10,000.	0.			SUPPORT
	25 1/11010		10,000.	0.			
NEW JOURNEY COMMUNITY OUTREACH							
INC 138 SOUTH 6TH STREET -							FOR FOOD PROGRAM STAFF
READING, PA 19602	46-3623955		10,000.	0.			SUPPORT
			,	- •			
MIFFLIN COMMUNITY LIBRARY							
6 PHILADELPHIA AVENUE							FOR CULTURAL READING
SHILLINGTON, PA 19607	23-2980611		10,000.	0.			MATERIAL
EPHRATA RECREATION CENTER							
130 SOUTH ACADEMY DRIVE							
EPHRATA, PA 17522	23-1392955		10,000.	0.			FOR GENERAL SUPPORT
			,	- •			
GENERAL CARL SPAATZ REGIONAL ARMY							FOR GENERAL SPAATZ MUSEU
AIR CORPS MUSEUM - 28 WARWICK							BASD TOUR PROGRAM AND
STREET - BOYERTOWN, PA 19512	82-2537537		10,000.	0.			MECHANICAL/HVAC UPGRADE
,			,				
THE HIGHLANDS AT WYOMISSING							
2000 CAMBRIDGE AVENUE							FOR THE EMPLOYEE
WYOMISSING, PA 19610	22-2790840		10,000.	Ο.			SCHOLARSHIP PROGRAM
			,				
LANCASTER COUNTY CAREER AND							
TECHNOLOGY FOUNDATION - 432 OLD							
MARKET STREET - MT. JOY, PA 17552	02-0649256		10,000.	0.			FOR GENERAL SUPPORT
			,	••			
PLANNED PARENTHOOD KEYSTONE							
610 LOUIS AVE., STE. 300							
WARMINSTER, PA 18974	23-2450112		10,000.	0.			FOR GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINE GROVE CHURCH							
1194 READING ROAD PO BOX 573							
BOWMANSVILLE, PA 17507	23-2243488		10,000.	0.			FOR GENERAL SUPPORT
	20 2210100		10,000.				
BERKS CONNECTIONS/PRETRIAL							FOR URGENT AND BASIC NEED
SERVICES - 19 N. 6TH STREET 4TH							FUNDING FOR REENTRANT
FLOOR - READING, PA 19601	23-1969810		10,000.	0.			WOMEN
	10 19 09 0 10						FOR THE FRESH START
THE LGBT CENTER OF GREATER READING							PROGRAM, WHICH WILL
640 CENTRE AVENUE							PROVIDE SHOWER AND
READING, PA 19601	81-3191097		10,000.	0.			LAUNDRY FACILITIES TO
CYSTIC FIBROSIS FOUNDATION -							
LEHIGH VALLEY BRANCH - 600							
CORPORATE CIRCLE SUITE 103 -							
HARRISBURG, PA 17110	13-1930701		10,000.	0.			FOR TEAM AUBREY - LV GS
BERKS COUNTY ASSOCIATION FOR THE							
BLIND - 2020 HAMPDEN BLVD -							FOR CHILDREN'S VISION
READING, PA 19604	23-1381374		8,000.	٥.			SCREENINGS
			-,				
HANNAH'S HOPE MINISTRIES							
736 UPLAND AVENUE							
READING, PA 19607	45-4674547		8,000.	0.			FOR PATH TO INDEPENDENCE
,			, ,				
CAFE ESPERANZA							
105 W GREENWICH ST							
READING, PA 19601	82-2283678		8,250.	0.			FOR THE BREAKFAST CLUB
· · · · ·							
THE ANIMAL RESCUE LEAGUE OF BERKS							
COUNTY, INC 58 KENNEL RD -							
, BIRDSBORO, PA 19508	23-1417505		8,400.	0.			FOR GENERAL SUPPORT
BERKS CHRISTIAN SCHOOL							
926 PHILADELPHIA AVENUE							FOR 2022-2023 TUITION
BIRDSBORO, PA 19508	23-2005505		8,802.	0.			SUPPORT

BERKS COUNTY COMMUNITY FOUNDATION, INC.

		NITY FOUNDA					23-2769892 Page 1		
Part II Continuation of Grants and Other A (a) Name and address of ••••••••••••••••••••••••••••••••••••	Assistance to Don (b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant		
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance		
CITY OF READING POLICE DEPARTMENT							FOR THE PURCHASE OF A		
315 WASHINGTON STREET							DUAL PURPOSE POLICE		
READING, PA 19601	23-6001907		8,900.	0.			SERVICE DOG		
HAMBURG AREA EDUCATION FOUNDATION									
701 WINDSOR STREET									
HAMBURG, PA 19526	81-0595857		7,700.	0.			FOR GENERAL SUPPORT		
RONALD MCDONALD HOUSE CHARITIES OF									
CENTRAL PA - 745 WEST GOVERNOR							FOR BERKS COUNTY FAMILIES		
ROAD - HERSHEY, PA 17033	23-2204761		9,000.	0.			TO STAY IN HERSHEY		
	23 2204701		5,000.						
CITY OF READING									
815 WASHINGTON STREET, ROOM #2-33							FOR CITY OF READING PRIDE		
READING, PA 19601	23-6001907		9,177.	0.			PARADE		
PLYMOUTH TOWNSHIP POLICE									
DEPARTMENT - 700 BELVOIR RD							FOR PLYMOUTH TOWNSHIP		
PLYMOUTH MEETING, PA 19462	23-6003036		9,500.	0.			POLICE K-9 UNIT		
BLUE MOUNTAIN ACADEMY							FOR 2022-2023 TUITION		
2363 MOUNTAIN ROAD							SUPPORT FOR TRISHA		
HAMBURG, PA 19526	23-1581830		9,540.	0.			SMITH-DATSON		
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD									
STATEN ISLAND, PA 10306	02-0554654		9,600.	0.			FOR GENERAL SUPPORT		
STATEN ISLAND, PA 10300	02-0554054		9,000.	0.			FOR GENERAL SUPPORT		
WESTERN BERKS AMBULANCE									
ASSOCIATION - 2506 BELMONT AVENUE							FOR GENERAL OPERATING		
- WEST LAWN, PA 19609-1535	23-6398510		10,000.	0.			SUPPORT		
THE SALVATION ARMY									
301 S. 5TH STREET							FOR RENTAL ASSISTANCE		
READING, PA 19602	13-5562351		10,000.	٥.			PROGRAM		

BERKS COUNTY COMMUNITY FOUNDATION, INC. Schedule I (Form 990)

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Schedule I (Form 990) DEKKS COU.	NII COMMOI	NIII FOUNDA	110N, $1NC$	•		2	
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DONALD MODONALD HOHOE DUTLADELDUTA							
RONALD MCDONALD HOUSE PHILADELPHIA 3925 CHESTNUT STREET							FOR BERKS COUNTY FAMILIES
PHILADELPHIA, PA 19104	23-7377505		9,000.	٥.			TO STAY IN PHILADELPHIA
BERKS NATURE							
575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		1,035,900.	0.			FOR GENERAL OPERATING SUPPORT
	23-1900295		1,035,900.	0.			SUFFORI
			1			1	I

232102 10-31-22

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 BERKS COUNTY COMMUNITY FOUNDATION, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS TO PRIMARY AND SECONDARY SCHOOLS	319	807,727.	0.		
		,			
UNERAL EXPENSES	3	1,400.	0.		
		, .			
SUPPORT FOR EXTRAORDINARY NEEDS	23	15,032.	0.		
		21 700			
OUTH DEVELOPMENT	46	21,700.	0.		
EDICAL COST ASSISTANCE	7	4,297.	0.		

