

EXTENDED TO MAY 15, 2025

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023**Open to Public  
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****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 \$**31,749,191.****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	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE PHILANTHROPY AND IMPROVE THE QUALITY OF LIFE FOR THE RESIDENTS OF BERKS COUNTY,</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>12</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>16</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>200</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>5,565,240.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>6,074,664.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>5,058.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>11,644,962.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,384,973.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>490,462.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,786,798.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>9,214,146.</b>
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12 <b>2,430,816.</b>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>123,855,597.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>7,299,711.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>116,555,886.</b>

**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
	<b>KEVIN K. MURPHY, PRESIDENT</b> Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name <b>BRAD FREDERICK</b>	Preparer's signature
	Firm's name <b>KREISCHER MILLER</b>	Firm's EIN <b>23-1980475</b>
	Firm's address <b>100 WITMER ROAD, SUITE 350 HORSHAM, PA 19044-2369</b>	Phone no. <b>215-441-4600</b>

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**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 \$ **6,975,753.** including grants of \$ **5,379,002.** ) (Revenue \$ **62,319.** )**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 **6,975,753.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b> X	
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b> X	
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</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>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> 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>	<b>15</b> X	
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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>	<b>17</b>	X
<b>18</b> 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>	<b>18</b> X	
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b> X	
<b>34</b> 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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 32	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> 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>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</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	
<b>4a</b> 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>b</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).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> 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>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> 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
<b>16</b> 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
<b>17 Section 501(c)(21) organizations.</b> 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	1b	12	11	Yes	No
<b>1a</b> 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>b</b> Enter the number of voting members included on line 1a, above, who are independent						
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						X
<b>6</b> Did the organization have members or stockholders?						X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						X
<b>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
<b>a</b> The governing body?					X	
<b>b</b> Each committee with authority to act on behalf of the governing body?					X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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.		
<b>16a</b> 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>b</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 Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

(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				295,972.	0.	21,841.
(2) FRANCES A. AITKEN TREASURER & CHIEF OPERATIN	37.50 1.00			X				195,627.	0.	17,659.
(3) HEIDI WILLIAMSON CHIEF STRATEGY OFCR (THRU 12/31/23)	37.50				X			176,040.	0.	6,351.
(4) ALFRED WEBER DIRECTOR	1.00	X						0.	0.	0.
(5) DOUGLAS F. SMITH DIRECTOR	1.00	X						0.	0.	0.
(6) GABRIELA RAPUL DIRECTOR	1.00	X						0.	0.	0.
(7) JAY R. WAGNER SECRETARY	1.00			X				0.	0.	0.
(8) LYN CAMELLA-RICH DIRECTOR	1.00	X						0.	0.	0.
(9) MICHAEL J. ROWLEY DIRECTOR	1.00	X						0.	0.	0.
(10) RAMONA TURPIN DIRECTOR	1.00	X						0.	0.	0.
(11) SUSAN N. DENARO CHAIR	1.00	X		X				0.	0.	0.
(12) VICKI EBNER DIRECTOR	1.00	X						0.	0.	0.
(13) THOMAS FLYNN DIRECTOR	1.00	X						0.	0.	0.
(14) HON. CARISSA JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(15) RICHARD L. STOUTT, JR. DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
<b>1b Subtotal</b> .....								667,639.	0.	45,851.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								667,639.	0.	45,851.

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

3

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	192,577.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,752,850.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 572,530.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM FEE INCOME		<b>Business Code</b>				
			900099	30,433.	30,433.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			30,433.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			2,401,343.			2401343.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
			(i) Real	(ii) Personal			
	<b>6 a</b> Gross rents .....	<b>6a</b>					
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
			(i) Securities	(ii) Other			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	24,313,922.				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	17,199,837.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	7,114,085.				
	<b>d</b> Net gain or (loss) .....			7,114,085.			7114085.
	<b>8 a</b> Gross income from fundraising events (not including \$ 192,577. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>	26,180.			
	<b>b</b> Less: direct expenses .....		<b>8b</b>	56,882.			
	<b>c</b> Net income or (loss) from fundraising events .....			-30,702.			-30,702.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....		<b>10a</b>					
<b>b</b> Less: cost of goods sold .....		<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MANAGEMENT FEES		<b>Business Code</b>				
			900099	30,000.	30,000.		
	<b>b</b> OTHER INCOME		900099	1,886.	1,886.		
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			31,886.			
<b>12 Total revenue.</b> See instructions .....			14,492,472.	62,319.	0.	9484726.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,286,143.	4,286,143.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	990,910.	990,910.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	101,949.	101,949.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	538,525.	185,554.	199,412.	153,559.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	758,158.	464,432.	248,027.	45,699.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	103,993.	52,127.	35,885.	15,981.
<b>10</b> Payroll taxes	89,292.	44,760.	30,812.	13,720.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	33,709.	2,910.	30,799.	
<b>c</b> Accounting	44,691.		44,691.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	178,763.		178,763.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	378,743.	363,534.	15,209.	
<b>12</b> Advertising and promotion	100,118.	46,850.	19,253.	34,015.
<b>13</b> Office expenses	55,266.	40,197.	11,824.	3,245.
<b>14</b> Information technology	138,361.	61,180.	59,409.	17,772.
<b>15</b> Royalties				
<b>16</b> Occupancy	123,596.	76,552.	23,522.	23,522.
<b>17</b> Travel	5,466.	4,443.	708.	315.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	74,660.	48,442.	18,140.	8,078.
<b>20</b> Interest	113,526.	68,116.	22,705.	22,705.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	182,796.	113,002.	34,897.	34,897.
<b>23</b> Insurance	45,908.	13,676.	9,414.	22,818.
<b>24</b> 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.)				
<b>a</b> SPECIAL EVENTS	105,750.	13,814.		91,936.
<b>b</b> PROFESSIONAL DUES AND S	30,778.	23,262.	5,316.	2,200.
<b>c</b> BAD DEBT	-26,100.	-26,100.	0.	0.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,455,001.	6,975,753.	988,786.	490,462.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	26,798.	<b>1</b>	95,216.
	<b>2</b> Savings and temporary cash investments .....	4,149,797.	<b>2</b>	4,301,252.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	64,309.	<b>4</b>	43,674.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	162,505.	<b>7</b>	115,001.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,935,513.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,541,379.		
	<b>11</b> Investments - publicly traded securities .....	90,297,580.	<b>11</b>	100,490,980.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	23,655,803.	<b>12</b>	24,648,181.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	967,248.	<b>15</b>	1,054,015.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	123,855,597.	<b>16</b>	135,142,453.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	222,499.	<b>17</b>	194,460.
	<b>18</b> Grants payable .....	1,416,948.	<b>18</b>	1,430,987.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,641,927.	<b>23</b>	1,576,468.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	4,018,337.	<b>25</b>	4,720,004.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,299,711.	<b>26</b>	7,921,919.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	115,609,368.	<b>27</b>	126,202,039.
	<b>28</b> Net assets with donor restrictions .....	946,518.	<b>28</b>	1,018,495.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	116,555,886.	<b>32</b>	127,220,534.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	123,855,597.	<b>33</b>	135,142,453.

