

EXTENDED TO MAY 15, 2024

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**2022**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:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**BERKS COUNTY COMMUNITY FOUNDATION, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

237 COURT STREET

Room/suite

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

READING, PA 19601**F** Name and address of principal officer: **KEVIN K. MURPHY**
SAME AS C ABOVE**D** Employer identification number**23-2769892****E** Telephone number**(610) 685-2223****G** Gross receipts \$**37,428,324.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

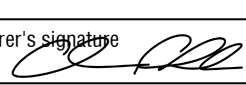
If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.BCCF.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1994****M** State of legal domicile: **PA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE PHILANTHROPY AND IMPROVE THE QUALITY OF LIFE FOR THE RESIDENTS OF BERKS COUNTY,
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 12
	4	Number of independent voting members of the governing body (Part VI, line 1b) 11
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 16
	6	Total number of volunteers (estimate if necessary) 200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 8,195,322.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,899,454.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 174,141.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,268,917.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,676,950.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,227,213.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 514,766.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,243,955.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,148,118.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 10,120,799.
	20	Total assets (Part X, line 16) 120,009,689.
	21	Total liabilities (Part X, line 26) 6,778,047.
	22	Net assets or fund balances. Subtract line 21 from line 20 113,231,642.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	KEVIN K. MURPHY, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHRISTOPHER M. PEKULA		12/14/2023	<input type="checkbox"/>	P00734965
Preparer Use Only	Firm's name	Firm's EIN			
	KREISCHER MILLER	23-1980475			
Preparer Use Only	Firm's address	Phone no.			
	100 WITMER ROAD, SUITE 350 HORSHAM, PA 19044-2369	215-441-4600			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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

OMB No. 1545-0047

► **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 print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. BERKS COUNTY COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 23-2769892
	Number, street, and room or suite no. If a P.O. box, see instructions. 237 COURT STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. READING, PA 19601	

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

THE ORGANIZATION

- The books are in the care of ► **237 COURT STREET - READING, PA 19601**

Telephone No. ► **610-685-2223**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

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

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

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**TO PROMOTE PHILANTHROPY AND IMPROVE THE QUALITY OF LIFE FOR RESIDENTS 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 ☒ No

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

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 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 ORIGINAL 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.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," 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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 34	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part 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 returns?	2b	X
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 O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country <u>CAYMAN ISLANDS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a 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:		
a 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:		
a Gross income from members or shareholders	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	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 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 activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

☒**Section A. Governing Body and Management**

	1a	12	1b	11	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year						
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?						X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?						X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O						X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 610-685-2223
237 COURT STREET, READING, PA 19601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	169,281.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,395,959.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 128,440.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,053,885.			2053885.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real (ii) Personal				
	6 a Gross rents	6a	38,602.				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	38,602.				
	d Net rental income or (loss)			38,602.	38,602.		
	7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
	7a		29,725,626.				
	b Less: cost or other basis and sales expenses	7b	25,704,847.				
	c Gain or (loss)	7c	4,020,779.				
	d Net gain or (loss)			4,020,779.			4020779.
	8 a Gross income from fundraising events (not including \$ 169,281. of contributions reported on line 1c). See Part IV, line 18	8a	16,233.				
	b Less: direct expenses	8b	78,515.				
	c Net income or (loss) from fundraising events			-62,282.			-62,282.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MANAGEMENT FEES		900099	27,128.	27,128.		
	b OTHER INCOME		900099	1,610.	1,610.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			28,738.			
12 Total revenue. See instructions			11,644,962.	67,340.	0.	6012382.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.	1,822.
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):				
a Management				
b Legal	39,889.	1,607.	38,282.	
c Accounting	40,669.		40,669.	
d Lobbying				
e 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 O.)	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				
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 O.)				
a SPECIAL EVENTS	65,750.	12,016.		53,734.
b PROFESSIONAL DUES AND S	27,376.	20,674.	4,740.	1,962.
c				
d				
e 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 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	198,617.	7	162,505.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		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.		
	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 line 33)	120,009,689.	16	123,855,597.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,707,386.	23	1,641,927.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,183,759.	25	4,018,337.
	26 Total liabilities. Add lines 17 through 25	6,778,047.	26	7,299,711.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	112,304,161.	27	115,609,368.
	28 Net assets with donor restrictions	927,481.	28	946,518.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	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)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,644,962.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,214,146.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,430,816.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	113,231,642.
5	Net unrealized gains (losses) on investments	5	1,717,056.
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	-823,628.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	116,555,886.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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.