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

PART I, LINE 2:

GRANTEES ARE REQUIRED TO COMPLETE A GRANT REPORT ONE YEAR AFTER THE GRANT

IS MADE IF THERE IS A RESTRICTION ON THE GRANT'S PURPOSE IF IT IS FOR

ANYTHING OTHER THAN GENERAL OPERATING SUPPORT.

23-2769892

Schedule I (Form 990) BERKS COUNTY COM	MUNITY	FOUNDATION	, INC.		23-2769892	Page 2
Part III Continuation of Grants and Other Assistance to Domest	tic Individuals	(Schedule I (Form 99	00), Part III.)	1		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assis	stance
DISASTER RELIEF	13.	1 012 000	0.			
DISASTER RELIEF	13.	1,013,000.				

SC	HEDULE J	Compensation Information		OMB No.	1545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2022			
		Compensated Employees		ZU	22	-	
Dene	terrant of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nam	e of the organizatio	1	Employer	identificati	on nu	mber	
		BERKS COUNTY COMMUNITY FOUNDATION, INC.	23-	276989	2		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or d	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments X Health or social club dues or initiation fee	s				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)				
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X	
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i -				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation	committee X Written employment contract					
	X Independent	ompensation consultant X Compensation survey or study					
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severance	e payment or change-of-control payment?		4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X	
с	-	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n				
	contingent on the r						
						X	
b		ation?		<u>5b</u>		X	
		r 5b, describe in Part III.					
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n				
	contingent on the r						
	•					X	
b		ation?		<u>6b</u>		X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		37	
	not described on lines 5 and 6? If "Yes," describe in Part III					X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			37	
_				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?				<u> </u>	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forr	n 990	2022 (

232111 10-18-22

BERKS COUNTY COMMUNITY FOUNDATION, INC. 23-2769892

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KEVIN K. MURPHY	(i)	222,884.	40,000.	0.	10,250.	9,951.	283,085.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FRANCES A. AITKEN	(i)	170,956.	10,000.	0.	7,354.	9,143.	197,453.	0.
TREASURER & CHIEF OPERATIN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (F	orm 990) 2022
---------------	---------------

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.

SCHEDUI	.е м
(Form 990))

Department of the Treasury Internal Revenue Service

Part I

1

2

3

4 5

Noncash Contributions

OMB No. 1545-0047

Inspection

2022 Open to Public

Employer identification number

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

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

Name of the organization

Types of Property

Art - Works of art

Art - Historical treasures

Art - Fractional interests

Books and publications

BERKS COUNTY COMMUNITY FOUNDATION, INC.

COMMU	NITY FOUNI	23-2769892	
(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

5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	4	128,440.	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 organiz	zation during	the tax year for co	ontributions		
	for which the organization completed Form 82	83, Part V, Do	onee Acknowledge	ement		
					Yes N	lo

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 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	. 30a		Х
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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
	For Denerwork Reduction Act Nation, and the Instructions for Form 000	o M (Eorn	- 000	0000

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022 Supplementa	BERKS	COUNTY	COMMUNITY	FOUNDATION,	INC.	23-2769892	Page 2
Part II		I l Informa t rt I, column (I	t ion. Provide b), the number	the information reg	uired by Part I, lines 30b	, 32b, and 3	3, and whether the organiza nbination of both. Also comp	tion olete
	this part for any a		mation.					
232142 09-09-2	20						Schedule M (Form	990) 202(

dule M (Form 990) 203

SCHEDULE O (Form 990)

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

Employer identification number 23-2769892

OMB No. 1545-0047

BERKS COUNTY COMMUNITY FOUNDATION, INC.

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PENNSYLVANIA.

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

THE FOUNDATION'S AUDIT COMMITTEE'S PRIMARY FUNCTION IS TO ASSIST THE BOARD

IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATING TO MONITORING THE

QUALITY, RELIABILITY AND INTEGRITY OF THE EXTERNAL FINANCIAL REPORTING

PROCESS. THIS INCLUDES THE AUDITED FINANCIAL STATEMENTS AS WELL AS THE IRS

FORM 990. THE AUDIT COMMITTEE REVIEWS BOTH DOCUMENTS AND WILL MAKE A

RECOMMENDATION TO THE BOARD FOR APPROVAL. THE BOARD IS PROVIDED COPIES OF

THE CONSOLIDATED FINANCIAL STATEMENTS AND FORM 990 FOR REVIEW BEFORE

APPROVAL.

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

ANNUALLY ALL BOARD MEMBERS, COMMITTEE MEMBERS, AND STAFF ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM. COMPLETED FORMS ARE SUBMITTED TO THE GOVERNANCE COMMITTEE. ONE OF THE GOVERNANCE COMMITTEE'S ROLES IS TO ANNUALLY REVIEW THE CONFLICT OF INTEREST FORMS SUBMITTED AND MAKE ANY NECESSARY DISCLOSURES IF A CONFLICT IS NOTED.

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

THE COMPENSATION OF THE PRESIDENT OF THE COMMUNITY FOUNDATION IS REVIEWED
AND RECOMMENDED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE
COMMITTEE MEETS IN EXECUTIVE SESSION WITHOUT STAFF PRESENT. THEY REVIEW THE
ESTABLISHED PERFORMANCE OBJECTIVES AND RESULTS OF THE PRESIDENT. IN
ADDITION, THE COMMITTEE REVIEWS INDUSTRY COMPENSATION DATA FROM FORMS 990
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990) 2022
232211 10-28-22

12351214 759120 4650.700

Schedule O (Form 990) 2022	Page 2
Name of the organization BERKS COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number 23-2769892
OF PEER GROUP ENTITES. IT ALSO REVIEWS COMPARABLE LOCAL DAT	TA PROVIDED
PERIODICALLY BY A REGIONAL HUMAN RESOURCES CONSULTING FIRM	AFTER REVIEWING
THAT MATERIAL, THE EXECUTIVE COMMITTEE ESTABLISHES A COMPEN	ISATION LEVEL
THAT IS DESIGNED TO RECOGNIZE CURRENT MARKET CONDITIONS ANI	D PERFORMANCE IN
THE POSITION. THIS INFORMATION IS THEN REVIEWED IN EXECUTIV	/E SESSION WITH
THE BOARD, WHICH VOTES UPON COMPENSATION.	