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,492,472.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,455,001.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,037,471.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	116,555,886.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,455,134.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-827,957.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	127,220,534.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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	<b>2a</b>	<b>X</b>
<b>b</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	<b>2b</b>	<b>X</b>
<b>c</b> 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.	<b>2c</b>	<b>X</b>
<b>3a</b> 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? _____	<b>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	

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**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4539199.	3377672.	6005361.	5565240.	4191489.	23678961.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4539199.	3377672.	6005361.	5565240.	4191489.	23678961.
<b>5</b> 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) .....						7755498.
<b>6 Public support.</b> Subtract line 5 from line 4.						15923463.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	4539199.	3377672.	6005361.	5565240.	4191489.	23678961.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1775631.	1358616.	1844519.	2092487.	2431776.	9503029.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						33181990.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	173,915.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	47.99	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	51.12	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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) 2023

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

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

Schedule A (Form 990) 2023

**Part VI**

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

**2023**

**\*\*\* Not Open to Public Inspection \*\*\***

Total Excess Contributions to Schedule A, Part II, Line 5	7,755,498.
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323171 04-01-23

## 2023

\*\*\* Not Open to Public Inspection \*\*\*

323174 04-01-23

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**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) 2023

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount		494,695.			494,695.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					742,043.
<b>c</b> Total lobbying expenditures		390.			390.
<b>d</b> Grassroots nontaxable amount		123,674.			123,674.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					185,511.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023



31  
2023.05050 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open 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 .....	39	386
2 Aggregate value of contributions to (during year) .....	1,826,193.	3,240,782.
3 Aggregate value of grants from (during year) .....	802,792.	5,360,118.
4 Aggregate value at end of year .....	18,474,523.	108,827,940.
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).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the 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 on line 2a .....	2c
d Number of conservation easements included on line 2c 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? .....

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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) 2023

**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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	113,953,383.	109,998,232.	124,883,576.	77,123,472.	81,252,552.
b Contributions	3,711,411.	4,290,179.	6,228,140.	29,642,465.	4,475,450.
c Net investment earnings, gains, and losses	14,631,055.	7,461,636.	-14,250,889.	23,767,133.	-3,439,334.
d Grants or scholarships	5,566,437.	6,222,792.	5,313,140.	39,855.	4,267,596.
e Other expenditures for facilities and programs					
f Administrative expenses	1,590,234.	1,573,872.	1,549,455.	1,609,639.	897,600.
g End of year balance	125,139,177.	113,953,383.	109,998,232.	128,883,576.	77,123,472.

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 .0000 %

c Term endowment .0000 %

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? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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.	2,321,742.	4,057,126.
c Leasehold improvements		110,210.	91,977.	18,233.
d Equipment		202,681.	127,660.	75,021.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,394,134.

Schedule D (Form 990) 2023

**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	11,887,260.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	12,760,921.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	24,648,181.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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	29,666.
(3) FUNDS HELD AS AGENCY ENDOWMENT	4,690,338.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,720,004.

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) 2023

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	19,033,395.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	5,455,134.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	56,882.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,512,016.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,521,379.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	178,763.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	792,330.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	971,093.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	14,492,472.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	8,333,120.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	56,882.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	56,882.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,276,238.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	178,763.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	178,763.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	8,455,001.

**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, 2024 AND 2023.

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, 2021.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS	56,882.
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## PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS IN BENEFICIAL TRUST	-71,977.
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CONTRIBUTIONS, INVESTMENT INCOME AND GAINS ON AGENCY

ENDOWMENT	864,307.
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TOTAL TO SCHEDULE D, PART XI, LINE 4B	792,330.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS	56,882.
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**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

Employer identification number

BERKS COUNTY COMMUNITY FOUNDATION, INC.

23-2769892

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on  
Form 990, Part IV, line 14b.