Section B. Total Support

Calendar 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 instructions)					12	179,527.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	51.12	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	53.85	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 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 facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2022

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% 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		

Section 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

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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.		
2a		
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.		
2b		
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 .		
3a		
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.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

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.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e 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)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Supplemental Information.

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

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**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

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization4947(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☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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Schedule B (Form 990) (2022)

Page **2**

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 space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>749,345.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>525,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>312,500.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>243,787.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Page **4**

Name of organization	Employer identification number
BERKS COUNTY COMMUNITY FOUNDATION, INC.	23-2769892

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2022

Open to Public
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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- 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 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions 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.

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)		0.	
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)		0.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		0.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		0.	
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization 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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
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

30
2022.05010 BERKS COUNTY COMMUNITY FO 4650.701

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
.....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	109,998,232.	124,883,576.	77,123,472.	81,252,552.	68,213,456.
b Contributions	4,290,179.	6,228,140.	29,642,465.	4,475,450.	13,845,890.
c Net investment earnings, gains, and losses	7,461,636.	-14,250,889.	23,767,133.	-3,439,334.	4,247,983.
d Grants or scholarships	6,222,792.	5,313,140.	39,855.	4,267,596.	3,933,169.
e 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.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100 %
 b Permanent endowment _____ %
 c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations _____
 (ii) Related organizations _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		243,754.		243,754.
b Buildings		6,378,868.	2,158,181.	4,220,687.
c Leasehold improvements				
d Equipment		157,514.	129,792.	27,722.
e Other		169,772.	130,378.	39,394.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,531,557.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	11,035,256.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	12,620,547.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	23,655,803.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) GIFT ANNUITY LIABILITY	31,585.
(3) FUNDS HELD AS AGENCY ENDOWMENT	3,986,752.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,018,337.

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

Schedule D (Form 990) 2022

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:		
a	Net unrealized gains (losses) on investments	2a	1,717,056.
b	Donated services and use of facilities	2b	12,872.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	78,515.
e	Add lines 2a through 2d	2e	1,808,443.
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	265,361.
b	Other (Describe in Part XIII.)	4b	-19,037.
c	Add lines 4a and 4b	4c	246,324.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,644,962.

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

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

1	Total expenses and losses per audited financial statements	1	9,040,172.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	12,872.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	78,515.
e	Add lines 2a through 2d	2e	91,387.
3	Subtract line 2e from line 1	3	8,948,785.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	265,361.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	265,361.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,214,146.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE 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

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 78,515.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS IN BENEFICIAL TRUST -19,037.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS 78,515.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		VETERANS CENTER LUNCH	K9 BOWL	3	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	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.
Direct Expenses	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.
	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 line 3, column (d)				-62,282.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization
BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number
23-2769892