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

THE FOUNDATION HAS AN OPEN BOOK POLICY OF DISCLOSURE OF INFORMATION TO THE PUBLIC. ALL BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF ARE AWARE OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY AS THEY ARE REQUIRED TO ANNUALLY READ THE POLICY AND COMPLETE A QUESTIONNAIRE AS TO ANY CONFLICTS THEY MAY HAVE. THESE FORMS ARE REVIEWED BY THE FOUNDATION'S GOVERNANCE COMMITTEE AND, IF NECESSARY, DISCLOSURE OF ANY NOTED CONFLICT IS MADE TO THE BOARD, COMMITTEE, STAFF AND DISCLOSED IN THE FOUNDATION'S AUDITED FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:CHANGE IN BENEFICIAL INTEREST TRUSTS19,037.CHANGE IN AGENCY FUNDING-842,665.TOTAL TO FORM 990, PART XI, LINE 9-823,628.

Schedule O (Form 990) 2022

232212 10-28-22

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 23 - 2769892

Department of the Treasury Internal Revenue Service

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

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BCCF PROPERTIES LLC - 81-2246750					
237 COURT STREET					BERKS COUNTY COMMUNITY
READING, PA 19601	HOLD AND MANAGE REAL ESTATE	PENNSYLVANIA			FOUNDATION, INC.
COMMUNITY PROPERTIES LLC - 35-1549052					
237 COURT STREET					BERKS COUNTY COMMUNITY
READING, PA 19601	HOLD AND MANAGE REAL ESTATE	PENNSYLVANIA			FOUNDATION, INC.
	-				
	_				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
BERKS COUNTY COMMUNITY FOUNDATION PROPERTIES							
II - 43-1985063, 237 COUNTY STREET, READING,	TO ACCEPT GIFTS OF REAL						
PA 19601	PROPERTY	PENNSYLVANIA	501(C)(3)	LINE 12A, I			Х
SOUTH MOUNTAIN CAMPS FOUNDATION - 26-4511865							
237 COUNTY STREET	ACCEPT GIFTS FOR						
READING, PA 19601	CHARITABLE PURPOSES	PENNSYLVANIA	501(C)(3)	LINE 12A, I			Х
HOME HEALTH CARE FOUNDATION - 82-2913556							
237 COUNTY STREET	HEALTH CARE ACTIVITY			LINE 12C,			
READING, PA 19601	RELATED DISTRIBUTIONS	PENNSYLVANIA	501(C)(3)	III-FI			х
]						1
	1						1

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

Schedule R (Form 990) 2022 BERKS COUNTY COMMUNITY FOUNDATION, INC.

23-2769892 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	T	,					-			<u> </u>		
(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j		(
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	e of total Share of loome end-of-year assets —		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Percenta ging er?	tage ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	-											
											<u> </u>	
	-											
	-											
	-											
	1											
	1											
			1	1								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage 512 ownership er		(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
									<u> </u>
									<u> </u>
								1 '	

Schedule R (Form 990) 2022 BERKS COUNTY COMMUNITY FOUNDATION, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b		Х	
	Gift, grant, or capital contribution from related organization(s)	1c	X		
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
ο	Sharing of paid employees with related organization(s)	10		X	
р	Reimbursement paid to related organization(s) for expenses	1p		X	
	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
S	Other transfer of cash or property from related organization(s)	1s		Х	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 BERKS COUNTY COMMUNITY FOUNDATION, INC.

23-2769892 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(-)	(1-)	(-)	(-1)	10		(4)	()		- \	(1)	(1)	(1.)	
(a)	(b)	(c)	(d)	(e) Are a	i ll	(f)	(g)		h)	(i)	(j)	(k)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin		
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?		
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	<u>'</u>	
				+	-+							+	
												L	
												 	

Schedule R (Form 990) 2022

Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22

Combined Financial Statements June 30, 2023 and 2022



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CONTENTS

INDEPENDENT AUDITORS' REPORT	
COMBINED FINANCIAL STATEMENTS	
Combined Statements of Financial Position	1
Combined Statements of Activities	2-3
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Combined Statements of Functional Expenses	5-6
Notes to Combined Financial Statements	7-24



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Independent Auditors' Report

The Board of Directors Berks County Community Foundation, Inc., Supporting Organizations and Disregarded Entities Reading, Pennsylvania

Opinion

We have audited the combined financial statements of Berks County Community Foundation, Inc., Supporting Organizations and Disregarded Entities (the Foundation), which comprise the combined statements of financial position as of June 30, 2023 and 2022, and the related combined statements of activities, cash flows, and functional expenses for the years then ended, and the related notes to the combined financial statements.

In our opinion, the accompanying combined financial statements present fairly, in all material respects, the financial position of the Foundation as of June 30, 2023 and 2022, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the combined financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern for one year after the date that the combined financial statements are issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the combined financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the combined financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the combined financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the combined financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the combined financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Mreisener Miller

Horsham, Pennsylvania October 18, 2023

Combined Statements of Financial Position June 30, 2023 and 2022

	2023	2022		
ASSETS				
Cash and cash equivalents	\$ 4,183,198	\$	4,388,737	
Prepaid expenses	64,309		37,489	
Contributions receivable, net	20,730		48,054	
Beneficial interest in trusts	946,518		927,481	
Property and equipment, net	67,116		47,623	
Building, net	4,220,688		4,126,937	
Land	243,754		243,754	
Loans and interest receivable, net	278,954		315,067	
Investments, at fair value	 113,953,383		109,998,232	
Total assets	\$ 123,978,650	\$	120,133,374	
LIABILITIES AND NET ASSETS Liabilities:				
Accounts payable	\$ 111,682	\$	78,194	
Grants payable, net	1,493,698		1,696,056	
Accrued expenses	110,817		189,402	
Notes payable	1,641,927		1,707,386	
Annuity payment liabilities	31,585		39,671	
Funds held as agency endowments	 3,986,752		3,144,088	
Total liabilities	 7,376,461		6,854,797	
Net assets:				
Without donor restrictions	115,655,671		112,351,096	
With donor restrictions	946,518		927,481	
Total net assets	 116,602,189		113,278,577	
Total liabilities and net assets	\$ 123,978,650	\$	120,133,374	

Combined Statements of Activities Years Ended June 30, 2023 and 2022

	2023					
	Without Donor			With Donor		
		Restrictions	Re	estrictions		Total
Revenues and other support:						
Contributions	\$	4,844,852	\$	-	\$	4,844,852
Other revenues and gains:						
Investment income		1,925,764		-		1,925,764
Net realized gain on investments		3,885,346		-		3,885,346
Net unrealized gain (loss) on investments		1,381,661		-		1,381,661
Net unrealized gain (loss) from						
beneficial interest in trusts		-		19,037		19,037
Other income		144,959		-		144,959
Total revenues (losses) and other support		12,182,582		19,037		12,201,619
Expenses:						
Program services		7,352,540		-		7,352,540
General and administrative		919,312		-		919,312
Fundraising		606,155		-		606,155
0						
Total expenses		8,878,007		-		8,878,007
Increase (decrease) in net assets		3,304,575		19,037		3,323,612
Net assets, beginning of year		112,351,096		927,481		113,278,577
Net assets, end of year	\$	115,655,671	\$	946,518	\$	116,602,189