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

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING	GRANTMAKING	101,949.
<b>3 a</b> Subtotal .....	0	0			101,949.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			101,949.

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

Schedule F (Form 990) 2023

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	ISAR EDNANNIA IS A UKRAINIAN NATIONAL NETWORK FOR THE DEVELOPMENT OF LOCAL	101,949.	ELECTRONIC WIRES	0.		CASH

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 1

3 Enter total number of other organizations or entities ..... 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2023





**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2023

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

WE ENTER INTO A GRANT AGREEMENT WITH THE ORGANIZATION AND THEY ARE  
REQUIRED TO SEND US A GRANT CLOSE OUT REPORT SEMI-ANNUALLY THAT DETAILS  
HOW THE GRANT WAS SPENT.

**PART II, COLUMN (D):**

REGION: RUSSIA AND NEIGHBORING STATES

(D) PURPOSE OF GRANT: ISAR EDNANNIA IS A UKRAINIAN NATIONAL NETWORK FOR  
THE DEVELOPMENT OF LOCAL PHILANTHROPY. FUNDS WILL BE USED FOR WARTIME  
RELIEF.

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2023

**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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 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 VETERANS CENTER LUNCH	(b) Event #2 K9 BOWL	(c) Other events 3	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts .....	141,406.	28,733.	48,618.	218,757.
2 Less: Contributions .....	128,206.	25,551.	38,820.	192,577.
3 Gross income (line 1 minus line 2) .....	13,200.	3,182.	9,798.	26,180.
<b>Direct Expenses</b>				
4 Cash prizes .....			409.	409.
5 Noncash prizes .....	4,423.		1,478.	5,901.
6 Rent/facility costs .....		2,166.	13,694.	15,860.
7 Food and beverages .....	23,888.			23,888.
8 Entertainment .....				
9 Other direct expenses .....	8,142.	1,219.	1,463.	10,824.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				56,882.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-30,702.

**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))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.

<b>Part IV</b>		<b>Supplemental Information</b> <i>(continued)</i>
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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**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
IMPACTISRAEL 200 HIGHLAND AVENUE, STE. 301 NEEDAM, MA 02494	22-3090463		10,000.	0.			FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY P.O. BOX 862 CARNEGIE, PA 15106	13-1788491		45,000.	0.			PATIENT NAVIGATION - ACCESS TO CARE FOR BERKS COUNTY RESIDENTS
GREEN BUILDING ALLIANCE 317 E. CARSON STREET, SUITE 122 PITTSBURGH, PA 15219	25-1832931		150,616.	0.			FOR BUILDING SUSTAINABLE, RESILIENT, AND THRIVING COMMUNITIES PROJECT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL PA - 745 WEST GOVERNOR ROAD - HERSHEY, PA 17033	23-2204761		20,000.	0.			FOR SUPPORT OF BERKS FAMILIES TO STAY IN HERSHEY & PHILADELPHIA
SPOTLIGHT PA 228 WALNUT ST., #11728 - HARRISBURG, PA 17108-1728, PA 17108-1728	92-0577182		90,000.	0.			FOR BERKS BUREAU INTERIM & GO-FORWARD IMPLEMENTATION PROJECT
MOM-N-PA 420 EAST ORANGE STREET SHIPPENSBURG, PA 17257	45-4645257		60,000.	0.			FOR THE MOM-N-PA DENTAL EVENT IN READING.

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **104.**

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS



**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
PINE GROVE CHURCH 1194 READING ROAD, PO BOX 573 BOWMANVILLE, PA 17507	23-2243488		20,000.	0.			FOR THE GENERAL FUND
SOUTH MOUNTAIN YMCA 201 CUSHION PEAK ROAD REINHOLDS, PA 17569	23-2239399		108,700.	0.			FOR GENERAL SUPPORT
HCSC BLOOD CENTER DBA MILLER-KEYSTONE BLOOD CENTER - 1465 VALLEY CENTER PARKWAY - BETHLEHEM, PA 18017	23-1731796		15,000.	0.			FOR THE MILLER-KEYSTONE BLOOD CENTER STAT (EMERGENCY) COURIER VEHICLE
COMMUNITY SERVICES FOR CHILDREN, INC. - 1520 HANOVER AVE - ALLENTOWN, PA 18062	23-2204725		23,826.	0.			FOR THE ORAL HEALTH SERVICES IN EARLY CHILDHOOD SETTING PROGRAM
DIOCESE OF ALLENTOWN P.O. BOX F ALLENTOWN, PA 18105-1538	23-1598116		11,400.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD KEYSTONE 610 LOUIS AVE., STE. 300 WARMINSTER, PA 18974	23-2450112		40,000.	0.			FOR RAPID TESTING FOR HIV AND STIS IN BERKS AND LANCASTER COUNTIES
PLANNED PARENTHOOD KEYSTONE 610 LOUIS AVE., STE. 300 WARMINSTER, PA 18974	23-2450112		22,000.	0.			FOR GENERAL SUPPORT- BERKS COUNTY
THE FOOD TRUST 1617 JOHN F KENNEDY BLVD., SUITE 90 PHILADELPHIA, PA 19013	23-2678383		7,000.	0.			FOR THE FOOD BUCKS PROGRAM BENEFITTING READING SCHOOL DISTRICT STUDENTS
VILLANOVA UNIVERSITY ATTN: DEVELOPMENT OFFICE, 800 EAST LANCASTER AVENUE - VILLANOVA, PA 19085	23-1352688		10,296.	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
DREXEL UNIVERSITY P.O. BOX 8215 PHILADELPHIA, PA 19101-9684	23-1352630		7,000.	0.			FOR THE DREXEL FUND
JUNIOR ACHIEVEMENT OF SOUTHEASTERN PA - 1501 CHERRY STREET - PHILADELPHIA, PA 19102	23-1386172		5,200.	0.			FOR BERKS COUNTY PROGRAMS
PENNVIRONMENT RESEARCH AND POLICY CENTER - 1528 WALNUT STREET, SUITE 1400 - PHILADELPHIA, PA 19102	05-0530668		15,000.	0.			FOR PROMOTING RENEWABLE ENERGY IN BERKS COUNTY
EPILEPSY FOUNDATION EASTERN PA 919 WALNUT STREET, SUITE 700 PHILADELPHIA, PA 19107	23-1882279		20,000.	0.			FOR SEIZURE RECOGNITION & FIRST AID TRAINING
PENNSYLVANIA SCHOOL FOR THE DEAF ATTN: DEVELOPMENT OFFICE, 100 WEST SCHOOL HOUSE LANE - PHILADELPHIA, PA 191	23-1581227		10,296.	0.			FOR GENERAL SUPPORT
GREATER PHILADELPHIA YMCA 400 FAYETTE STREET, STE. 250 CONSHOHOCKEN, PA 19428	23-1243965		10,000.	0.			FOR PROGRAMMING AT THE BOYERTOWN YMCA
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
POTTSTOWN AREA SENIORS' CENTER DBA TRICOUNTY ACTIVE ADULT CENTER, 288 MOSER ROAD, STE 1 - POTTSTOWN, PA 194	23-1994517		10,000.	0.			FOR EXERCISE AND FALL AVOIDANCE FOR OLDER ADULTS
SCHUYLKILL RIVER GREENWAYS NATIONAL HERITAGE AREA - 140 COLLEGE DRIVE - POTTSTOWN, PA 19464	23-2048152		10,000.	0.			FOR THE SCHUYLKILL RIVER TRAIL STEWARDSHIP FUND CAMPAIGN

