

EXTENDED TO MAY 15, 2026

## Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

2024

Open to Public  
InspectionUnder 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.

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable:	C Name of organization <b>BERKS COUNTY COMMUNITY FOUNDATION, INC.</b>		D Employer identification number <b>23-2769892</b>
<input type="checkbox"/> Address change	Doing business as		E Telephone number <b>(610) 685-2223</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>237 COURT STREET</b>		F Gross receipts \$ <b>35,993,784.</b>
<input type="checkbox"/> Initial return	Room/suite		G City or town, state or province, country, and ZIP or foreign postal code <b>READING, PA 19601</b>
<input type="checkbox"/> Final return/terminated	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Amended return	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Application pending	If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: <b>WWW.BCCF.ORG</b>
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: <b>1994</b> M State of legal domicile: <b>PA</b>

## Part I Summary

Activities & Governance	1 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>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 <b>12</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <b>11</b>	
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 <b>16</b>	
	6 Total number of volunteers (estimate if necessary)	6 <b>40</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a <b>0.</b>	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b <b>58,433.</b>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>4,945,427.</b>	Current Year <b>12,630,331.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>30,433.</b>	<b>33,580.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>9,515,428.</b>	<b>7,988,228.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,184.</b>	<b>11,254.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>14,492,472.</b>	<b>20,663,393.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,379,002.</b>	<b>6,144,929.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,489,968.</b>	<b>1,443,851.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25)	<b>580,009.</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,586,031.</b>	<b>1,523,585.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,455,001.</b>	<b>9,112,365.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>6,037,471.</b>	<b>11,551,028.</b>	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	<b>135,142,453.</b>	<b>154,855,824.</b>	
	<b>7,921,919.</b>	<b>8,452,457.</b>	
	<b>127,220,534.</b>	<b>146,403,367.</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 <b>KEVIN K. MURPHY, PRESIDENT</b>		Date
	Type or print name and title		
Paid	Preparer's name <b>KATIE O. GALASKA</b>	Preparer's signature	Date
Preparer			Check <input type="checkbox"/> if self-employed
Use Only	Firm's name <b>KREISCHER MILLER</b>		PTIN <b>P01211168</b>
	Firm's address <b>100 WITMER ROAD, SUITE 350 HORSHAM, PA 19044-2369</b>		Firm's EIN <b>23-1980475</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.

432001 12-10-24

Form 990 (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ..... 1 Briefly describe the organization's mission:**TO PROMOTE PHILANTHROPY AND IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF BERKS COUNTY.**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes  No

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

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

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 7,518,860. including grants of \$ 6,144,929. ) (Revenue \$ 81,958. )**BERKS COUNTY COMMUNITY FOUNDATION HELPS PEOPLE FIND THE BEST WAY TO MAKE CHARITABLE GIFTS TO SUPPORT THE COMMUNITY. THE COMMUNITY FOUNDATION MANAGES OVER 380 DIFFERENT FUNDS, EACH ESTABLISHED WITH A SPECIFIC PURPOSE DETERMINED BY THE ORIGINAL DONOR. SOME DONORS HAVE DECIDED IT IS BEST TO LEAVE THE USE OF THE FUNDS TO THE DISCRETION OF THE COMMUNITY FOUNDATION BOARD. IN THIS WAY, THE COMMUNITY FOUNDATION CAN REMAIN FLEXIBLE AND RESPONSIVE TO COMMUNITY NEEDS.**

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

4e Total program service expenses 7,518,860.

Form 990 (2024)

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4 <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> .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>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> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>	11a X	
11a	11b X	
11b	11c X	
11c	11d X	
11d	11e X	
11e	11f X	
11f	12a X	
12a	12b X	
12b	13 X	
13	14a X	
14a	14b X	
14b	15 X	
15	16 X	
16	17 X	
17	18 X	
18	19 X	
19	20a X	
20a	20b	
20b	21 X	
21		

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

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

**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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	38
1b	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country <u>CAYMAN ISLANDS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	<b>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?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a	
11	<b>Section 501(c)(12) organizations.</b> Enter:	11b	
a	Gross income from members or shareholders	12a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c	
a	Is the organization licensed to issue qualified health plans in more than one state?	14a	X
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14b	
c	Enter the amount of reserves on hand	15	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	16	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			
17	<b>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?	17	
If "Yes," complete Form 6069.			

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

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

### Section A. Governing Body and Management

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

### Section B. Policies

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

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

Each organization's five 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.

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

<b>1b Subtotal .....</b>	<b>506,797.</b>	<b>0.</b>	<b>45,153.</b>
<b>c Total from continuation sheets to Part VII, Section A .....</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c) .....</b>	<b>506,797.</b>	<b>0.</b>	<b>45,153.</b>

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

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 .....

## **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.

**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> 194,575.			
	<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> 12,435,756.			
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> \$ 850,149.			
	<b>h Total.</b> Add lines 1a-1f .....		12,630,331.		
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM FEE INCOME .....	<b>Business Code</b> 900099	33,580.	33,580.	
	<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 .....		33,580.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,342,559.		2342559.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....				
	<b>5</b> Royalties .....				
	<b>6 a</b> Gross rents .....	<b>(i) Real</b> <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) .....				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>(i) Securities</b> <b>7a</b> 20,912,170.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b> 15,266,501.			
	<b>c</b> Gain or (loss) .....	<b>7c</b> 5,645,669.			
	<b>d</b> Net gain or (loss) .....		5,645,669.		5645669.
	<b>8 a</b> Gross income from fundraising events (not including \$ 194,575. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b> 26,766.			
	<b>b</b> Less: direct expenses .....	<b>8b</b> 63,890.			
	<b>c</b> Net income or (loss) from fundraising events .....		-37,124.		-37,124.
	<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	46,489.	46,489.	
	<b>b</b> OTHER INCOME .....	<b>900099</b>	1,889.	1,889.	
	<b>c</b>				
	<b>d</b> All other revenue .....				
	<b>e Total.</b> Add lines 11a-11d .....		48,378.		
	<b>12 Total revenue.</b> See instructions .....		20,663,393.	81,958.	0. 7951104.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....	5,188,022.	5,188,022.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	931,057.	931,057.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	25,850.	25,850.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	506,652.	178,328.	185,106.	143,218.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	720,568.	432,838.	240,443.	47,287.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	134,278.	66,871.	46,562.	20,845.
10 Payroll taxes .....	82,353.	41,013.	28,556.	12,784.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	35,603.	718.	34,885.	
c Accounting .....	29,038.		29,038.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	242,508.		242,508.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	187,371.	172,441.	14,930.	
12 Advertising and promotion .....	62,836.	14,244.	7,461.	41,131.
13 Office expenses .....	59,836.	41,770.	15,329.	2,737.
14 Information technology .....	130,627.	63,353.	48,686.	18,588.
15 Royalties .....				
16 Occupancy .....	102,396.	63,930.	19,233.	19,233.
17 Travel .....	5,522.	4,125.	965.	432.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	96,087.	63,699.	22,372.	10,016.
20 Interest .....	99,109.	59,465.	19,822.	19,822.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	184,776.	110,866.	36,955.	36,955.
23 Insurance .....	47,195.	14,241.	9,916.	23,038.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>SPECIAL EVENTS</b>	194,782.	15,463.		179,319.
b <b>PROFESSIONAL DUES AND S</b>	39,837.	24,504.	10,729.	4,604.
c <b>BAD DEBT</b>	6,062.	6,062.		
d				
e All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,112,365.	7,518,860.	1,013,496.	580,009.
<b>26 Joint costs.</b> 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
Assets	1 Cash - non-interest-bearing .....	95,216.	1	636,696.
	2 Savings and temporary cash investments .....	4,301,252.	2	4,240,817.
	3 Pledges and grants receivable, net .....		3	23,520.
	4 Accounts receivable, net .....	43,674.	4	55,682.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....	115,001.	7	77,904.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 6,953,639.		
	b Less: accumulated depreciation .....	10b 2,722,777.	4,394,134.	10c 4,230,862.
	11 Investments - publicly traded securities .....	100,490,980.	11	118,058,464.
	12 Investments - other securities. See Part IV, line 11 .....	24,648,181.	12	26,438,489.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	1,054,015.	15	1,093,390.
	16 Total assets. Add lines 1 through 15 (must equal line 33) .....	135,142,453.	16	154,855,824.
Liabilities	17 Accounts payable and accrued expenses .....	194,460.	17	174,413.
	18 Grants payable .....	1,430,987.	18	1,069,696.
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	1,576,468.	23	1,511,010.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,720,004.	25	5,697,338.
	26 Total liabilities. Add lines 17 through 25 .....	7,921,919.	26	8,452,457.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	126,202,039.	27	145,309,977.
	28 Net assets with donor restrictions .....	1,018,495.	28	1,093,390.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	127,220,534.	32	146,403,367.
	33 Total liabilities and net assets/fund balances .....	135,142,453.	33	154,855,824.