2022						
W	ithout Donor	With	n Donor			
Ι	Restrictions	Rest	trictions		Total	
\$	5,249,395	\$	-	\$	5,249,395	
	1,772,175		-		1,772,175	
	8,040,329		-		8,040,329	
	(23,603,429)		-		(23,603,429)	
	-	((163,346)		(163,346)	
	77,574		-		77,574	
	(8,463,956)	((163,346)		(8,627,302)	
	6,907,705		-		6,907,705	
	649,646		-		649,646	
	414,520		-		414,520	
	7,971,871		-		7,971,871	
	(16,435,827)	((163,346)		(16,599,173)	
	128,786,923	1,	.090,827		129,877,750	
\$	112,351,096	\$	927,481	\$	113,278,577	

Combined Statements of Cash Flows Years Ended June 30, 2023 and 2022

		2023		2022
Cash flows from operating activities:				
Increase (decrease) in net assets	\$	3,323,612	\$	(16,599,173)
Adjustments to reconcile increase (decrease) in net assets				
to net cash provided by (used in) operating activities:				
Bad debt expense		-		553
Depreciation		178,744		177,112
Net unrealized (gain) loss on investments		(1,381,661)		23,603,429
Net realized gain on investments		(3,885,346)		(8,040,329)
Discount on contributions receivable		(270)		(570)
Discount on grants payable		(7,203)		10,324
(Increase) decrease in value of beneficial interest in trusts		(19,037)		163,346
Changes in operating assets and liabilities:				
(Increase) decrease in assets:				
Prepaid expenses		(26,820)		(34,614)
Contributions receivable		27,594		79,423
Loans and interest receivable		-		(548)
Increase (decrease) in liabilities:				
Accounts payable		33,488		27,142
Grants payable		(195,155)		(343,409)
Accrued expenses		(78,585)		78,492
Annuity payment liabilities		(8,086)		(30,446)
Funds held as agency endowments		842,664		2,629,325
Net cash provided by (used in) operating activities		(1,196,061)		1,720,057
Cash flows from investing activities:				
Purchase of investments		(28,413,770)		(41,528,742)
Purchase of property and equipment		(291,538)		(24,597)
Proceeds from sale of investments		29,725,626		40,850,983
Loan principal and interest receivable payments		67,163		105,243
Loans advanced		(31,500)		(4,000)
Net cash provided by (used in) investing activities		1,055,981		(601,113)
Cash flows from financing activity:				
Repayments on notes payable		(65,459)		(65,459)
Net increase (decrease) in cash and cash equivalents		(205,539)		1,053,485
Cash and cash equivalents, beginning of year		4,388,737		3,335,252
Cash and cash equivalents, end of year	\$	4,183,198	\$	4,388,737
Supplemental disclosure of cash flow information:	ሐ	00.007	ф	
Cash paid during the year for interest	\$	89,906	\$	30,558

Combined Statements of Functional Expenses Years Ended June 30, 2023 and 2022

	2023							
	Program General and							
		Services	Adn	ninistrative	Fun	draising		Total
Grants to others	\$	5,879,576	\$	-	\$	-	\$	5,879,576
Bad debt expense		-		-		-		-
Salaries		553,283		459,438		190,217		1,202,938
Office and program supplies		42,433		2,527		1,046		46,006
Marketing		108,661		95,736		105,356		309,753
Depreciation		110,572		34,086		34,086		178,744
Payroll taxes		40,552		33,675		13,942		88,169
Interest		53,944		17,981		17,981		89,906
Conferences and meetings		46,483		21,438		8,876		76,797
Professional fees		269,677		93,965		-		363,642
Employee benefits		43,172		35,849		14,843		93,864
Postage		1,058		1,058		1,090		3,206
Travel		5 <i>,</i> 908		820		339		7,067
Special events		12,016		-		145,124		157,140
Professional dues and subscriptions		20,672		4,740		1,962		27,374
Telephone		3,751		3,115		1,290		8,156
Insurance		12,137		10,078		22,799		45,014
Small equipment and fixtures		-		27,132		-		27,132
Equipment maintenance		41,833		32,751		13,559		88,143
Software maintenance		23,177		19,246		7,968		50,391
Rent		3,239		-		-		3,239
Utilities		20,427		6,102		6,102		32,631
Cleaning, maintenance and repair		59,969		19,575		19,575		99,119
Total expenses	\$	7,352,540	\$	919,312	\$	606,155	\$	8,878,007

	2022								
]	Program	Ge	neral and						
	Services	Adn	ninistrative	Fun	draising		Total		
\$	5,661,183	\$	-	\$	-	\$	5,661,183		
	10,553		-		-		10,553		
	531,700		371,785		162,285		1,065,770		
	31,354		3,008		1,313		35,675		
	10,913		4,986		31,189		47,088		
	109,352		33,880		33,880		177,112		
	34,928		24,423		10,660		70,011		
	18,326		6,116		6,116		30,558		
	14,654		8,717		3,805	3,805			
	159,250		60,124	-			219,374		
	45,615		31,895	13,922			91,432		
	523		524		524		1,571		
	1,771		732		319		2,822		
	63,839		-		68,307		132,146		
	15,255		5,471		2,388		23,114		
	4,364		3,051		1,332		8,747		
	14,345		10,030		23,004		47,379		
	-		5,731		-		5,731		
	26,175		16,502		7,203		49,880		
	36,543		25,552		11,154		73,249		
	3,184		-		-		3,184		
	19,162		5,700		5,700		30,562		
	94,716		31,419		31,419		157,554		
\$	6,907,705	\$	649,646	\$	414,520	\$	7,971,871		

Notes to Combined Financial Statements June 30, 2023 and 2022

(1) Nature of Business

Berks County Community Foundation, Inc., Supporting Organizations and Disregarded Entities (the Foundation) are nonprofit organizations exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (IRC). In addition, the Foundation qualifies for the charitable contribution deduction under IRC Section 170(b)(1)(a) and has been classified as an organization that is not a private foundation under IRC Section 509(a) because it is an organization of the type described in Section 509(a)(1) of the Code and in the case of its supporting organizations, 509(a)(3). The Foundation was incorporated in 1994 to develop, manage, and distribute funding to meet existing and changing community needs in Berks County, Pennsylvania. See Note 4 for discussion of supporting organizations and disregarded entities.

The Foundation operates as a family of component funds established by donors. All the Foundation's funds represent gifts of capital from individuals, families, corporations, trusts, private foundations, and other nonprofit organizations. The Foundation serves its donors in many ways, from ensuring the efficient processing of grant recommendations to structuring complex, multi-year philanthropic initiatives. The Foundation uses its local knowledge and philanthropic leadership to improve the quality of life in the community and, in so doing, demonstrates its capacity and ability to fulfill donor intent and be a good steward of all its resources.

(2) Summary of Significant Accounting Policies

Basis of Accounting

The Foundation prepares its financial statements in accordance with generally accepted accounting principles. The basis of accounting involves the application of accrual accounting; consequently, revenues and gains are recognized when earned and expenses and losses are recognized when incurred.

Financial Statement Presentation

In accordance with the Not-for-Profit Entities Topic 958 of the Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC), the Foundation is required to report information regarding its financial position and activities according to the existence or absence of donor-imposed restrictions.

Net Assets without Donor Restrictions represent funds available for grants and expenses which are not otherwise limited by donor restrictions.

Net Assets with Donor Restrictions consist of contributed funds subject to specific donorimposed restrictions contingent upon specific performance of a future event or a specific passage of time.