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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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
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC. - 58 KENNEL RD - BIRDSBORO, PA 19508	23-1417505		100,000.	0.			ASSISTANCE IN LEADERSHIP TRANSITION SUPPORT
SHADY HOLLOW ASSISTED RIDING 959 EAST MAIN STREET BIRDSBORO, PA 19508	31-1631455		7,400.	0.			FOR THE DIRECT SUPPORT OF ANIMAL CARE, FOOD AND MEDICINE
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC. - 58 KENNEL RD - BIRDSBORO, PA 19508	23-1417505		39,950.	0.			FOR GENERAL SUPPORT
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC. - 58 KENNEL RD - BIRDSBORO, PA 19508	23-1417505		7,400.	0.			FOR THE DIRECT SUPPORT OF ANIMAL CARE, FOOD AND MEDICINE
STUDIO B ART GALLERY 39A E PHILADELPHIA AVE BOYERTOWN, PA 19512	04-3724833		7,900.	0.			FOR THE I AM: PROUD OF YOU AND ME! ART EXHIBIT
BOYERTOWN COMMUNITY AMBULANCE SERVICE, INC. - 2 EAST SECOND ST - BOYERTOWN, PA 19512	23-6266685		24,890.	0.			FOR LUCAS CHEST COMPRESSION SYSTEM
BOYERTOWN COMMUNITY LIBRARY 24 N. READING AVE BOYERTOWN, PA 19512	23-2519885		24,800.	0.			FOR COMMUNITY ACTIVITIES AT THE BOYERTOWN COMMUNITY LIBRARY
GENERAL CARL SPAATZ REGIONAL ARMY AIR CORPS MUSEUM - 28 WARWICK STREET - BOYERTOWN, PA 19512	82-2537537		6,500.	0.			FOR STUDENT TOURS, STORAGE, AND SECURITY EQUIPMENT

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
KEYSTONE WARRIORS, INC. P.O. BOX 475 BLANDON, PA 19522	27-3705313		10,000.	0.			FOR GENERAL OPERATING SUPPORT
SECOND WIND BICYCLES 1690 SWAMP PIKE GILBERTSVILLE, PA 19525	88-0715086		12,000.	0.			FOR THE BICYCLE REPAIR PROGRAM
GILBERTSVILLE FIRE AND RESCUE COMPANY - 1454 E. PHILADELPHIA AVENUE, PO BOX 454 - GILBERTSVILLE, PA 19525	61-1482683		6,030.	0.			FOR INCIDENT COMMAND UNIT/ACCOUNTABILITY SYSTEM AND TRUCK BED CAP
HAMBURG AREA EDUCATION FOUNDATION 701 WINDSOR STREET HAMBURG, PA 19526	81-0595857		7,800.	0.			FOR GENERAL SUPPORT
OUR TOWN FOUNDATION 320 STATE STREET HAMBURG, PA 19526	25-1896200		10,000.	0.			FOR HAMBURG - VISION 2025
HAWK MOUNTAIN SANCTUARY 1700 HAWK MOUNTAIN ROAD KEMPTON, PA 19529	23-1392700		22,000.	0.			FOR GENERAL SUPPORT-IN MEMORY OF FERDINAND THUN
ST. JOHN'S (GERNANTS) UCC 13 GERNANTS CHURCH ROAD LEESPORT, PA 19533-0649			5,200.	0.			FOR GENERAL SUPPORT. UP TO 50% OF THE GRANT MAY BE USED TO SUPPORT CHARITABLE ACTIVITIES AT
FRIENDSHIP FIRE COMPANY 2 OF MOHNTON - 100 E. SUMMIT STREET - MOHNTON, PA 19540	23-0604460		19,441.	0.			FOR ROOF REPLACEMENT ON ENGINE HOUSE
THE S.P.A.R.K.S FOUNDATION 110 WEST WYOMISSING AVENUE MOHNTON, PA 19540	06-1689284		12,500.	0.			FOR THE "SPARKING AN INTEREST IN STEM" PROGRAMMING