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 government organizations listed in the line 1 table **144.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) 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
AMERICAN CANCER SOCIETY P.O. BOX 22478 OKLAHOMA CITY, OK 73123	13-1788491		34,000.	0.			FOR BERKS COUNTY RESIDENTS- TRANSPORTATION & LODGING (ASTRAZENECA HOPE LODGE OF
HAWK MOUNTAIN SANCTUARY 1700 HAWK MOUNTAIN ROAD KEMPTON, PA 19529	23-1392700		20,000.	0.			FOR GENERAL OPERATING SUPPORT
BOYERTOWN COMMUNITY AMBULANCE SERVICE, INC. - 2 EAST SECOND ST - BOYERTOWN, PA 19512	23-6266685		20,000.	0.			FOR CARDIAC MONITOR/ 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 BOYERTOWN, PA 19512	23-2028558		15,000.	0.			FOR MACKEY FIELD AT BOYERTOWN COMMUNITY PARK
HAWK MOUNTAIN SANCTUARY 1700 HAWK MOUNTAIN ROAD KEMPTON, PA 19529	23-1392700		19,200.	0.			FOR THE KITTATINY RAPTOR 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 - READING, PA 19604	23-1381374		16,900.	0.			FOR GENERAL OPERATING SUPPORT
WITF, INC. 4801 LINDLE ROAD HARRISBURG, PA 17111	23-1629016		16,000.	0.			REPORT FOR AMERICA, LATINO COMMUNITIES REPORTER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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 19612	47-3054125		20,000.	0.			FOR THE "DELIVERING SERIOUS NEWS" PROGRAM
AMERICAN RED CROSS PENNSYLVANIA RIVERS CHAPTER - 3939 BROADWAY - ALLENTOWN, PA 18104	53-0196605		20,000.	0.			FOR BLOOD SAVES LIVES: FIGHTING CANCER IN BERKS COUNTY
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		16,000.	0.			FOR ASSISTANCE WITH EXPENSES OF LAND PROTECTION PROJECTS
READING HOSPITAL FOUNDATION 6TH AVENUE & SPRUCE STREET, A2 SOUTH PO BOX 16052 - READING, PA 19612	47-3054125		20,261.	0.			READING HOSPITAL HIGH SCHOOL INTERNSHIP PROGRAM
GOGGLEWORKS CENTER FOR THE ARTS 201 WASHINGTON STREET READING, PA 19601	41-2165262		20,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. JOHN'S UCC CHURCH 13 GERNANTS CHURCH ROAD LEESPORT, PA 19533	23-2769892		5,100.	0.			FOR GENERAL SUPPORT. UP TO 50% OF THE GRANT MAY BE USED TO SUPPORT CHARITABLE AC
ST. MARGARET'S SCHOOL 233 SPRING STREET READING, PA 19601	23-1352463		14,992.	0.			FOR 2022-2023 TUITION SUPPORT
THE LGBT CENTER OF GREATER READING 640 CENTRE AVENUE READING, PA 19601	81-3191097		15,000.	0.			FOR COSTS ASSOCIATED WITH THE EDUCATIONAL PRESENTATIONS, NOT TO BE USED FOR THE
READING SEVENTH-DAY ADVENTIST JUNIOR ACADEMY - 309 KENHORST BLVD. - READING, PA 19607	23-2631259		13,170.	0.			FOR 2022-2023 TUITION SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) 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 - MEMPHIS, PA 38105	62-0646012		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 BOWMANVILLE, PA 17507	23-2243488		11,000.	0.			FOR PLYMOUTH TOWNSHIP POLICE K-9 UNIT
CLARE OF ASSISI HOUSE 325 S 12TH ST READING, PA 19602	47-1044541		11,000.	0.			FOR "CONTINUING TO EMPOWER"
UNITED WAY OF BERKS COUNTY 25 N. 2ND ST, STE 101 READING, PA 19601	23-1655375		10,600.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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

Schedule I (Form 990)

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FOUNDATION FOR READING AREA COMMUNITY COLLEGE - 10 SOUTH SECOND ST. PO BOX 1706 - READING, PA 19603-1706	23-2273163		50,000.	0.			FOR RACC'S 50TH ANNIVERSARY SIGNATURE 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
THE ENERGY EFFICIENCY ALLIANCE 614 S. 4TH ST. #307 PHILADELPHIA, PA 19147	23-3007497		40,000.	0.			FOR CATALYZING CLEAN ENERGY WORKFORCE DEVELOPMENT IN THE METED & PENELEC TERRITO
HUMANE PENNSYLVANIA 1729 N. 11TH STREET READING, PA 19604	23-1384936		95,000.	0.			FOR HEALTHY PETS 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
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC. - 58 KENNEL RD - BIRDSBORO, PA 19508	23-1417505		95,000.	0.			FOR CAPACITY BUILDING - CAPITAL ASSESSMENTS
FOUNDATION FOR THE READING PUBLIC MUSEUM - 500 MUSEUM RD - READING, PA 19611-1425	23-2563964		100,000.	0.			TO SUPPORT PLAN TO INCREASE DONOR ENGAGEMENT AND IMPROVE FUNDRAISING EFFORTS
BERKS COUNTY ASSOCIATION FOR THE BLIND - 2020 HAMPDEN BLVD - READING, PA 19604	23-1381374		115,999.	0.			FOR LU/LA (LIMITED USE/LIMITED APPLICATION) LIFT