Form 990 (2024)

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

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1 20,663,393.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2 9,112,365.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3 11,551,028.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4 127,220,534.
5 Net unrealized gains (losses) on investments .....	5 8,503,563.
6 Donated services and use of facilities .....	6
7 Investment expenses .....	7
8 Prior period adjustments .....	8
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9 -871,758.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10 146,403,367.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other .....		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
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 Were the organization's financial statements audited by an independent accountant? .....	2b	X
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		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	

Form 990 (2024)

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

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

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

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

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

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3377672.	6005361.	5565240.	4191489.	3191038.	22330800.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	3377672.	6005361.	5565240.	4191489.	3191038.	22330800.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						8706091.
<b>6 Public support.</b> Subtract line 5 from line 4.						13624709.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 .....	3377672.	6005361.	5565240.	4191489.	3191038.	22330800.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1358616.	1844519.	2092487.	2431776.	2376139.	10103537.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .....						
<b>11 Total support.</b> Add lines 7 through 10						32434337.
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....					12	181,661.
<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**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	42.01	%
15 Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	47.99	%
<b>16a 33 1/3% support test - 2024.</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 - 2023.</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 - 2024.</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 - 2023.</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) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 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**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <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.	2	

**Section C. Type II Supporting Organizations**

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

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

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

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

<b>Section A - Adjusted Net Income</b>		(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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(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)	<b>1d</b>		
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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			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).			

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<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 (describe in <b>Part VI</b> ). 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 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

## 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.)

Department of the Treasury  
Internal Revenue Service

## 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.

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

**Employer identification number (EIN)**

BERKS COUNTY COMMUNITY FOUNDATION, INC.

23-2769892

BERKELEY COUNTY COMMUNITY FOUNDATION, INC. 25-270

**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 EINs 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.

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

Schedule C (Form 990) 2024

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<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>THEN 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	<b>494,695.</b>				<b>494,695.</b>
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					<b>742,043.</b>
<b>c</b> Total lobbying expenditures	<b>390.</b>				<b>390.</b>
<b>d</b> Grassroots nontaxable amount	<b>123,674.</b>				<b>123,674.</b>
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					<b>185,511.</b>
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? .....			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
c Media advertisements? .....			
d Mailings to members, legislators, or the public? .....			
e Publications, or published or broadcast statements? .....			
f Grants to other organizations for lobbying purposes? .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
i Other activities? .....			
j Total. Add lines 1c through 1i .....			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....			
b If "Yes," enter the amount of any tax incurred under section 4912 .....			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? .....	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments, and similar amounts from members .....	1	
2	Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid):</b>		
a	Current year .....	2a	
b	Carryover from last year .....	2b	
c	Total .....	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
5	Taxable amount of lobbying and political expenditures. See instructions .....	5	

## **Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D**

(Form 990)

(Rev. December 2024)

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

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 .....	38	342
2 Aggregate value of contributions to (during year) .....	1,227,575.	11,336,553.
3 Aggregate value of grants from (during year) .....	853,651.	5,210,460.
4 Aggregate value at end of year .....	21,001,727.	139,497,846.

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? .....  Yes  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? .....  Yes  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
2a	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included on line 2a .....

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 .....

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ..... \$ .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange program  
 e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance .....

d Additions during the year .....

e Distributions during the year .....

f Ending balance .....

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	125,139,177.	113,953,383.	109,998,232.	124,883,576.	77,123,472.
b Contributions .....	10,531,789.	3,711,411.	4,290,179.	6,228,140.	29,642,465.
c Net investment earnings, gains, and losses .....	16,067,862.	14,631,055.	7,461,636.	-14,250,889.	23,767,133.
d Grants or scholarships .....	5,649,895.	5,566,437.	6,222,792.	5,313,140.	39,855.
e Other expenditures for facilities and programs .....					
f Administrative expenses .....	1,591,965.	1,590,234.	1,573,872.	1,549,455.	1,609,639.
g End of year balance .....	144,496,968.	125,139,177.	113,953,383.	109,998,232.	128,883,576.

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? .....

(ii) Related organizations? .....

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

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

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 .....		6,400,370.	2,485,578.	3,914,792.
c Leasehold improvements .....		106,834.	96,856.	9,978.
d Equipment .....		202,681.	140,343.	62,338.
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				4,230,862.

**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	12,634,436.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	13,804,053.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))</b>	<b>26,438,489.</b>	

**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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))</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. (Column (b) must equal Form 990, Part X, line 15, col. (B))</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	23,223.
(3) FUNDS HELD AS AGENCY ENDOWMENT	5,674,115.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))</b>	<b>5,697,338.</b>

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  X

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

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

1 Total revenue, gains, and other support per audited financial statements .....	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments .....	2a	
b Donated services and use of facilities .....	2b	
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	
3 Subtract line 2e from line 1 .....	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	

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

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

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

**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 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, 2025 AND 2024.

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, 2022.



**SCHEDULE F**  
**(Form 990)**(Rev. December 2024)  
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

Open to Public  
Inspection

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

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 - ARMENIA, AZERBIJAN, BELARUS,	0	0	GRANTMAKING	GRANTMAKING	25,850.
<b>3 a Subtotal</b> .....	0	0			25,850.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			25,850.