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
CALVARY UNITED METHODIST CHURCH 1 W. WYOMISSING AVENUE MOHNTON, PA 19540	23-1705296		5,900.	0.			FOR THE 2023 DISTRIBUTION
FRIEDENS UNITED CHURCH OF CHRIST 337 MAIN STREET OLEY, PA 19547	23-7296550		6,200.	0.			FOR TECHNOLOGY UPGRADES
CLAY ON MAIN 313 MAIN STREET OLEY, PA 19547	26-3306974		5,038.	0.			FOR CRAFT PROGRAMS AT MIFFLIN ENCORE
BERKS AGRICULTURAL RESOURCE NETWORK - 469 ADAMS HOTEL ROAD - SHOEMAKERSVILLE, PA 19555	26-3227689		8,000.	0.			FOR THE URBAN AGRICULTURE BUS TOUR
BRANDYWINE HEIGHTS AREA SCHOOL DISTRICT - 200 WEST WEIS STREET - TOPTON, PA 19562	23-1671515		10,000.	0.			FOR TOAD CREEK STREAM STUDY AND RESTORATION
UNITED WAY OF BERKS COUNTY 25 N. 2ND ST, STE 101 READING, PA 19601	23-1655375		12,500.	0.			FOR THE ANNUAL CAMPAIGN
HOPE RESCUE MISSION 645 NORTH 6TH STREET READING, PA 19601	23-1413677		6,000.	0.			FOR UTILITY EXPENSES FOR 2024
HOPE RESCUE MISSION 645 NORTH 6TH STREET READING, PA 19601	23-1413677		29,000.	0.			FOR A LIGHTHOUSE ROOM SPONSORSHIP
READING SCHOOL DISTRICT 800 WASHINGTON STREET READING, PA 19601	23-6004134		15,000.	0.			FOR NORTHWEST MIDDLE SCHOOL'S OUTSIDE EDUCATIONAL AREA

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
HOPE RESCUE MISSION 645 NORTH 6TH STREET READING, PA 19601	23-1413677		9,133.	0.			FOR GENERAL SUPPORT
READING SCIENCE CENTER 645 PENN STREET, LOWER LEVEL READING, PA 19601	82-5063856		10,000.	0.			FOR THE SISTERS IN STEM FREE AFTER SCHOOL PROGRAM
UNITED WAY OF BERKS COUNTY 25 N. 2ND ST, STE 101 READING, PA 19601	23-1655375		10,000.	0.			FOR THE TOCQUEVILLE SOCIETY
UNITED WAY OF BERKS COUNTY 25 N. 2ND ST, STE 101 READING, PA 19601	23-1655375		37,100.	0.			FOR GENERAL SUPPORT
AMERICAN RED CROSS PENNSYLVANIA RIVERS CHAPTER - 237 COURT STREET, GARDEN LEVEL - READING, PA 19601	53-0196605		20,000.	0.			FOR THE BLOOD SAVES LIVES: FIGHTING CANCER PROGRAM
BERKS YOUTH CHORUS 201 WASHINGTON STREET, STE. 506 B READING, PA 19601	23-2684036		9,500.	0.			FOR GENERAL OPERATING SUPPORT
GOGGLEWORKS CENTER FOR THE ARTS 201 WASHINGTON STREET READING, PA 19601	41-2165262		10,000.	0.			FOR THE GARDENS AT LAUER'S PARK
BERKS COUNTY SHERIFF'S DEPARTMENT 633 COURT STREET, 3RD FL. READING, PA 19601	23-6003049		16,603.	0.			SUPPORT BERKS COUNTY SHERIFF K9 UNIT
BERKS COUNSELING CENTER, INC. 645 PENN ST., 2ND FLOOR READING, PA 19601	23-2043478		10,000.	0.			FOR THE NICOTINE REPLACEMENT THERAPY PROJECT

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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CONNECTIONS WORK 19 N. 6TH STREET, 4TH FLOOR READING, PA 19601	23-1969810		10,000.	0.			FOR THE URGENT AND BASIC NEED FUNDING FOR REENTRANT WOMEN
GOGGLEWORKS CENTER FOR THE ARTS 201 WASHINGTON STREET READING, PA 19601	41-2165262		20,000.	0.			FOR GENERAL OPERATING SUPPORT
CITY OF READING POLICE DEPARTMENT 815 WASHINGTON STREET READING, PA 19601	23-6001907		23,434.	0.			K9 KENNEL GROUNDS AND BUILDING MAINTENANCE
CITY OF READING POLICE DEPARTMENT 815 WASHINGTON STREET READING, PA 19601	23-6001907		5,009.	0.			K9 TRAINING COURSES AND DEVICES
AMERICAN RED CROSS PENNSYLVANIA RIVERS CHAPTER - 237 COURT STREET, GARDEN LEVEL - READING, PA 19601	53-0196605		5,393.	0.			FOR GENERAL OPERATING SUPPORT FOR THE BERKS COUNTY CHAPTER
BERKS COMMUNITY HEALTH CENTER 645 PENN STREET, STE. 301 READING, PA 19601	27-3795179		7,500.	0.			SELF MONITORING BLOOD PRESSURE PROGRAM
READING SYMPHONY ORCHESTRA 100 N. FIFTH STREET READING, PA 19601-3494	23-1741046		12,000.	0.			FOR GENERAL OPERATING SUPPORT
SAFE BERKS 255 CHESTNUT STREET READING, PA 19602	23-2087191		13,450.	0.			FOR GENERAL SUPPORT
SAFE BERKS 255 CHESTNUT STREET READING, PA 19602	23-2087191		15,000.	0.			FOR THE SAFE BERKS EDUCATION, EMPLOYMENT, AND EMPOWERMENT PROGRAM