Notes to Combined Financial Statements June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

Financial Statement Presentation, Continued

The Foundation enters into individual agreements with donors to reflect the types of funds to be created and the purpose for which the contribution is intended. Pursuant to the Foundation's articles of incorporation and bylaws, the Board of Directors (the "Board") has the power to modify any restriction or condition on the distribution of funds for any specified charitable purpose or to specified organizations, if in the sole judgement of the Board, such restriction or condition becomes, in effect unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community. As a result of this "variance power," the Foundation has no assets that are permanently restricted. Net assets encumbered by a time stipulation are with donor restrictions as explained below.

The Foundation's assets consist of more than 370 component funds established by donors for a variety of purposes. The Board has designated the assets as follows:

Without Donor Restrictions:

Endowment: Board-designated endowment assets include all contributions to the Foundation with the intention of the donor that the assets remain in perpetuity with the Foundation, subject to the Board's variance power. The Board intends to spend from these assets only an amount allowable under its spending policy. The spending policy is established and maintained by the Board at a level consistent with the donors' intention for assets to remain in perpetuity.

Available for grant making: Available for grant making assets include all non-endowed funds and that portion of endowed funds determined under the Foundation's spending policy to be available for grant making.

Operating: Operating assets include all assets used to provide for support services for the Foundation and to produce income to offset administrative and operating expenses.

With Donor Restrictions:

<u>Restricted to the passage of time:</u> In accordance with ASC 958-605, *Revenue Recognition*, contributions received as well as collectible unconditional promises to give are recognized in the period received. Contributions with donor-stipulated time restrictions are reported as revenues with donor restrictions. When the time restrictions expire, net assets with donor restrictions are released to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Notes to Combined Financial Statements June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

Combined Financial Statements

Supporting organizations under common control of the Berks County Community Foundation are reported as one economic entity with the Foundation. As such, interorganizational transactions and balances are eliminated in preparing the combined financial statements.

Income Taxes

The Foundation accounts for uncertain tax positions in accordance with ASC 740, *Income Taxes*. ASC 740 prescribes a recognition threshold and measurement attribute for combined financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return and also provides guidance on various related matters such as derecognition, interest, penalties, and disclosures required. The Foundation recognizes interest and penalties, if any, related to unrecognized tax benefits in tax expense. There were no interest and penalties related to unrecognized tax benefits for the years ended June 30, 2023 and 2022.

The Foundation is no longer subject to examination by the Internal Revenue Service (IRS) and Pennsylvania Department of Revenue for years prior to June 30, 2020.

Cash and Cash Equivalents

The Foundation considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Contributions Receivable

Unconditional promises to give, less an allowance for uncollectible amounts, are recognized as revenue in the period received and as assets. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Contributions receivable are reflected at a discount of 3% per year on long-term promises to give.

Notes to Combined Financial Statements June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

Beneficial Interest in Trusts

Beneficial interest in trusts consists of beneficial interests in charitable remainder trusts. Donors established and funded trusts under which specified distributions are made to a designated beneficiary or beneficiaries over the trusts' terms. Upon termination of the trusts, the Foundation receives the assets or a percentage of the assets remaining in the trusts. Beneficial interest in charitable remainder trusts are recorded at the fair value of the trusts' assets calculated based on the present value of future cash flows expected to be received under the agreements. Changes in fair value of net assets of the trusts are recorded as gains or losses in the combined statements of activities. Net assets and changes in net assets are recorded as with donor restrictions.

Property and Equipment, Building and Land

Property and equipment are stated at cost, or if donated, at fair market value at the date of donation. Donations of depreciable assets in excess of \$5,000 are subject to appraisal. Property and equipment acquisitions are capitalized if they are in excess of \$10,000. Items that are less than the capitalization threshold are expensed in the year acquired. Donations of long-lived assets, received without stipulations as to use, are classified as unrestricted contributions in the year received. Depreciation is provided on the straight-line method over the estimated useful lives of the assets. Estimated useful lives are as follows:

Equipment	3 - 5 Years
Furniture and fixtures	7 Years
Software	3 Years
Building	39 Years

Loans and Interest Receivable

Loans extended from several funds are reported in the combined statements of financial position at the outstanding principal adjusted for any charge-offs. Management intends, and has the ability, to hold these loans for the foreseeable future or until maturity or payoff. Interest income is recognized when earned. See Note 6.

Investments

The Foundation accounts for investments under ASC 320, *Investments - Debt and Equity Securities*. Under ASC 320, investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the combined statements of financial position.

Notes to Combined Financial Statements June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

Investments, Continued

Investment management fees, custodial fees, and investment consulting fees are netted against unrealized gains or added to unrealized losses on the marketable securities. For fiscal years ended June 30, 2023 and 2022, investment management fees of \$192,246 and \$222,761, respectively, are included in net unrealized gains (loss).

Fair Value Measurements

ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

- Level 1: Quoted market prices for identical assets or liabilities in active markets.
- Level 2: Observable market based inputs or unobservable inputs that are corroborated by market data.
- Level 3: Unobservable inputs that are not corroborated by market data.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

For a description of the valuation methodologies used for assets measured at fair value, see Note 9. There have been no changes in the methodologies used at June 30, 2023 and 2022.

Contributions

Contributions received are recorded as without donor restriction or with donor restriction depending on the existence and/or nature of donor restrictions.

Amounts received which are designated for future periods or restricted by the donor for specific purposes are reported as with donor restriction. When a donor restriction expires, with donor restriction net assets are reclassified to without donor restriction net assets and reported in the combined statement of activities as net assets released from restrictions.

The Foundation reports donated marketable securities as contributions at their fair value at the date of donation, upon which they are immediately converted into cash.

Notes to Combined Financial Statements June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

Donated Services

Under ASC 958-605, *Revenue Recognition*, the Foundation recognizes services requiring specialized skills, such as those provided by accountants, attorneys, marketing consultants, and other professionals, if the services would need to be purchased if not donated. There were no donated services that met the criteria for recognition for the years ended June 30, 2023 and 2022.

Concentrations of Risk

Financial instruments that potentially subject the Foundation to concentrations of risk consist primarily of unconditional promises to give, as these originate within Berks County, as well as cash and cash equivalents and investments. The Foundation places its cash and cash equivalents with quality credit institutions and, at times, such balances may be in excess of FDIC limits. The Foundation uses IntraFi Cash Service to limit its exposure to balances in excess of FDIC limits.

The Foundation invests in various investment securities that are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect investment account balances.

Functional Expense Allocations

Functional expenses are those expenses incurred by the Foundation in the accomplishment of its stated mission. They can further be categorized as follows:

- Program services, including awarded grants and scholarships, services to nonprofits, philanthropic leadership, and civic leadership;
- General and administrative, including expenses that benefit the Foundation as an entity and the management and accounting for funds; and
- Fundraising, including originating and maintaining relationships with donors.

The cost of providing the various programs and supporting services has been summarized on a functional basis in the combined statements of activities and combined statements of functional expenses. These statements report expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Personnel expenses are allocated on the basis of estimate of time and effort; occupancy expenses are allocated on the basis of square footage.