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

Schedule F (Form 990) (Rev. 12-2024)

**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 - ARMENIA, AZERBIJAN,	ISAR EDNANNIA IS A UKRAINIAN NATIONAL NETWORK FOR THE DEVELOPMENT OF LOCAL		25,850.	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 .....

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

**Part III can be duplicated if additional space is needed.**

**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

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

## **SCHEDULE G (Form 990)**

(Rev. December 2024)

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.**

OMB No. 1545-0047

## Open to Public Inspection

---

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

**Employer identification number**  
23-2769892

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## Part I

**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      e  Solicitation of nongovernment grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

**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.

**Total** ..... 100

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))
Revenue	(event type)	(event type)	(total number)	
1 Gross receipts .....	141,919.	27,300.	52,122.	221,341.
2 Less: Contributions .....	128,741.	23,143.	42,691.	194,575.
3 Gross income (line 1 minus line 2) .....	13,178.	4,157.	9,431.	26,766.
Direct Expenses				
4 Cash prizes .....				
5 Noncash prizes .....	2,430.			2,430.
6 Rent/facility costs .....		2,989.	13,504.	16,493.
7 Food and beverages .....	29,911.			29,911.
8 Entertainment .....				
9 Other direct expenses .....	10,138.	1,378.	3,540.	15,056.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				63,890.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-37,124.

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

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

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

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

b If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....

b An outside facility .....

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 the 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?

**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.



**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990.

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

<b>1 (a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of noncash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC. - 58 KENNEL ROAD - BIRDSBORO, PA 19508	23-1417505		7,800.	0.			FOR GENERAL SUPPORT
INSTITUTE FOR CONSERVATION LEADERSHIP - 115 CENTERWAY STE. 207 - GREENBELT, MD 20770	52-1708211		78,384.	0.			FOR THE HAMBURG AREA SCHOOL DISTRICT RURAL INITIATIVE PROJECT
OUR TOWN FOUNDATION 320 STATE STREET HAMBURG, PA 19526	25-1896200		5,815.	0.			FOR THE COMMUNITY MURAL AT STATE STREET SQUARE
ALVERNIA UNIVERSITY 400 ST. BERNARDINE STREET READING, PA 19607	23-1522643		13,026.	0.			FOR SANCTUARY OF COLOR - BRINGING ART TO THE LIGHTHOUSE PLAYGROUND
READING SYMPHONY ORCHESTRA 100 N 5TH ST READING, PA 19611	23-1741046		19,159.	0.			FOR A VISUAL & MUSICAL MOSAIC: WHAT BERKS COUNTY MEANS TO MESTUDENT PHOTOS
BOYERTOWN COMMUNITY AMBULANCE SERVICE, INC. - 2 EAST SECOND ST - BOYERTOWN, PA 19512	23-6266685		13,500.	0.			FOR LUCAS CHEST DECOMPRESSION SYSTEMS AND STRYKER STAIR CHAIR

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

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
BOYERTOWN ROTARY FOUNDATION P.O. BOX 176 BOYERTOWN, PA 19512	02-0811224		15,000.	0.			FOR PICKLEBALL COURT EXPANSION
BOYERTOWN AREA MULTI-SERVICE, INC. 200 W. SPRING STREET BOYERTOWN, PA 19512	23-7289405		10,000.	0.			FOR OPERATING SUPPORT
BASEBALLTOWN CHARITIES PO BOX 15050 READING, PA 19612	16-1663348		70,000.	0.			FOR EXPENSES FOR THE BASEBALLTOWN DREAM LEAGUE AND UPKEEP OF GORDON HOODAK STADIUM
BASEBALLTOWN CHARITIES PO BOX 15050 READING, PA 19612	16-1663348		25,000.	0.			FOR EXPENSES TO KICK-OFF THE NEW BASEBALL SEASON PROGRAMMING FOR THE OLIVET BOYS AND GIRLS
BOYERTOWN COMMUNITY LIBRARY 24 N. READING AVE BOYERTOWN, PA 19512	23-2519885		24,400.	0.			FOR COMMUNITY ACTIVITIES AT BOYERTOWN COMMUNITY LIBRARY
READING HOSPITAL FOUNDATION 6TH AVENUE & SPRUCE STREET A2 SOUTH PO BOX 16052 - READING, PA 19612	47-3054125		20,000.	0.			FOR IMPROVEMENTS TO THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS
ROCK HOLLOW WOODS ENVIRONMENTAL LEARNING CENTER - 615 ROCK HOLLOW ROAD - BIRDSBORO, PA 19508	46-0558242		12,569.	0.			FOR ACCESSIBILITY IMPROVEMENTS
PA ADULT & TEEN CHALLENGE 33 TEEN CHALLENGE ROAD P.O. BOX 98 REHRERSBURG, PA 19550	92-3137154		24,490.	0.			FOR WILKERSON HALL DINING AREA HVAC REPAIR
CLAY ON MAIN 313 MAIN STREET OLEY, PA 19547	26-3306974		30,000.	0.			FOR NEW ROOF INSTALLATION

## 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
ST. IGNATIUS LOYOLA ROMAN CATHOLIC CHURCH - 2810 ST. ALBAN'S DRIVE - SINKINGSPRING, PA 19608	23-1684800		7,080.	0.			FOR GENERAL OPERATING SUPPORT
DIOCESE OF ALLENTOWN 1515 MARTIN LUTHER KING JR. DRIVE P ALLENTOWN, PA 18105	23-1598116		11,200.	0.			FOR GENERAL SUPPORT
BERKS CATHOLIC HIGH SCHOOL 955 EAST WYOMISSING BLVD. READING, PA 19611	32-0336345		11,200.	0.			FOR GENERAL SUPPORT
NORTHSTAR WOMEN'S CENTER 612 READING AVENUE READING, PA 19611	23-2071962		11,200.	0.			FOR GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		11,200.	0.			FOR GENERAL SUPPORT
GILBERTSVILLE FIRE AND RESCUE COMPANY - 1454 E. PHILADELPHIA AVENUE PO BOX 454 - GILBERTSVILLE, PA 19525	61-1482683		8,142.	0.			FOR BATTERY POWERED COMBINATION HURST RESCUE TOOL
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		6,500.	0.			FOR RETURN ON THE ENVIRONMENT PROGRAM FOR BERKS COUNTY
CO-COUNTY WELLNESS SERVICES 429 WALNUT STREET P.O. BOX 8626 READING, PA 19603	23-2657264		10,000.	0.			FOR REPRODUCTIVE HEALTH, ETC & BERKS TEEN SERVICE
PENNENVIRONMENT RESEARCH AND POLICY CENTER - 1528 WALNUT STREET SUITE 1400 - PHILADELPHIA, PA 19102	05-0530668		6,000.	0.			FOR PROMOTING RENEWABLE ENERGY