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		27,000.	0.			SUPPORT OF THE EMERGENCY SAFE HOUSE
NEW JOURNEY COMMUNITY OUTREACH INC. - 138 SOUTH 6TH STREET - READING, PA 19602	46-3623955		8,000.	0.			FOR THE HUNGER PREVENTION PROGRAM
NEW JOURNEY COMMUNITY OUTREACH INC. - 138 SOUTH 6TH STREET - READING, PA 19602	46-3623955		10,000.	0.			FOR FIGHTING POVERTY, FEEDING HOPE PROGRAM
READING PUBLIC LIBRARY FOUNDATION 100 S. FIFTH STREET READING, PA 19602	23-2903846		6,000.	0.			FOR GENERAL SUPPORT
READING RECREATION COMMISSION 320 SOUTH 3RD STREET READING, PA 19602	38-3860043		6,500.	0.			FOR COR TENNIS & EDUCATION CLUB
THE SALVATION ARMY 301 S. 5TH STREET READING, PA 19602	13-5562351		10,000.	0.			FOR RENTAL ASSISTANCE PROGRAM
THE SALVATION ARMY 301 S. 5TH STREET READING, PA 19602	13-5562351		11,213.	0.			FOR GENERAL OPERATING SUPPORT, READING CORPS
CHRIST EPISCOPAL CHURCH 435 COURT STREET, P.O. BOX 1094 READING, PA 19603-1094	23-1360838		6,000.	0.			FOR GENERAL PURPOSES
FOUNDATION FOR READING AREA COMMUNITY COLLEGE - 10 SOUTH SECOND ST., P O BOX 1706 - READING, PA 19603-1706	23-2273163		30,000.	0.			FOR SCHOLARSHIP ASSISTANCE FOR VETERANS AND SERVING MILITARY MEMBERS

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
CO-COUNTY WELLNESS SERVICES 429 WALNUT STREET, P.O. BOX 8626 READING, PA 19603-8626	23-2657264		30,000.	0.			FOR BERKS TEENS SOCIAL MEDIA AND COMMUNITY OUTREACH
VETERANS COALITION OF PENNSYLVANIA 500 NORTH 13TH STREET READING, PA 19604	47-5508531		10,000.	0.			FOR GENERAL OPERATING SUPPORT
HUMANE PENNSYLVANIA 1801 N. 11TH ST. READING, PA 19604	23-1384936		106,000.	0.			SUPPORT OF THE HEALTHY PETS INITIATIVE
HUMANE PENNSYLVANIA 1801 N. 11TH ST. READING, PA 19604	23-1384936		25,000.	0.			FOR GENERAL OPERATING SUPPORT
BERKS COUNTY ASSOCIATION FOR THE BLIND - 2020 HAMPDEN BLVD - READING, PA 19604	23-1381374		50,000.	0.			FOR THE PAVEMENT OF THE PARKING LOT AND BILINGUAL DRIVER
EMERGENCY MEDICAL TRAINING 3933 PERKIOMEN AVE., SUITE D READING, PA 19606	23-7407937		37,735.	0.			FOR COMMUNITY CPR/AED CLASSES
ALVERNIA UNIVERSITY 400 ST. BERNARDINE STREET READING, PA 19607	23-1522643		18,940.	0.			FOR EQUIPMENT UPGRADES TO ALVERNIA UNIVERSITY'S BOG TURTLE CREEK FARM
BOROUGH COUNCIL, BOROUGH OF SHILLINGTON - P.O. BOX 247 - SHILLINGTON, PA 19607	23-6002944		20,000.	0.			FOR IMPROVEMENTS TO THE RECREATION PARK AND THE SWIMMING POOL
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		6,800.	0.			FOR THE MAINTENANCE OF "GOLDEN MEADOWS" PROPERTY

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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BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		13,600.	0.			FOR SUPPORT OF ENVIRONMENTAL EDUCATION PROGRAMS
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		44,200.	0.			FOR EASEMENT MANAGEMENT AND DEFENSE
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		1,053,100.	0.			FOR GENERAL OPERATING SUPPORT
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		71,400.	0.			FOR ASSISTANCE WITH EXPENSES OF LAND PROTECTION PROJECTS
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		12,500.	0.			FOR THE ROLLOUT OF THE RETURN ON THE ENVIRONMENT STUDY
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		15,000.	0.			FOR PLANTING TREES IN READING
IMMANUEL UNITED CHURCH OF CHRIST 99 SOUTH WAVERLY STREET SHILLINGTON, PA 19607	23-1573126		8,200.	0.			FOR PRESCHOOL SUMMER CAMP
MIFFLIN COMMUNITY LIBRARY 6 PHILADELPHIA AVENUE SHILLINGTON, PA 19607	23-2980611		10,000.	0.			FOR CULTURAL READING MATERIAL
GOVERNOR MIFFLIN EDUCATION FOUNDATION - 10 S. WAVERLY STREET - SHILLINGTON, PA 19607	23-2790848		10,000.	0.			FOR THE MIFFLIN SUMMER ZONE PROGRAM