Schedule I (Form 990)

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SPOTLIGHT PA 228 WALNUT ST., #11728 HARRISBURG, PA 17108-1728	92-0577182		135,000.	0.			FOR A NEW JOURNALISM MODEL FOR BERKS COUNTY
RODALE INSTITUTE 611 SIEGFRIEDALE ROAD KUTZTOWN, PA 19530	23-7206884		150,000.	0.			FOR RODALE INSTITUTE 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 READING, PA 19607	23-1966295		21,300.	0.			FOR EASEMENT MANAGEMENT AND DEFENSE
HCSC BLOOD CENTER DBA MILLER-KEYSTONE BLOOD CENTER - 1465 VALLEY CENTER PARKWAY - BETHLEHEM, PA 18017	23-1731796		38,900.	0.			FOR MILLER-KEYSTONE BLOOD CENTER USES CENTRIFUGE TECHNOLOGY TO PROCESS 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 LEARNING - 1092 WELSH ROAD - SHILLINGTON, PA 19607	46-2673757		24,000.	0.			FOR 2022-2023 TUITION SUPPORT FOR ALEXANDRA CASTILLO
FOUNDATION FOR READING AREA COMMUNITY COLLEGE - 10 SOUTH SECOND ST. PO BOX 1706 - READING, PA 19603-1706	23-2273163		24,220.	0.			FOR 2022 READING HIGH SCHOOL OPPORTUNITY FUND
J.K. BOYER BOYERTOWN COMMUNITY LIBRARY - 24 N. READING AVE - BOYERTOWN, PA 19512	23-2519885		24,900.	0.			FOR COMMUNITY ACTIVITIES AT THE BOYERTOWN COMMUNITY LIBRARY

Schedule I (Form 990)

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

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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 SUPPORT
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

Schedule I (Form 990)

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

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DREXEL UNIVERSITY COLLEGE OF MEDICINE - 50 INNOVATION WAY - WYOMISSING, PA 19607	23-1352630		32,446.	0.			FOR HEALTH OUTREACH PROJECT (HOP) AT DREXEL UNIVERSITY COLLEGE OF MEDICINE AT TO
HELPING HARVEST FOOD BANK 117 MORGAN DRIVE SINKING SPRING, PA 19608	22-2456238		35,000.	0.			FOR GENERAL OPERATING SUPPORT
THE KING'S ACADEMY 1562 MAIN STREET MOHRSVILLE, PA 19541	23-2965423		25,404.	0.			FOR 2022-2023 TUITION 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 CARLISLE, PA 17013	23-1365954		150,000.	0.			FOR F.A.R.M. LAB AT 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 WYOMISSING, PA 19610-1825	23-1664967		7,500.	0.			FOR ROSALYE YASHEK'S ANNUAL DUES

Schedule I (Form 990)