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CALVARY UNITED METHODIST CHURCH 1 W. WYOMISSING AVENUE MOHNTON, PA 19540	23-1705296		5,900.	0.			FOR THE 2024 DISTRIBUTION
READING HOSPITAL FOUNDATION 6TH AVENUE & SPRUCE STREET A2 SOUTH PO BOX 16052 - READING, PA 19612	47-3054125		25,000.	0.			FOR THE READING HOSPITAL HIGH SCHOOL INTERNSHIP PROGRAM
OPPORTUNITY HOUSE 430 N. SECOND STREET P.O. BOX 12303 READING, PA 19612	23-2543677		40,000.	0.			FOR THE SMILE 2 PROGRAM
PA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS - 661 MOORE ROAD SUITE 200 - KINGOPRUSIA, PA 19406	23-7135840		17,000.	0.			FOR THE PURCHASE OF ORAL HEALTH STORY KITS AND DEVELOPMENT/FACILITATION OF A WEBINAR
COMMUNITY SERVICES FOR CHILDREN, INC. - 1520 HANOVER AVE - ALLENTOWN, PA 18062	23-2204725		10,257.	0.			FOR PAYMENT OF ON-SITE DENTAL SCREENING SERVICES
BOYERTOWN COMMUNITY AMBULANCE SERVICE, INC. - 2 EAST SECOND ST - BOYERTOWN, PA 19512	23-6266685		13,579.	0.			FOR LUCAS CHEST DECOMPRESSION SYSTEMS AND STRYKER STAIR CHAIR
COLEBROOKDALE RAILROAD PRESERVATION TRUST - 100 SOUTH CHESTNUT STREET - BOYERTOWN, PA 19512	45-4265442		30,000.	0.			FOR THE WORLD'S FIRST BARRIER-FREE CLASSROOM-ON-RAILS
BUILDING A BETTER BOYERTOWN 3 E. PHILADELPHIA AVE BOYERTOWN, PA 19512	04-3724833		30,000.	0.			FOR THE MARIANNE DEERY COMMUNITY GATEWAY
BOYERTOWN AREA MULTI-SERVICE, INC. 200 W. SPRING STREET BOYERTOWN, PA 19512	23-7289405		30,000.	0.			FOR OPERATING SUPPORT

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UNITED WAY OF BERKS COUNTY 25 N. 2ND ST STE 101 READING, PA 19601	23-1655375		15,000.	0.			FOR GENERAL SUPPORT
ST. JOHN'S (GERNANTS) UCC 13 GERNANTS CHURCH ROAD LEESPORT, PA 19533	23-1971664		5,200.	0.			FOR GENERAL SUPPORT. UP TO 50% OF THE GRANT MAY BE USED TO SUPPORT CHARITABLE ACTIVITIES AT
FOUNDATION FOR THE READING PUBLIC MUSEUM - 500 MUSEUM RD - READING, PA 19611	23-2563964		7,800.	0.			FOR THE MAINTENANCE AND PRESERVATION OF TRUDY'S GARDEN LOCATED ON THE GROUNDS OF THE READING
HAMBURG AREA EDUCATION FOUNDATION 701 WINDSOR STREET HAMBURG, PA 19526	81-0595857		7,700.	0.			FOR GENERAL SUPPORT
SHADY HOLLOW ASSISTED RIDING 959 E. MAIN ST. BIRDSBORO, PA 19508	31-1631455		7,250.	0.			FOR THE EXERCISE PROGRAM
HOLY SPIRIT FARM & HORSE SANCTUARY 131 JUSTA ROAD WERNERSVILLE, PA 19565	82-0643255		7,250.	0.			FOR THE COST OF FOOD THAT FEEDS THE HORSES
SOUTH MOUNTAIN YMCA 201 CUSHION PEAK ROAD REINHOLDS, PA 17569	23-2239399		17,700.	0.			FOR GENERAL SUPPORT
SOUTH MOUNTAIN YMCA 201 CUSHION PEAK ROAD REINHOLDS, PA 17569	23-2239399		17,850.	0.			FOR GENERAL SUPPORT
SOUTH MOUNTAIN YMCA 201 CUSHION PEAK ROAD REINHOLDS, PA 17569	23-2239399		17,850.	0.			FOR GENERAL SUPPORT

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

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SOUTH MOUNTAIN YMCA 201 CUSHION PEAK ROAD REINHOLDS, PA 17569	23-2239399		17,700.	0.			FOR GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL PA - 745 WEST GOVERNOR ROAD - HERSHEY, PA 17033	23-2204761		10,000.	0.			TO SUPPORT BERKS FAMILIES STAYING IN HERSHEY
SAFE BERKS 255 CHESTNUT STREET READING, PA 19602	23-2087191		30,700.	0.			TO SUPPORT THE EMERGENCY SAFE HOUSE
JEWISH FEDERATION OF READING 1100 BERKSHIRE BLVD. SUITE 125 WYOMISSING, PA 19610	23-1728784		30,000.	0.			TO SUPPORT THE JEWISH FAMILY SERVICE PROGRAM
BREAST CANCER SUPPORT SERVICES OF BERKS COUNTY - 529 READING AVENUE SUITE C - READING, PA 19611	23-2762595		15,000.	0.			FOR THE CARE FOR THE WHOLE SELF, MIND, BODY AND SPIRIT PROGRAM
RONALD MCDONALD HOUSE PHILADELPHIA 3925 CHESTNUT STREET PHILADELPHIA, PA 19104	23-7377505		10,000.	0.			TO SUPPORT BERKS FAMILIES STAYING IN PHILADELPHIA
UNITE FOR HER 22 E. KING STREET MALVERN, PA 19355	26-4444438		10,000.	0.			FOR THE UNITE FOR HER WELLNESS PASSPORT PROGRAM - BERKS COUNTY
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		10,000.	0.			FOR GENERAL OPERATING
IMMANUEL UNITED CHURCH OF CHRIST 99 SOUTH WAVERLY STREET SHILLINGTON, PA 19607	23-1573126		6,630.	0.			FOR THE "NEXT DOOR" PROGRAM

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CLAY ON MAIN 313 MAIN STREET OLEY, PA 19547	26-3306974		5,050.	0.			FOR CRAFT PROGRAMS AT MIFFLIN ENCORE
BOROUGH COUNCIL, BOROUGH OF SHILLINGTON - 2 E. LANCASTER AVENUE PO BOX 247 - SHILLINGTON, PA 19607	23-6002944		10,000.	0.			FOR IMPROVEMENTS TO THE RECREATION PARK AND THE SWIMMING POOL
GOVERNOR MIFFLIN EDUCATION FOUNDATION - 10 S. WAVERLY STREET - SHILLINGTON, PA 19607	23-2790848		10,000.	0.			FOR THE MIFFLIN SUMMER ZONE PROGRAM
MIFFLIN COMMUNITY LIBRARY 6 PHILADELPHIA AVENUE SHILLINGTON, PA 19607	23-2980611		10,000.	0.			FOR CULTURAL READING MATERIAL
JUNIOR ACHIEVEMENT OF SOUTHEASTERN PA - 1501 CHERRY STREET - PHILADELPHIA, PA 19102	23-1386172		5,100.	0.			FOR BERKS COUNTY PROGRAMS
CITY OF READING POLICE DEPARTMENT 815 WASHINGTON STREET READING, PA 19601	23-6001907		8,995.	0.			FOR MAINTENANCE ON THE KENNEL AT THE LOWER BUILDING (ESTIMATE #1150)
UNITED WAY OF BERKS COUNTY 25 N. 2ND ST STE 101 READING, PA 19601	23-1655375		10,500.	0.			FOR GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		10,000.	0.			FOR GENERAL OPERATING SUPPORT
UNITED WAY OF BERKS COUNTY 25 N. 2ND ST STE 101 READING, PA 19601	23-1655375		13,500.	0.			FOR THE ANNUAL CAMPAIGN