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
DREXEL UNIVERSITY COLLEGE OF MEDICINE - 50 INNOVATION WAY - WYOMISSING, PA 19607	23-1352630		12,000.	0.			FOR THE SCREENING EYE EXAMINATION CLINIC
HANNAH'S HOPE MINISTRIES 736 UPLAND AVENUE READING, PA 19607	45-4674547		8,500.	0.			FOR THE RECOVERY THROUGH CARE (TIC) TRAUMA INFORMED CARE
HELPING HARVEST FOOD BANK 117 MORGAN DRIVE SINKING SPRING, PA 19608	22-2456238		46,380.	0.			FOR GENERAL SUPPORT
HELPING HARVEST FOOD BANK 117 MORGAN DRIVE SINKING SPRING, PA 19608	22-2456238		10,000.	0.			FOR THE WEEKENDER PROGRAM
ST. IGNATIUS LOYOLA ROMAN CATHOLIC CHURCH - 2810 ST. ALBAN'S DRIVE - SINKING SPRING, PA 19608-1028	23-1684800		17,526.	0.			FOR GENERAL OPERATING SUPPORT
VETERANS MAKING A DIFFERENCE 2412 SPRING STREET WEST LAWN, PA 19609	46-2352609		10,000.	0.			FOR GENERAL OPERATING SUPPORT
WESTERN BERKS AMBULANCE ASSOCIATION - 2506 BELMONT AVE - READING, PA 19609	23-6398510		30,000.	0.			FOR GENERAL SUPPORT
TOWER HEALTH AT HOME 1170 BERKSHIRE BOULEVARD WYOMISSING, PA 19610	23-1466250		140,000.	0.			FOR SUPPORT OF TOWER HEALTH AT HOME EPIC EDUCATION
WYOMISSING PUBLIC LIBRARY 9 READING AVE WYOMISSING, PA 19610	23-1237320		10,300.	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
JEWISH FEDERATION OF READING 1100 BERKSHIRE BLVD., SUITE 125 WYOMISSING, PA 19610	23-1728784		29,380.	0.			FOR THE JEWISH FAMILY SERVICES PROGRAM
THE HIGHLANDS AT WYOMISSING 2000 CAMBRIDGE AVENUE WYOMISSING, PA 19610	22-2790840		10,000.	0.			FOR THE EMPLOYEE SCHOLARSHIP PROGRAM
THE HIGHLANDS AT WYOMISSING 2000 CAMBRIDGE AVENUE WYOMISSING, PA 19610	22-2790840		30,000.	0.			FOR THE JOHN DEERE CART FOR MAINTENANCE
JEWISH FEDERATION OF READING 1100 BERKSHIRE BLVD., SUITE 125 WYOMISSING, PA 19610	23-1728784		25,000.	0.			FOR THE LOCAL COMMUNITY FUND
JEWISH FEDERATION OF READING 1100 BERKSHIRE BLVD., SUITE 125 WYOMISSING, PA 19610	23-1728784		7,000.	0.			FOR GENERAL SUPPORT
BAUSMAN MEMORIAL UNITED CHURCH OF CHRIST - 1064 PENN AVENUE - WYOMISSING, PA 19610	23-1353304		8,000.	0.			FOR LIVE STREAM EQUIPMENT AND INSTALLATION
SISTERS NETWORK INC. READING CHAPTER - 808 APPLE DRIVE - WYOMISSING, PA 19610	86-3698273		10,000.	0.			FOR THE WELLNESS EXERCISE PROGRAM FOR WOMEN WITH BREAST CANCER
REFORM CONGREGATION OHEB SHOLOM 555 WARWICK DRIVE WYOMISSING, PA 19610-1825	23-1664967		12,000.	0.			FOR GENERAL SUPPORT
BERKS CATHOLIC HIGH SCHOOL 955 EAST WYOMISSING BLVD. READING, PA 19611	32-0336345		11,712.	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
BREAST CANCER SUPPORT SERVICES OF BERKS COUNTY - 529 READING AVENUE, SUITE C - READING, PA 19611	23-2762595		11,100.	0.			FOR THE LOOKING GOOD AND FEELING GOOD WITH A BREAST CANCER DIAGNOSIS PROGRAM
LIFELINE OF BERKS COUNTY, INC. 612 READING AVENUE READING, PA 19611	23-2071962		20,015.	0.			FOR GENERAL SUPPORT
FOUNDATION FOR THE READING PUBLIC MUSEUM - 500 MUSEUM RD - READING, PA 19611-1425	23-2563964		104,450.	0.			FOR GENERAL OPERATING SUPPORT
FOUNDATION FOR THE READING PUBLIC MUSEUM - 500 MUSEUM RD - READING, PA 19611-1425	23-2563964		7,700.	0.			FOR THE ANNUAL MAINTENANCE AND PRESERVATION OF TRUDY'S GARDEN LOCATED ON THE
ALBRIGHT COLLEGE 13TH AND BERN ST., PO BOX 15234 READING, PA 19612	23-1352615		10,000.	0.			FOR FOOTBALL ASSISTANT COACH SALARY ANNUAL RESTRICTED FUND
BASEBALLTOWN CHARITIES PO BOX 15050 READING, PA 19612	16-1663348		52,000.	0.			FOR EXPENSES FOR THE BASEBALLTOWN DREAM LEAGUE
ALBRIGHT COLLEGE 13TH AND BERN ST., PO BOX 15234 READING, PA 19612	23-1352615		50,800.	0.			FOR RESEARCH ON THE USE OF WHITE LIGHT VS RED LIGHT FOR ACTIVATING PROTEINS RELATED TO BRAIN
READING HOSPITAL FOUNDATION 6TH AVENUE & SPRUCE STREET, A2 SOUTH, PO BOX 16052 - READING, PA 19612	47-3054125		100,000.	0.			FOR THE CARDIAC CATHETERIZATION LAB AT READING HOSPITAL
OPPORTUNITY HOUSE 430 N. SECOND STREET, P.O. BOX 1230 READING, PA 19612-2303	23-2543677		34,300.	0.			FOR THE SMILE PROJECT