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JEWISH FEDERATION OF READING 1100 BERKSHIRE BLVD., SUITE 125 WYOMISSING, PA 19610	23-1728784		7,500.	0.			FOR GENERAL SUPPORT
WEST READING POLICE DEPARTMENT 500 CHESTNUT ST WEST READING, PA 19611	23-6002959		7,500.	0.			FOR THE WEST READING POLICE DEPARTMENT K-9 PROGRAM
SACRED HEART SCHOOL 701 FRANKLIN STREET WEST READING, PA 19611	23-1547583		7,456.	0.			FOR 2022-2023 TUITION SUPPORT
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC. - 58 KENNEL RD - BIRDSBORO, PA 19508	23-1417505		7,450.	0.			FOR THE DIRECT SUPPORT OF ANIMAL CARE, FOOD, OR MEDICINE
HUMANE PENNSYLVANIA 1729 N. 11TH STREET READING, PA 19604	23-1384936		7,450.	0.			FOR THE DIRECT SUPPORT OF ANIMAL CARE, FOOD, OR MEDICINE
ST. IGNATIUS LOYOLA ROMAN CATHOLIC CHURCH - 2810 ST. ALBAN'S DRIVE - SINKING SPRING, PA 19608-1028	23-1684800		7,245.	0.			FOR GENERAL OPERATING SUPPORT
DREXEL UNIVERSITY COLLEGE OF MEDICINE - 50 INNOVATION WAY - WYOMISSING, PA 19607	23-1352630		7,000.	0.			FOR THE SCREENING EYE EXAMINATION CLINIC
DREXEL UNIVERSITY P.O. BOX 8215 PHILADELPHIA, PA 19101-9684	23-1352630		7,000.	0.			UNRESTRICTED GIFT FOR THE DREXEL FUND
DREXEL UNIVERSITY P.O. BOX 8215 PHILADELPHIA, PA 19101-9684	23-1352630		7,000.	0.			FOR THE DREXEL FUND

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BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		6,900.	0.			FOR SUPPORT OF ENVIRONMENTAL EDUCATION PROGRAMS
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		6,800.	0.			FOR SUPPORT OF ENVIRONMENTAL EDUCATION PROGRAMS
IMMANUEL UNITED CHURCH OF CHRIST 99 SOUTH WAVERLY STREET SHILLINGTON, PA 19607	23-1573126		6,750.	0.			FOR PRESCHOOL SUMMER OF FUN ENRICHMENT CAMP
STUDIO B ART GALLERY 39A E PHILADELPHIA AVE BOYERTOWN, PA 19512	04-3724833		6,690.	0.			FOR LEGACY: REMEMBRANCE 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
THE S.P.A.R.K.S FOUNDATION 110 WEST WYOMISSING AVENUE MOHNTON, PA 19540	06-1689284		5,500.	0.			SPARK-ING A LOVE OF STEM IN GOVERNOR MIFFLIN SCHOOL DISTRICT!

Schedule I (Form 990)

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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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OPPORTUNITY HOUSE 430 N. SECOND STREET PO BOX 12303 READING, PA 19612-2303	23-2543677		6,510.	0.			FOR KITCHEN EQUIPMENT UPGRADES
POTTSTOWN CLUSTER OF RELIGIOUS COMMUNITIES - 57 NORTH FRANKLIN ST - POTTSTOWN, PA 19464	23-1977722		6,000.	0.			FOR PERSONAL CARE & CLEANING PRODUCT 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 CONSHOHOCKEN, PA 19428	53-0242652		10,000.	0.			FOR THE PA CHAPTER FOR WORK IN PA
BREAST CANCER SUPPORT SERVICES OF BERKS COUNTY - 529 READING AVENUE, SUITE C - READING, PA 19611	23-2762595		10,000.	0.			FOR SUPPORT SERVICES FOR WOMEN WITH BREAST CANCER
RED CREEK WILDLIFE CENTER 300 MOONHILL DRIVE SCHUYLKILL HAVEN, PA 17972	23-2865324		10,000.	0.			FOR GENERAL SUPPORT