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UNITED WAY OF BERKS COUNTY 25 N. 2ND ST STE 101 READING, PA 19601	23-1655375		15,000.	0.			FOR 100TH ANNIVERSARY ORGANIZATIONAL TRANSFORMATION
FOUNDATION FOR READING AREA COMMUNITY COLLEGE - 10 SOUTH SECOND ST. P O BOX 1706 - READING, PA 19603	23-2273163		35,000.	0.			FOR SCHOLARSHIP ASSISTANCE FOR VETERANS AND SERVING MILITARY MEMBERS
HOPE RESCUE MISSION 645 NORTH 6TH STREET READING, PA 19601	23-1413677		6,000.	0.			FOR UTILITY EXPENSES FOR 2025
CARON TREATMENT CENTERS PO BOX 150 WERNERSVILLE, PA 19565	23-6050680		10,000.	0.			FOR VETERANS HEALING THROUGH CONNECTION PROGRAM
FOLDS OF HONOR EASTERN PA/NJ PO BOX 276 CENTERVALLEY, PA 18034	82-4852655		10,000.	0.			FOR GENERAL OPERATING SUPPORT
VETERANS MAKING A DIFFERENCE 2412 SPRING STREET WESTLAWN, PA 19609	46-2352609		10,000.	0.			FOR GENERAL OPERATING SUPPORT
VETERANS COALITION OF PENNSYLVANIA 500 NORTH 13TH STREET READING, PA 19604	47-5508531		10,000.	0.			FOR GENERAL OPERATING SUPPORT
MISSION 22 694 N LARCH ST #910 SISTERS, OR 97759	46-2750726		10,000.	0.			FOR GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY P.O. BOX 862 CARNEGIE, PA 15106	13-1788491		5,725.	0.			FOR THE VOICES OF BLACK WOMEN COHORT STUDY

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GREEN BUILDING ALLIANCE 317 E. CARSON STREET SUITE 122 PITTSBURGH, PA 15219	25-1832931		185,054.	0.			FOR BUILDING SUSTAINABLE, RESILIENT, AND THRIVING COMMUNITIES PROJECT
GENERATION180 333 2ND ST. SE SUITE 202 CHARLOTTESVILLE, VA 22902	93-2948200		51,480.	0.			FOR SOLAR FOR ALL SCHOOLS CAMPAIGN IN MET-ED AND PENELEC TERRITORIES
UNITED WAY OF BOYERTOWN AREA P O BOX 213 39B E. PHILADELPHIA AVE BOYERTOWN, PA 19512	23-6395495		5,192.	0.			FOR GENERAL SUPPORT
SAFE BERKS 255 CHESTNUT STREET READING, PA 19602	23-2087191		15,000.	0.			FOR SUPPORT OF THE SAFE BERKS EDUCATION, EMPLOYMENT, AND EMPOWERMENT PROGRAM
HELPING HARVEST FOOD BANK 117 MORGAN DRIVE SINKINGSPRING, PA 19608	22-2456238		15,000.	0.			FOR THE FINANCIAL SUPPORT OF THE MATERNAL HEALTH FOOD PROGRAM
READING SCIENCE CENTER 645 PENN STREET LOWER LEVEL READING, PA 19601	82-5063856		15,000.	0.			FOR THE SUPPORT OF SISTERS IN STEM (SIS) GIRLS AFTERSCHOOL ACCESS PROGRAM
CO-COUNTY WELLNESS SERVICES 429 WALNUT STREET P.O. BOX 8626 READING, PA 19603	23-2657264		6,399.	0.			FOR THE FINANCIAL SUPPORT OF BERKS TEENS
HANNAH'S HOPE MINISTRIES 736 UPLAND AVENUE READING, PA 19607	45-4674547		8,000.	0.			FOR THE FINANCIAL SUPPORT OF THE LEGACY PROJECT
LITERACY COUNCIL OF READING-BERKS 35 S. DWIGHT STREET WESTLAWN, PA 19609	23-2004957		8,000.	0.			FOR SUPPORT OF THE CITIZENSHIP PREPARATION OUTREACH PROGRAM

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STUDENT CONSERVATION ASSOCIATION 1310 N. COURTHOUSE ROAD STE. 110 ARLINGTON, VA 22201	91-0880684		20,000.	0.			2024 READING CONSERVATION CORPS
BERKS COALITION TO END HOMELESSNESS - 831 WALNUT STREET - READING, PA 19601	37-1575390		24,013.	0.			FOR THE BERKS COUNTY STRATEGIC PLAN TO END HOMELESSNESS
SPOTLIGHT PA 312 WALNUT STREET #11728 HARRISBURG, PA 17108	92-0577182		100,000.	0.			FOR THE LAUNCH OF THE BERKS COUNTY BUREAU
ALVERNIA UNIVERSITY 400 ST. BERNARDINE STREET READING, PA 19607	23-1522643		39,000.	0.			FOR WORKING THE MUSICAL
URBAN AFFAIRS COALITION 1650 ARCH ST STE 2701 PHILADELPHIA, PA 19103	23-7046393		12,000.	0.			FOR BERKS MOBILIZATION BEYOND REGISTRATION PROGRAM
DREXEL UNIVERSITY P.O. BOX 8215 PHILADELPHIA, PA 19101	23-1352630		7,000.	0.			FOR THE BOB AND DONNA RHOADS SCHOLARSHIP
HELPING HARVEST FOOD BANK 117 MORGAN DRIVE SINKINGSPRING, PA 19608	22-2456238		35,000.	0.			FOR GENERAL OPERATING SUPPORT
THE HIGHLANDS AT WYOMISSING 2000 CAMBRIDGE AVENUE WYOMISSING, PA 19610	22-2790840		100,000.	0.			CAPITAL CAMPAIGN PLEDGE FOR THE REDESIGNED ASSISTED LIVING RESIDENCE AT THE HIGHLANDS
READING SYMPHONY ORCHESTRA 100 N 5TH ST READING, PA 19611	23-1741046		10,000.	0.			FOR GENERAL OPERATING SUPPORT IN RECOGNITION OF KEVIN DEACOSTA'S SERVICE TO THE READING SYMPHONY