Notes to Combined Financial Statements June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

Use of Estimates

The preparation of combined financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of disclosures. Accordingly, actual results could differ from those estimates.

Upcoming Accounting Pronouncement

In June 2016, the FASB issued ASU 2016-13, *Financial Instruments – Credit Losses* (Topic 326), which requires entities to measure credit losses on most financial assets using a current expected credit loss model (the CECL Model). Per the CECL Model, companies will estimate credit losses over the entire "contractual term" of the instrument from the date of initial recognition of that instrument (i.e., origination or purchase). Entities will record the initial measurement of expected credit losses, as well as any subsequent change in the estimate, as a credit loss expense (or reversal) in the current period of the income statement. Ultimately, the primary objective of the CECL Model is to provide financial statement users with an estimate of the net amount the entity expects to collect on those instruments. The ASU will be effective for the Foundation's June 30, 2024 financial statements.

Subsequent Events

Management has performed an evaluation of subsequent events through October 18, 2023, which is the date the combined financial statements were available to be issued.

(3) Liquidity

Financial assets available for grants and other expenses within one year of the statements of financial position date comprise the following at June 30:

	2023	2022
Cash and cash equivalents	\$ 4,183,198	\$ 4,388,737
Prepaid expenses	162,594	168,057
Long-term investments made available for current use	6,761,060	5,675,651
	\$ 11,106,852	\$ 10,232,445

As described in Note 17, the Foundation's board-designated endowments are subject to an annual spend rate of 4.5%. A spendable amount of \$6,761,060 at June 30, 2023 will be made available for grant making and administrative expenses from these endowments within the next 12 months.

Notes to Combined Financial Statements June 30, 2023 and 2022

(3) Liquidity, Continued

As part of the Foundation's liquidity management, it has a policy to structure its financial assets to be available as its awarded grants, general expenditures, liabilities, and other obligations are due. The Foundation invests cash in excess of daily requirements in money market accounts, treasuries and short-term investments.

Endowment assets are pooled for investment, with liquidity managed through the pools' target allocations to illiquid investments, and periodic review of current illiquidity and projected total exposure to managers with lock-up provisions.

(4) Supporting Organizations of and Disregarded Entities Owned by Berks County Community Foundation, Inc.

During the fiscal year ended June 30, 2004, Berks County Foundation Properties II, Inc. (Properties II, Inc.) was formed as a supporting organization of the Foundation under IRC Section 509(a)(3). Properties II, Inc. was formed specifically to accept gifts of real property for the benefit of Berks County Community Foundation, Inc.

South Mountain Camps Foundation (SM Camps) transferred its assets to Berks County Community Foundation, Inc. in January 2009. SM Camps exists to capture specific bequests for South Mountain YMCA. During fiscal year ended June 30, 2011, the IRS determined that the SM Camps is a Type 1 supporting organization under IRC section 509(a)(3). On October 10, 2023, SM Camps was legally dissolved.

During the fiscal year ended June 30, 2016, Berks County Community Foundation, Inc. became the sole member of BCCF Properties, LLC (Properties, LLC), a limited liability company. Properties, LLC was formed specifically to accept gifts of real property and to liquidate them for the benefit of Berks County Community. Contributions to a disregarded single member limited liability company wholly-owned or controlled by a foundation described in IRC Section 170(b)(1) are treated as a charitable contribution to its controlling member.

During the fiscal year ended June 30, 2016, Berks County Community Foundation, Inc. became the sole member of Community Properties, LLC, a limited liability company. Community Properties, LLC was formed specifically to hold land not held for resale for the benefit of Berks County Community Foundation, Inc. In January 2016, a small parcel of land was purchased by Community Properties, LLC and in May 2019, another small parcel of land was purchased. The land is located next to the Foundation headquarters and is used for parking for Foundation staff and visitors.

Notes to Combined Financial Statements June 30, 2023 and 2022

(4) Supporting Organizations of and Disregarded Entities Owned by Berks County Community Foundation, Inc., Continued

On September 17, 2020, the Home Health Care Foundation received an IRS ruling accepting the application to become a Type III supporting organization of Berks County Community Foundation, Inc. A Type III supporting organization must be operating in connection with, but not under common control of the supported organization. Therefore, the Home Health Care Foundation maintains separate books and is not included in the combined financial statements.

Properties II, Inc., SM Camps, Properties, LLC, Community Properties, LLC and the Foundation are under common control. Financial statements of these organizations are included in the combined statements of financial position, activities, functional expenses, and cash flows. The components of net assets of the Foundation and Supporting Organizations are as follows as of June 30:

		2023		2022
Net assets:				
Without donor restrictions:				
Berks County Community Foundation, Inc.	\$	115,583,155	\$	112,278,519
Berks County Community Foundation Properties II, Inc.		60,117		60,750
Community Properties, LLC		12,087		11,754
BCCF Properties, LLC		312		73
Total net assets without donor restrictions	\$	115,655,671	\$	112,351,096
With donor restrictions: Berks County Community Foundation, Inc.	\$	946,518	\$	927,481

(5) Contributions Receivable

Contributions receivable consist of unconditional promises to give for operations, and endowments. Contributions receivable are as follows at June 30:

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	2023	2022
Receivable in less than one year	\$ 12,000	\$ 36,594
Receivable in one to five years	9,000	12,000
Total contributions receivable	21,000	48,594
Less: discounts to net present value	270	540
Net contributions receivable	\$ 20,730	\$ 48,054

Notes to Combined Financial Statements June 30, 2023 and 2022

(6) Loans and Interest Receivable

As of June 30, 2023, the Foundation has loans outstanding to businesses, students, and nonprofit organizations from several funds. Repayment terms vary from two to ten years with interest rates ranging from 0% to 12%.

Management has evaluated the need for an allowance for loan losses based on the risks inherent in the portfolio, the estimated value of any underlying collateral and the guarantees, if any, of the principal borrowed. Management has established an allowance for loan losses of \$77,615 as of June 30, 2023 and 2022.

During the years ended June 30, 2023 and 2022, the Foundation received principal payments of \$67,163 and \$105,243 respectively, and interest income of \$4,656 and \$5,972, respectively.

Loans and interest receivable are as follows at June 30:

	2023	2022
Receivable in less than one year	\$ 77,555	\$ 93,973
Receivable in one to five years	104,137	134,743
Receivable in more than five years	171,200	160,037
Total loans receivable	352,892	388,753
Less: allowance for loan losses	77,615	77,615
Net loans receivable	275,277	311,138
Interest receivable	3,677	3,929
Net loans and interest receivable	\$ 278,954	\$ 315,067

(7) Property and Equipment

Property and equipment summarized by major classification are as follows at June 30:

	2023	2022
Equipment	\$ 157,514	\$ 178,555
Furniture and fixtures	169,772	164,865
Software	-	18,926
Total property and equipment	327,286	362,346
Less: accumulated depreciation	260,170	314,723
Property and equipment, net	\$ 67,116	\$ 47,623

Depreciation expense for the years ended June 30, 2023 and 2022 was \$18,440 and \$20,065, respectively.