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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 READING, PA 19601-3494	23-1741046		10,000.	0.			FOR GENERAL OPERATING SUPPORT
NEW JOURNEY COMMUNITY OUTREACH INC. - 138 SOUTH 6TH STREET - READING, PA 19602	46-3623955		10,000.	0.			FOR FOOD PROGRAM STAFF SUPPORT
MIFFLIN COMMUNITY LIBRARY 6 PHILADELPHIA AVENUE SHILLINGTON, PA 19607	23-2980611		10,000.	0.			FOR CULTURAL READING MATERIAL
EPHRATA RECREATION CENTER 130 SOUTH ACADEMY DRIVE EPHRATA, PA 17522	23-1392955		10,000.	0.			FOR GENERAL SUPPORT
GENERAL CARL SPAATZ REGIONAL ARMY AIR CORPS MUSEUM - 28 WARWICK STREET - BOYERTOWN, PA 19512	82-2537537		10,000.	0.			FOR GENERAL SPAATZ MUSEUM BASD TOUR PROGRAM AND MECHANICAL/HVAC UPGRADE
THE HIGHLANDS AT WYOMISSING 2000 CAMBRIDGE AVENUE WYOMISSING, PA 19610	22-2790840		10,000.	0.			FOR THE EMPLOYEE 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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PINE GROVE CHURCH 1194 READING ROAD PO BOX 573 BOWMANVILLE, PA 17507	23-2243488		10,000.	0.			FOR GENERAL SUPPORT
BERKS CONNECTIONS/PRETRIAL SERVICES - 19 N. 6TH STREET 4TH FLOOR - READING, PA 19601	23-1969810		10,000.	0.			FOR URGENT AND BASIC NEED FUNDING FOR REENTRANT WOMEN
THE LGBT CENTER OF GREATER READING 640 CENTRE AVENUE READING, PA 19601	81-3191097		10,000.	0.			FOR THE FRESH START PROGRAM, WHICH WILL PROVIDE SHOWER AND 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 - READING, PA 19604	23-1381374		8,000.	0.			FOR CHILDREN'S VISION 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 BIRDSBORO, PA 19508	23-2005505		8,802.	0.			FOR 2022-2023 TUITION SUPPORT

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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

Schedule I (Form 990)

[illegible]

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:

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.

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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.		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

Yes No

1b	X	
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	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 organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2022

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

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

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

OF PEER GROUP ENTITIES. IT ALSO REVIEWS COMPARABLE LOCAL DATA PROVIDED PERIODICALLY BY A REGIONAL HUMAN RESOURCES CONSULTING FIRM. AFTER REVIEWING THAT MATERIAL, THE EXECUTIVE COMMITTEE ESTABLISHES A COMPENSATION LEVEL THAT IS DESIGNED TO RECOGNIZE CURRENT MARKET CONDITIONS AND PERFORMANCE IN THE POSITION. THIS INFORMATION IS THEN REVIEWED IN EXECUTIVE 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 TRUSTS	19,037.
CHANGE IN AGENCY FUNDING	-842,665.
TOTAL TO FORM 990, PART XI, LINE 9	-823,628.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

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Inspection**

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number
23-2769892

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 READING, PA 19601	HOLD AND MANAGE REAL ESTATE	PENNSYLVANIA			BERKS COUNTY COMMUNITY FOUNDATION, INC.
COMMUNITY PROPERTIES LLC - 35-1549052 237 COURT STREET READING, PA 19601	HOLD AND MANAGE REAL ESTATE	PENNSYLVANIA			BERKS COUNTY COMMUNITY 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BERKS COUNTY COMMUNITY FOUNDATION PROPERTIES II - 43-1985063, 237 COUNTY STREET, READING, PA 19601	TO ACCEPT GIFTS OF REAL PROPERTY	PENNSYLVANIA	501(C)(3)	LINE 12A, I			X
SOUTH MOUNTAIN CAMPS FOUNDATION - 26-4511865 237 COUNTY STREET READING, PA 19601	ACCEPT GIFTS FOR CHARITABLE PURPOSES	PENNSYLVANIA	501(C)(3)	LINE 12A, I			X
HOME HEALTH CARE FOUNDATION - 82-2913556 237 COUNTY STREET READING, PA 19601	HEALTH CARE ACTIVITY RELATED DISTRIBUTIONS	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI			X

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

Schedule R (Form 990) 2022

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e 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
h Purchase of assets from related organization(s)	1h	X
i 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
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	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
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q 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	X
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)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

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