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READING SYMPHONY ORCHESTRA 100 N 5TH ST READING, PA 19611	23-1741046		10,000.	0.			FOR GENERAL OPERATING SUPPORT
GOOGLEWORKS CENTER FOR THE ARTS 201 WASHINGTON STREET READING, PA 19601	41-2165262		20,000.	0.			FOR GENERAL OPERATING SUPPORT
HAWK MOUNTAIN SANCTUARY 1700 HAWK MOUNTAIN ROAD KEMPTON, PA 19529	23-1392700		20,000.	0.			FOR GENERAL OPERATING SUPPORT
HUMANE PENNSYLVANIA 1801 N. 11TH ST. READING, PA 19604	23-1384936		25,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL GEOGRAPHIC SOCIETY INDIVIDUAL GIVING 1145 17TH ST. NW WASHINGTON, DC 20036	53-0193519		10,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL WILDLIFE REFUGE ASSOCIATION - 1701 K STREET NW STE. 550 - WASHINGTON, DC 20006	23-7447365		10,000.	0.			FOR GENERAL OPERATING SUPPORT
RYERSS FARM FOR AGED EQUINES 1710 RIDGE ROAD POTTSTOWN, PA 19465	23-6215037		25,000.	0.			FOR RESCUE HORSES AND THOSE IN NEED OF CARE
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC. - 58 KENNEL ROAD - BIRDSBORO, PA 19508	23-1417505		25,000.	0.			FOR GENERAL OPERATING SUPPORT
THE HIGHLANDS AT WYOMISSING 2000 CAMBRIDGE AVENUE WYOMISSING, PA 19610	22-2790840		10,000.	0.			FOR THE EMPLOYEE SCHOLARSHIP PROGRAM

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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
WESTERN BERKS AMBULANCE ASSOCIATION - 2506 BELMONT AVE - READING, PA 19609	23-6398510		20,000.	0.			FOR GENERAL OPERATING SUPPORT
RODALE INSTITUTE 611 SIEGFRIEDALE ROAD KUTZTOWN, PA 19530	23-7206884		25,000.	0.			FOR BEE KEEPING PROGRAM
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		20,000.	0.			FOR GENERAL OPERATING SUPPORT
ALVERNIA UNIVERSITY 400 ST. BERNARDINE STREET READING, PA 19607	23-1522643		5,845.	0.			FOR THE BERKS BIOMEDICAL INNOVATION COLLABORATIVE SYMPOSIUM AND SHOWCASE
MEMORIAL CHURCH OF THE HOLY CROSS UNITED METHODIST - 329 N. 5TH STREET - READING, PA 19601	23-1352409		8,000.	0.			FOR CHURCH SITE ASSESSMENT
SAFE BERKS 255 CHESTNUT STREET READING, PA 19602	23-2087191		13,200.	0.			FOR OPERATIONS
JEWISH FEDERATION OF READING 1100 BERKSHIRE BLVD. SUITE 125 WYOMISSING, PA 19610	23-1728784		25,000.	0.			FOR THE LOCAL COMMUNITY FUND
IMPACTISRAEL 200 HIGHLAND AVENUE STE. 301 NEEDHAM, MA 02494	22-3090463		10,000.	0.			FOR GENERAL SUPPORT

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BERKS COUNTY SHERIFF'S DEPARTMENT 633 COURT STREET 3RD FL. READING, PA 19601	23-6003049		6,386.	0.			FOR VETERINARY TREATMENT FOR RIZZO (ACCOUNTS #93984005 & #93984006)
THE FOOD TRUST 1617 JOHN F KENNEDY BLVD SUITE 900 PHILADELPHIA, PA 19013	23-2678383		10,000.	0.			FOR THE PENN STREET FARMERS MARKET
GOOGLEWORKS CENTER FOR THE ARTS 201 WASHINGTON STREET READING, PA 19601	41-2165262		10,000.	0.			FOR THE GARDENS AT LAUER'S PARK
BERKS COUNTY ASSOCIATION FOR THE BLIND - 2020 HAMPDEN BLVD - READING, PA 19604	23-1381374		55,000.	0.			FOR CLIENT EDUCATION, CLIENT SUPPORTS AND WEBSITE UPGRADE
AMERICAN CANCER SOCIETY P.O. BOX 862 CARNEGIE, PA 15106	13-1788491		60,000.	0.			FOR THE AMERICAN CANCER SOCIETY HOPE LODGE OF PHILADELPHIA
HUMANE PENNSYLVANIA 1801 N. 11TH ST. READING, PA 19604	23-1384936		70,000.	0.			FOR THE HEALTHY PETS INITIATIVE (HPI)/SPIKES PET FOOD PANTRY
TOWER HEALTH AT HOME 1170 BERKSHIRE BOULEVARD WYOMISSING, PA 19610	23-1466250		140,000.	0.			FOR THE TOWER HEALTH AT HOME 5G DEVICE UPGRADE FOR EPIC
FOUNDATION FOR THE READING PUBLIC MUSEUM - 500 MUSEUM RD - READING, PA 19611	23-2563964		250,000.	0.			FOR COLLABORATIONS AND RESTORATIONS AT THE READING PUBLIC MUSEUM
THE ANIMAL RESCUE LEAGUE OF BERKS COUNTY, INC. - 58 KENNEL ROAD - BIRDSBORO, PA 19508	23-1417505		95,113.	0.			FOR EXPANDING ACCESS TO CARE IN A NATIONAL VETERINARY SHORTAGE

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PINE GROVE CHURCH 1194 READING ROAD PO BOX 573 BOWMANSVILLE, PA 17507	23-2243488		20,000.	0.			FOR THE GENERAL FUND
READING RECREATION COMMISSION 320 SOUTH 3RD STREET READING, PA 19602	38-3860043		6,600.	0.			FOR COR TENNIS & EDUCATION CLUB
NEW JOURNEY COMMUNITY OUTREACH INC. - 138 SOUTH 6TH STREET - READING, PA 19602	46-3623955		10,200.	0.			FOR FIGHTING POVERTY, FEEDING HOPE PROGRAM
THEN 2 NOW FOUNDATION 2230 MONROE AVENUE READING, PA 19609	99-4667339		7,500.	0.			FOR YOUTH GIRLS BASKETBALL SUMMER LEAGUE
THE SALVATION ARMY 301 S. 5TH STREET READING, PA 19602	13-5562351		15,000.	0.			FOR THE RENTAL ASSISTANCE PROGRAM IN READING
ALVERNIA UNIVERSITY 400 ST. BERNARDINE STREET READING, PA 19607	23-1522643		25,000.	0.			FOR THE TEXPL ALZHEIMER'S STUDENT-LED RESEARCH PROGRAM AT ALVERNIA UNIVERSITY
PENN STATE HEALTH AND PENN STATE COLLEGE OF MEDICINE - 500 UNIVERSITY DRIVE MAIL CODE H157 - HERSHEY, PA 17033	47-3769205		14,000.	0.			FOR THE SUPPORT OF THE REMOTE AUTOMATED COGNITIVE TESTING FOR SCALABLE DETECTION AND
ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601		11,000.	0.			FOR THE ALZ - A FULL MISSION PROPOSAL
ALVERNIA UNIVERSITY 400 ST. BERNARDINE STREET READING, PA 19607	23-1522643		35,421.	0.			FOR THE SUPPORT OF TEXPL MIND SCHOLARS: NEURORESEARCH & EDUCATION INITIATIVE