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
OPPORTUNITY HOUSE 430 N. SECOND STREET, P.O. BOX 1230 READING, PA 19612-2303	23-2543677		15,000.	0.			FOR THE ELIMINATING FINANCIAL BARRIERS TO INDEPENDENT LIVING PROGRAM
NATIONAL WILDLIFE REFUGE ASSOCIATION - 1701 K STREET, NW, STE. 550 - WASHINGTON, DC 20006	23-7447365		10,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL GEOGRAPHIC SOCIETY ATTN: INDIVIDUAL GIVING, 1145 17TH ST., NW - WASHINGTON, DC 20036	53-0193519		10,000.	0.			FOR GENERAL OPERATING SUPPORT
VIRGINIA ORGANIZING, INC. 703 CONCORD AVENUE CHARLOTTESVILLE, VA 22903	54-1674992		49,720.	0.			FOR SOLAR FOR ALL SCHOOLS IN MET-ED AND PENELEC TERRITORIES
HIRE HEROS USA 1360 UNION HILL RD., STE. 2A ALPHARETTA, GA 30004	43-1562688		10,000.	0.			FOR GENERAL OPERATING SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		30,300.	0.			GENERAL OPERATING SUPPORT
VISION TO LEARN 12100 WILSHIRE BLVD., SUITE 1275 LOS ANGELES, CA 90025	45-3457853		10,000.	0.			FOR THE PURCHASE OF EYEGLASSES FOR UNDERSERVED STUDENTS
MISSION 22 694 N LARCH ST #910 SISTERS, OR 97759	46-2750726		10,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**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	359	914,026.	0.		
FUNERAL EXPENSES	2	930.	0.		
SUPPORT FOR EXTRAORDINARY NEEDS	22	16,964.	0.		
YOUTH DEVELOPMENT	53	12,526.	0.		
RECREATION & ATHLETICS	67	30,190.	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 II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOHN'S (GERNANTS) UCC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. UP TO 50% OF

THE GRANT MAY BE USED TO SUPPORT CHARITABLE ACTIVITIES AT THE CEMETERY

**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
HEALTH - GENERAL, MENTAL HEALTH, & REHABILITATIVE	17.	16,274.	0.		



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: IMMANUEL UNITED CHURCH OF CHRIST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR A MATCHING GRANT ON BEHALF OF  
COLTON BRADY, ASSOCIATION OF FUNDRAISING PROFESSIONAL'S YOUTH IN  
PHILANTHROPY HONOREE

NAME OF ORGANIZATION OR GOVERNMENT: ALVERNIA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PRESIDENTIAL HOPE FUND IN  
HONOR OF THE INSTALLATION OF DR. GLYNNIS FITZGERALD AS PRESIDENT

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR THE READING PUBLIC MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ANNUAL MAINTENANCE AND  
PRESERVATION OF TRUDY'S GARDEN LOCATED ON THE GROUNDS OF THE READING  
PUBLIC MUSEUM

NAME OF ORGANIZATION OR GOVERNMENT: ALBRIGHT COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR RESEARCH ON THE USE OF WHITE  
LIGHT VS RED LIGHT FOR ACTIVATING PROTEINS RELATED TO BRAIN HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: READING HOSPITAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ACQUISITION, UPGRADE, AND  
MAINTENANCE OF EQUIPMENT THAT ENHANCES PATIENT CARE AT THE REGIONAL  
CANCER CENTER

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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**

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

Schedule J (Form 990) 2023

**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)	255,972.	40,000.	0.	11,250.	10,591.	317,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FRANCES A. AITKEN TREASURER & CHIEF OPERATIN	(i)	185,187.	10,440.	0.	7,916.	9,743.	213,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HEIDI WILLIAMSON CHIEF STRATEGY OFCR (THRU 12/31/23)	(i)	163,940.	12,100.	0.	5,698.	653.	182,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<b>Part III</b>	<b>Supplemental Information</b>
-----------------	---------------------------------

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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 .....	<b>X</b>	<b>6</b>	<b>572,530.</b>	<b>FAIR MARKET VALUE</b>
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		<b>X</b>
31		<b>X</b>
32a		<b>X</b>
33		

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

Schedule M (Form 990) 2023

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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	71,977.
CHANGE IN AGENCY FUNDING	-888,984.
LOAN LOSS RESERVE	-10,950.
TOTAL TO FORM 990, PART XI, LINE 9	-827,957.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
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	ACCEPTED GIFTS FOR CHARITABLE PURPOSES (DISSOLVED: 10/10/2023)	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) 2023



**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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.