Notes to Combined Financial Statements June 30, 2023 and 2022

(8) Building

Building is as follows at June 30:

	 2023	2022
Building	\$ 6,378,869	\$ 6,124,814
Less: accumulated depreciation	2,158,181	1,997,877
Building, net	\$ 4,220,688	\$ 4,126,937

Depreciation expense was \$160,304 and \$157,047 for the years ended June 30, 2023 and 2022, respectively.

(9) Fair Value Measurements

The Foundation uses prices and inputs that are current as of the measurement date, obtained through multiple third-party custodians from independent pricing services. To differentiate between the varying degrees of certainty of these fair market valuations, the Foundation identifies three levels covering securities with a ready market (Level 1 measurements) to securities which may have a specific or illiquid market (Level 3 measurements). A description of the valuation techniques applied to the major categories of investments measured at fair value is outlined below.

Equity securities and public real estate fund: Valued at the closing price reported on the active market on which the individual securities are traded.

Equity and fixed income mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Foundation are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Foundation are deemed to be actively traded.

Corporate and U.S. government debt securities and certificates of deposit: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Beneficial interest in trusts: Valued at present value based on the Foundation's interest in the quoted market prices of the underlying assets contained in the trusts at year end. Control of the assets is held by a trustee, not the Foundation. Additionally, the Foundation's beneficial interest in these trusts is invested in assets whose fair value is determined using NAV of the respective trust's investments. Although the investments in these trusts are exclusively identified as Level 3 of the fair value hierarchy, the underlying holdings of the trusts comprise Level 1, 2 and 3 securities. The trustees report the NAV of these trusts on a periodic basis.

Notes to Combined Financial Statements June 30, 2023 and 2022

(9) Fair Value Measurements, Continued

Partnership interests and hedge funds: Valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The availability of observable inputs can vary from instrument to instrument and is affected by a wide variety of factors, including, for example, the liquidity of markets and other characteristics particular to the transaction. To the extent that valuation is based on models or inputs that are less than observable in the market, the determination of fair value requires more judgment.

The fair value hierarchy table presenting the Foundation's investments measured at fair value is as follows at June 30:

	А	ssets a	it Fair Valu	e as of	June 30, 202	23	
	Level 1	L	level 2		Level 3		Total
Cash	\$ 479,505	\$	-	\$	-	\$	479,505
U.S. government debt securities	165,180		-		-		165,180
Corporate debt securities	-		950,062		-		950,062
Equity securities	1,639,640		-		-		1,639,640
Equity mutual funds	70,535,896		-		-		70,535,896
Public real estate fund	1,627,587		-		-		1,627,587
Fixed income mutual funds	14,908,427		-		-		14,908,427
Total investments in fair value hierarchy	 89,356,235		950,062		-		90,306,297
Investments measured at NAV (a)	-		-		-		23,647,086
Total investments at fair value	89,356,235		950,062		-		113,953,383
Beneficial interest in trusts	-		-		946,518		946,518
Total assets at fair value	\$ 89,356,235	\$	950,062	\$	946,518	\$	114,899,901
	 A Level 1		ıt Fair Valu .evel 2		June 30, 202 Level 3	22	Total
Cash	\$ 450,567	\$	-	\$	-	\$	450,567
U.S. government debt securities	66,699		-		-		66,699
Corporate debt securities	-		542,915		-		542,915
Equity securities	1,803,421		-		-		1,803,421
Equity mutual funds	56,915,064		-		-		56,915,064
Public real estate fund	1,754,431		-		-		1,754,431
Fixed income mutual funds	19,594,076		-		-		19,594,076
Total investments in fair value hierarchy	 80,584,258		542,915		-		81,127,173
Investments measured at NAV (a)	 -		-		-		28,871,059
Total investments at fair value	 80,584,258		542,915		-		109,998,232
Beneficial interest in trusts	 -		-		927,481		927,481
Total assets at fair value	\$ 80,584,258	\$	542,915	\$	927,481	\$	110,925,713

(a) The Foundation invests in private equity investments and hedge funds which trade at the NAV per share practical expedient of the fund. These funds are not categorized within the fair value hierarchy.

Notes to Combined Financial Statements June 30, 2023 and 2022

(9) Fair Value Measurements, Continued

The following table summarizes investments measured at fair value on the NAV per share as a practical expedient as of June 30:

	Jun	e 30	,	τ	Jnfunded	Redemption	Redemption
Investment	2023		2022	Со	mmitments	Frequency	Notice Period
Hedge funds:							
Magnitude International	\$ 6,885,378	\$	6,418,195	\$	-	Quarterly	65 days, 1 year lock provision
Socorro Dynamic	5,735,169		5,916,830		-	Semi-monthly	15 days, 1 year lock provision
Private equity partnerships:							
Falcon Strategic Partners V	676,364		665,735		-	Not applicable	Not applicable
Falcon Strategic Partners VI	1,363,101		1,371,193		-	Not applicable	Not applicable
Gem Realty Fund	302,236		398,918		105,000	Not applicable	Not applicable
Steadfast Long Capital, Ltd.	-		5,712,054		-	Not applicable	Not applicable
Strategic Value SP SIT II	405,710		518,373		80,891	Not applicable	Not applicable
Strategic Value SP SIT III	1,004,934		1,244,218		90,000	Not applicable	Not applicable
Strategic Value SP SIT IV	1,229,968		1,490,578		100,000	Not applicable	Not applicable
Strategic Value Dislocation Feeder Fund, LP	1,645,596		1,881,756		75,000	Not applicable	Not applicable
Strategic Value Capital Solutions Feeder Fund II	100,000		-		900,000	Not applicable	Not applicable
Timber Bay Fund II	816,025		691,558		237,229	Not applicable	Not applicable
RCP Fund XIV, LP	682,159		430,137		278,074	Not applicable	Not applicable
TrueBridge Capital Partners Fund VI	1,171,963		1,112,362		40,000	Not applicable	Not applicable
TrueBridge Capital Partners Fund VII	308,825		177,437		688,000	Not applicable	Not applicable
Guidepost Growth III	835,035		493,500		275,000	Not applicable	Not applicable
Palatine Real Estate Fund IV	104,003		-		895,997	Not applicable	Not applicable
WCM Partnership (Weik)	380,620		348,215		-	Not applicable	Not applicable
Total	\$ 23,647,086	\$	28,871,059	\$	3,765,191		- *

The Foundation uses two privately-held hedge fund-of-funds whose primary focus is investing in funds specializing in equities, both long-term and short-term. The Foundation uses the hedge fund-of-funds and private equity partnerships strategy to generate superior risk-adjusted returns with a low correlation to both the equity and fixed income markets. The Foundation's risk management policy of providing a more stable long-term yield as documented in its Investment Policy Statement is obtained by this blending of different strategies and asset classes.

There were no transfers into, transfers out of, or purchases of level 3 assets during the years ended June 30, 2023 and 2022.