## 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
ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVENUE FL 17 CHICAGO, IL 60601	13-3039601		8,000.	0.			TO SUPPORT ALZ RESEARCH PROGRAMS
PENN STATE HEALTH AND PENN STATE COLLEGE OF MEDICINE - 500 UNIVERSITY DRIVE MAIL CODE H157 - HERSHEY, PA 17033	47-3769205		15,000.	0.			FOR THE AI MRI QUANTIFICATION MODELING IN MULTIPLE SCLEROSIS (MS)
SOUTH MOUNTAIN YMCA 201 CUSHION PEAK ROAD REINHOLDS, PA 17569	23-2239399		7,500.	0.			FOR GENERAL SUPPORT
SOUTH MOUNTAIN YMCA 201 CUSHION PEAK ROAD REINHOLDS, PA 17569	23-2239399		7,500.	0.			FOR GENERAL SUPPORT
VILLANOVA UNIVERSITY 800 EAST LANCASTER AVENUE VILLANOVA, PA 19085	23-1352688		10,164.	0.			FOR GENERAL SUPPORT
ST. IGNATIUS LOYOLA ROMAN CATHOLIC CHURCH - 2810 ST. ALBAN'S DRIVE - SINKINGSPRING, PA 19608	23-1684800		10,164.	0.			FOR GENERAL SUPPORT
PENNSYLVANIA SCHOOL FOR THE DEAF 100 WEST SCHOOL HOUSE LANE PHILADELPHIA, PA 19144	23-1581227		10,164.	0.			FOR GENERAL SUPPORT
WYOMISSING PUBLIC LIBRARY 9 READING AVE WYOMISSING, PA 19610	23-1237320		10,200.	0.			FOR GENERAL SUPPORT
JEWISH FEDERATION OF READING 1100 BERKSHIRE BLVD. SUITE 125 WYOMISSING, PA 19610	23-1728784		7,000.	0.			FOR GENERAL SUPPORT

## 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
REFORM CONGREGATION OHEB SHOLOM 555 WARWICK DRIVE WYOMISSING, PA 19610	23-1664967		11,700.	0.			FOR GENERAL SUPPORT
DREXEL UNIVERSITY COLLEGE OF MEDICINE - 50 INNOVATION WAY - WYOMISSING, PA 19607	23-1352630		37,748.	0.			FOR THE DREXEL UNIVERSITY COLLEGE OF MEDICINE (DUCOM) HEALTH OUTREACH PROJECT (HOP)
WESTERN BERKS AMBULANCE ASSOCIATION - 2506 BELMONT AVE - READING, PA 19609	23-6398510		40,000.	0.			FOR THE LIFE PACK 35 UPGRADE
BERKS ENCORE 40 NORTH NINTH STREET READING, PA 19601	23-1656050		56,000.	0.			FOR SUPPORT OF THE FREE RESPITE CARE PROGRAM
ALVERNIA UNIVERSITY 400 ST. BERNARDINE STREET READING, PA 19607	23-1522643		39,744.	0.			FOR THE ALVERNIA UNIVERSITY AMERICAN HOUSE STUDENT-RUN PHYSICAL THERAPY/OCCUPATIONAL
EMERGENCY MEDICAL TRAINING 3933 PERKIOMEN AVENUE SUITE D READING, PA 19606	23-7407937		29,125.	0.			FOR THE SUPPORT OF FREE COMMUNITY CPR/AED CLASSES
VISION TO LEARN 12100 WILSHIRE BLVD SUITE 1275 LOSANGELES, CA 90025	45-3457853		40,000.	0.			FOR THE INCREASED ACCESS TO VISION CARE FOR UNDERSERVED STUDENTS
BERKS COMMUNITY HEALTH CENTER 645 PENN STREET STE. 301 READING, PA 19601	27-3795179		25,514.	0.			FOR THE IMPROVING OUTCOMES FOR DIABETIC PATIENTS PROGRAM
BERKS ENCORE 40 NORTH NINTH STREET READING, PA 19601	23-1656050		20,000.	0.			FOR THE BERKS ENCORE CARE AND RESPITE CARE PILOT PROGRAM.

## 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
UNITED DISABILITIES SERVICES FOUNDATION - 2270 ERIN COURT - LANCASTER, PA 17601	26-0504792		40,000.	0.			FOR THE COMMUNITY AGING IN PLACE ADVANCING BETTER LIVING FOR ELDERS (CAPABLE) PROGRAM
BERKS COMMUNITY HEALTH CENTER 645 PENN STREET STE. 301 READING, PA 19601	27-3795179		13,481.	0.			FOR THE IMPROVING OUTCOMES FOR DIABETIC PATIENTS PROGRAM
BERKS ENCORE 40 NORTH NINTH STREET READING, PA 19601	23-1656050		40,000.	0.			FOR THE BERKS ENCORE CARE+ RESPITE CARE PILOT
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		250,000.	0.			FOR THE ADVANCED ANNUAL DISTRIBUTION
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		750,200.	0.			FOR GENERAL OPERATING SUPPORT
ALBRIGHT COLLEGE (GRANTMAKING) 13TH AND BERN ST. PO BOX 15234 READING, PA 19612	23-1352615		20,000.	0.			FOR FOOTBALL ASSISTANT COACH SALARY ANNUAL RESTRICTED FUND
ALBRIGHT COLLEGE (GRANTMAKING) 13TH AND BERN ST. PO BOX 15234 READING, PA 19612	23-1352615		20,000.	0.			FOR FOOTBALL ASSISTANT COACH SALARY ANNUAL RESTRICTED FUND
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		23,600.	0.			FOR EASEMENT MANAGEMENT AND DEFENSE
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		22,700.	0.			FOR EASEMENT MANAGEMENT AND DEFENSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		6,900.	0.			FOR SUPPORT OF ENVIRONMENTAL EDUCATION PROGRAMS
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		6,900.	0.			FOR SUPPORT OF ENVIRONMENTAL EDUCATION PROGRAMS
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		10,600.	0.			FOR ASSISTANCE WITH EXPENSES OF LAND PROTECTION PROJECTS
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		10,600.	0.			FOR ASSISTANCE WITH EXPENSES OF LAND PROTECTION PROJECTS
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		29,500.	0.			FOR ASSISTANCE WITH EXPENSES OF LAND PROTECTION PROJECTS
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		33,700.	0.			FOR ASSISTANCE WITH EXPENSES OF LAND PROTECTION PROJECTS
ISAR EDNANNIA SAKHAROVA STR. 78 LVIV OBLAST, UKRAINE			25,100.	0.			FOR HUMANITARIAN RELIEF
CONNECTIONS WORK 19 N. 6TH STREET 4TH FLOOR READING, PA 19601	23-1969810		6,750.	0.			FOR THE URGENT AND BASIC NEED FUNDING FOR WOMEN WITH JUSTICE INVOLVEMENT
READING HOSPITAL FOUNDATION 6TH AVENUE & SPRUCE STREET A2 SOUTH PO BOX 16052 - READING, PA 19612	47-3054125		10,000.	0.			FOR GENERAL SUPPORT