Notes to Combined Financial Statements June 30, 2023 and 2022

(10) Beneficial Interest in Trusts

The Foundation is a beneficiary of several irrevocable charitable remainder trusts, which are quantifiable as of June 30, 2023 and 2022. The net present value of these receivables was determined using the fair value of the trust assets, single or joint life expectancies from IRS tables, and discount rates at the time the trusts were established ranging from 4.8% to 7.8%. On an annual basis, the Foundation revalues the receivables based on changes in the value of the trusts' assets and these assumptions. Revaluation adjustments are reported in the statements of activities as changes in the value of beneficial interest in trusts. The balance of these receivables at June 30, 2023 and 2022 is \$946,518 and \$927,481, respectively. These receivables are classified as a component of net assets with donor restrictions until the future cash flows are received.

(11) Grants Payable

Grants authorized but unpaid at year end are reported as liabilities in accordance with ASC 958-605, *Revenue Recognition*. Grants to be paid in more than one year are discounted 3% per year. The following is a summary of grants authorized and payable as of June 30:

	2023	2022
To be paid in less than one year	\$ 1,162,723	\$ 1,257,809
To be paid in one to five years	353,327	467,802
Gross grants authorized and unpaid	1,516,050	1,725,611
Less: discounts on long-term grants	22,352	29,555
Net grants authorized and unpaid	\$ 1,493,698	\$ 1,696,056

Internal contributions payable at June 30, 2023 are \$22,300.

(12) Employee Benefits

The Foundation maintains a 403(b) retirement plan for its employees. The Foundation matches 50% of eligible employee contributions up to a maximum of 8% of salary. The Foundation contributed \$39,154 and \$36,837 to the 403(b) plan in fiscal years 2023 and 2022, respectively.

Notes to Combined Financial Statements June 30, 2023 and 2022

(13) Notes Payable

Notes payable are summarized as follows at June 30:

	2023	2022
Note payable to local bank in monthly principal installments of \$1,194 plus interest at SOFR plus 1.62% (6.77% at June 30, 2023), and collateralized by land and property. All unpaid principal and interest are due July 2028.	\$ 359,528	\$ 373,861
Note payable to local bank in monthly principal installments of \$1,272 plus interest at SOFR plus 1.62% (6.77% at June 30, 2023), and collateralized by land and property. All unpaid principal and interest is due July 2032.	382,849	398,112
Note payable to local bank in monthly principal installments of \$2,989 plus interest at SOFR plus 1.62% (6.77% at June 30, 2023), and collateralized by land and property. All unpaid principal and interest is due		
August 2029.	899,550	935,413
	\$ 1,641,927	\$ 1,707,386

Future maturities of notes payable are as follows:

Year Ending June 30,	Amount
2024	\$ 65,459
2025	65,459
2026	65,459
2027	65,459
2028	65,459
Thereafter	1,314,632
	\$ 1,641,927

Notes to Combined Financial Statements June 30, 2023 and 2022

(14) Line of Credit

The Foundation established a working capital line of credit effective March 1, 2022 with available borrowings of \$500,000. Interest is payable monthly on the outstanding balance at 1.75% over the 30-day Secured Overnight Financing Rate (SOFR) (6.90% as of June 30, 2023). There was no outstanding balance on the line of credit at June 30, 2023.

(15) Charitable Gift Annuities

The charitable gift annuities provide for the periodic payment of distributions to designated individuals (the annuitants) over a specified period of time. At the end of the specified term, the remaining assets will remain at the Foundation to benefit the donor-specified charity.

There were no contributions received under charitable gift annuity agreements for the years ended June 30, 2023 and 2022. Present value of future annuity payments is recognized as a liability in the combined statements of financial position. As of June 30, 2023 and 2022, the annuity payment liabilities totaled \$31,585 and \$39,671, respectively.

(16) Transfers of Assets to a Not-For-Profit Foundation or Charitable Trust That Raises or Holds Contributions for Others

The Foundation follows ASC 605, *Revenue Recognition*, which provides standards for transactions in which a community foundation accepts a contribution from a donor and agrees to transfer those assets, the return on investment of those assets, or both, to another entity that is specified by the donor. ASC 605 specifically requires that if a not-for-profit organization (NPO) establishes a fund at a community foundation with its own funds and specifies itself as the beneficiary of that fund, the community foundation must account for the transfer of such assets as a liability. The Foundation refers to such funds as agency endowments.

The Foundation maintains variance power and legal ownership of agency endowment funds and, as such, continues to report the funds as assets of the Foundation. However, in accordance with ASC 605, a liability has been established for the fair value of the funds, which is generally equivalent to the present value of future payments expected to be made to the NPOs.

Notes to Combined Financial Statements June 30, 2023 and 2022

(16) Transfers of Assets to a Not-For-Profit Foundation or Charitable Trust That Raises or Holds Contributions for Others, Continued

At June 30, 2023 and 2022, the Foundation was the owner of twenty-one agency endowment funds with a combined value of \$3,986,752 and \$3,144,088, respectively. The following table summarizes activity in such funds at June 30:

	2023	2022
Agency endowment fund balances at July 1	\$ 3,144,088	\$ 514,763
Contributions	736,622	3,105,056
Investment income	63,374	27,547
Net unrealized and realized investment gains (losses)	205,467	(487,511)
Grants made	 (162,799)	(15,767)
Agency endowment fund balances at June 30	\$ 3,986,752	\$ 3,144,088

(17) Endowment Funds

ASC 205, *Presentation of Financial Statements*, provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds of 2006 (UPMIFA). ASC 205 also improves disclosures about an organization's endowment funds (both donor restricted endowment funds and board designated endowment funds) whether or not the organization is subject to UPMIFA.

The Commonwealth of Pennsylvania has not adopted UPMIFA. The Commonwealth of Pennsylvania has enacted Act 141 (the Act). The Act allows the Foundation to elect a "total return investment policy". Income is defined by the Act to mean a fixed percentage of the "value of the assets" held by the Foundation, not less than 2% or more than 7%. The "value of the assets" for the purposes of the Act is the average fair market value of the assets over a three year period (or the average value of the assets over any shorter period in the cases of assets held less than three years). The Foundation has a total return investment policy with a spending policy of 4.5% for each of the years ended June 30, 2023 and 2022 on the trailing twelve quarter average value of the funds. This spending policy determines the funds available for grant making.

The Foundation's investment objective is to maximize returns through a highly diversified portfolio of assets consisting of equity, fixed income and investments such as hedge funds. The return object of the Foundation is the desired annual payout, or spending policy, plus inflation as measured by the Consumer Price Index (CPI) and growth. The Foundation maintains a prudent risk policy through its Investment Policy Statement and the asset allocation described therein is consistent with the public nature and position of the Foundation.

Notes to Combined Financial Statements June 30, 2023 and 2022

(17) Endowment Funds, Continued

Changes in the endowment net assets, which are all classified as without donor restrictions are as follows for the years ended June 30:

	 2023
Endowment net assets, beginning of year	\$ 109,998,232
Contributions	4,290,179
Investment income	1,989,138
Net appreciation in fair value	5,472,498
Amounts appropriated for expenditures	 (7,796,664)
Endowment net assets, end of year	\$ 113,953,383
	 2022
Endowment net assets, beginning of year	\$ 2022 124,883,576
Endowment net assets, beginning of year Contributions	\$
0 0 9	\$ 124,883,576
Contributions	\$ 124,883,576 6,228,140
Contributions Investment income	\$ 124,883,576 6,228,140 1,799,721