## 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
OLIVET BOYS & GIRLS CLUB 1161 PERSHING BOULEVARD READING, PA 19611	23-1365380		24,200.	0.			FOR GENERAL SUPPORT
HOPE RESCUE MISSION 645 NORTH 6TH STREET READING, PA 19601	23-1413677		10,000.	0.			FOR GENERAL SUPPORT
ALBRIGHT COLLEGE (SCHOLL GRANTS) 13TH AND BERN ST. PO BOX 15234 READING, PA 19612	23-1352615		56,908.	0.			FOR BASEBALL & VOLLEYBALL LOCKER ROOM RENOVATIONS (INVOICE #05152507)
ALBRIGHT COLLEGE (SCHOLL GRANTS) 13TH AND BERN ST. PO BOX 15234 READING, PA 19612	23-1352615		7,500.	0.			FOR TEAM FOLDING STOOLS WITH SCREENED LOGO AND SET-UP CHARGE (QUOTE #50525-B) [FOR 50% WHEN
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		12,500.	0.			FOR WATERSHED ASSOCIATION PROGRAMS
DELAWARE RIVERKEEPER NETWORK 925 CANAL STREET STE. 3701 BRISTOL, PA 19007	74-3255972		15,000.	0.			FOR THE LOOKING FOR THE FUTURE OF BERKS COUNTY PROJECT
PENNENVIRONMENT RESEARCH AND POLICY CENTER - 1528 WALNUT STREET SUITE 1400 - PHILADELPHIA, PA 19102	05-0530668		12,000.	0.			FOR CLEAN ENERGY FUTURE IN BERKS COUNTY INITIATIVE
WIDOKTADWEN CENTER FOR NATIVE KNOWLEDGE - 310 SPIES CHURCH - READING, PA 19606	85-3324133		12,000.	0.			FOR INDIGENOUS ECOLOGICAL EDUCATION GARDEN
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		15,000.	0.			FOR MUNICIPAL OUTREACH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERKS COUNTY EARTH DAY COMMITTEE OF BERKS RECYCLING COALITION - 20 PTARMIGAN DRIVE - READING, PA 19606	23-2458719		6,000.	0.			FOR BERKS COUNTY EARTH DAY EVENT
BERKS NATURE 575 ST. BERNARDINE STREET READING, PA 19607	23-1966295		12,000.	0.			FOR WHATSUP BERKS INITIATIVE
STUDENT CONSERVATION ASSOCIATION 1310 N. COURTHOUSE ROAD STE. 110 ARLINGTON, VA 22201	91-0880684		12,000.	0.			FOR READING CONSERVATION CORPS
MAKE-A-WISH FOUNDATION OF GREATER PENNSYLVANIA AND WEST VIRGINIA - 436 7TH AVENUE - PITTSBURGH, PA 15219	25-1464177		14,250.	0.			FOR GENERAL SUPPORT
HUFF'S UNION CHURCH 540 CONRAD ROAD ALBURTIS, PA 18011	23-1981119		14,250.	0.			FOR GENERAL SUPPORT
CITY OF READING 815 WASHINGTON STREET ROOM #2-33 READING, PA 19601	23-6001907		15,039.	0.			FOR MAINTENANCE TO THE VIETNAM WAR MEMORIAL
HELPING HARVEST FOOD BANK 117 MORGAN DRIVE SINKINGSPRING, PA 19608	22-2456238		7,800.	0.			FOR GENERAL SUPPORT
LANEY'S LEGACY OF HOPE PO BOX 5861 WYOMISSING, PA 19610	46-4648672		9,800.	0.			FOR GENERAL SUPPORT
ALBRIGHT COLLEGE 13TH AND BERN ST. PO BOX 15234 READING, PA 19612	23-1352615		20,000.	0.			FOR FOOTBALL ASSISTANT COACH SALARY ANNUAL RESTRICTED FUND

## 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
ALBRIGHT COLLEGE 13TH AND BERN ST. PO BOX 15234 READING, PA 19612	23-1352615		20,000.	0.			FOR FOOTBALL ASSISTANT COACH SALARY ANNUAL RESTRICTED FUND

**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	302	786,339.	0.		
YOUTH DEVELOPMENT	59	30,000.	0.		
RECREATION & ATHLETICS	24	17,236.	0.		
HEALTH - GENERAL, MENTAL HEALTH, & REHABILITATIVE	38	49,232.	0.		
HUMAN SERVICES	30	41,396.	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:**

**GRANTEEES 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: BASEBALLETOWN CHARITIES**

**(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EXPENSES TO KICK-OFF THE NEW BASEBALL SEASON PROGRAMMING FOR THE OLIVET BOYS AND GIRLS CLUB**

**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**

**NAME OF ORGANIZATION OR GOVERNMENT:**

**FOUNDATION FOR THE READING PUBLIC MUSEUM**

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

## 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
ART AND CULTURE	3.	6,854.	0.		

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: READING SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT IN  
RECOGNITION OF KEVIN DEACOSTA'S SERVICE TO THE READING SYMPHONY ORCHESTRA

NAME OF ORGANIZATION OR GOVERNMENT:

PENN STATE HEALTH AND PENN STATE COLLEGE OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SUPPORT OF THE REMOTE  
AUTOMATED COGNITIVE TESTING FOR SCALABLE DETECTION AND MONITORING OF  
ALZHEIMERS DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: ALVERNIA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ALVERNIA UNIVERSITY AMERICAN  
HOUSE STUDENT-RUN PHYSICAL THERAPY/OCCUPATIONAL THERAPY PRO BONO CLINIC

NAME OF ORGANIZATION OR GOVERNMENT: ALBRIGHT COLLEGE (SCHOLL GRANTS)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TEAM FOLDING STOOLS WITH  
SCREENED LOGO AND SET-UP CHARGE (QUOTE #50525-B) [FOR 50% WHEN PLACING  
ORDER]

**SCHEDULE J**  
**(Form 990)**(Rev. December 2024)  
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

**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 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 type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input 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)? .....

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

Schedule J (Form 990) (Rev. 12-2024)

**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.

### **Part III Supplemental Information**

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

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public  
Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number  
23-2769892

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	18	850,149.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( _____ )				
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

## Part II

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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 instructions and the latest information.Open to Public  
Inspection

Name of the organization

BERKS COUNTY COMMUNITY FOUNDATION, INC.

Employer identification number

23-2769892

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
PENNSYLVANIA.****FORM 990, PART VI, SECTION B, LINE 11B:**

THE FOUNDATION'S AUDIT COMMITTEE'S PRIMARY FUNCTION IS TO ASSIST THE BOARD IN FULFILLING ITS OVERSIGHT RESPONSIBILITIES RELATING TO MONITORING THE QUALITY, RELIABILITY AND INTEGRITY OF THE EXTERNAL FINANCIAL REPORTING PROCESS. THIS INCLUDES THE AUDITED FINANCIAL STATEMENTS AS WELL AS THE IRS FORMS 990 AND 990-T. 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 FORMS 990 AND 990-T 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 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	74,895.
CHANGE IN AGENCY FUNDING	-952,715.
LOAN LOSS RESERVE	6,062.
<b>TOTAL TO FORM 990, PART XI, LINE 9</b>	<b>-871,758.</b>

**SCHEDULE R**  
**(Form 990)**

(Rev. January 2025)

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

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
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) (Rev. 1-2025)

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

**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.

## Part VII Supplemental Information

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