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Return of Organization Exempt From Income Tax

Department of the

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

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

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

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

2019

Open to Public Inspection

| | | enue Service | | | | | | | |
|-----------------------------|--------|--------------------------|---|---|------------------|-----------------------------------|-------------|--------------------|--|
| A F | or th | e 2019 c | | inning 01-01-2019 , and ending | 12-31-2019 | | | | |
| □ Ad | dress | applicable: change | C Name of organization GREATER BERKS DEVELOPMENT F | UND | | D Employer i | | ation number | |
| □ Na □ Ini | | - | Doing business as | | | | | | |
| _ | | n/terminated d return | Number and street (or P.O. box if | mail is not delivered to street address) Roo | nm/suite | E Telephone r | number | | |
| | | on pending | 606 COURT ST NO 100 | main is not delivered to street address) Not | orny suite | (610) 376 | -6766 | | |
| | | | City or town, state or province, co READING, PA 19601 | ountry, and ZIP or foreign postal code | | G Gross recei | pts \$ 6.8 | 76.885 | |
| | | | F Name and address of princi | pal officer: | H(a) | Is this a group retur | | | |
| | | | EDWARD J SWOYER JR 606 COURT ST NO 100 | | | subordinates? | | □Yes ☑ No | |
| | | | READING, PA 19601 | | | Are all subordinates included? | | ☐ Yes ☐No | |
| I Ta | x-exe | mpt status: | ☐ 501(c)(3) ☑ 501(c)(4) | ◀ (insert no.) ☐ 4947(a)(1) or ☐ 5 | | If "No," attach a list | . (see ir | structions) | |
| J W | ebsit | te:► WW | /W.GREATERREADING.COM | | H(c) | Group exemption nu | ımber 🟲 | | |
| K Forr | n of o | rganization | : 🗹 Corporation 🗌 Trust 🔲 As | sociation Other | L Year of | f formation: 1947 | l State of | legal domicile: PA | |
| Pa | art I | Sum | mary | | | | | | |
| Governance | | THE GREA | C WELL-BEING OF READING ANI | or most significant activities: D AIDS AND PROMOTES ECONOMIC A D BERKS COUNTY BY FACILITATING, I ITY REVITALIZATION PROJECTS. | | | | | |
| 20 20 | 2 | Check th | is box $ ightharpoonup \square$ if the organization $\mathfrak c$ | discontinued its operations or disposed | d of more than | 25% of its net asse | ets. | | |
| | l | | | ning body (Part VI, line 1a) | | | 3 | 18 | |
| Activities & | l | | | of the governing body (Part VI, line 1b calendar year 2019 (Part V, line 2a) | - | | 4 | 17 | |
| ₹ | l | | | 5 | (| | | | |
| ĕ | l | | nber of volunteers (estimate if n | | 6 7a | 17 | | | |
| | l | | | art VIII, column (C), line 12 om Form 990-T, line 39 | | • • | 7a 7b | | |
| | - | Tier ame | acca basiness taxable meetile ii | om 10/111 350 1, me 33 1 1 1 | · · · · | Prior Year | | Current Year | |
| _ | 8 | Contribut | cions and grants (Part VIII, line 1 | h) | | 113,615 | | 523,79 | |
| Ravenue | l | | service revenue (Part VIII, line 2 | , | | 3,230,924 | + | 2,614,02 | |
| ōΛċ | I | | ent income (Part VIII, column (A) | | 218,944 | _ | 1,557,983 | | |
| <u>—</u> | 11 | Other rev | enue (Part VIII, column (A), line | | 72,065 | 5 | 45,78 | | |
| | 12 | Total rev | enue—add lines 8 through 11 (n | nust equal Part VIII, column (A), line 1 | 2) | 3,635,548 | 3,635,548 | | |
| | 13 | Grants ar | nd similar amounts paid (Part IX, | | (| כ | (| | |
| | 14 | Benefits | paid to or for members (Part IX, | column (A), line 4) | | (| כ | (| |
| & | 15 | Salaries, | other compensation, employee | benefits (Part IX, column (A), lines 5– | 10) | 611,260 | ו | 691,60 | |
| Expenses | 16a | Profession | nal fundraising fees (Part IX, col | umn (A), line 11e) | | (| ו | (| |
| Ř | l | | raising expenses (Part IX, column (D) | · - | _ | | <u> </u> | 3,284,46 | |
| ш | l | | | s 11a-11d, 11f-24e) | | 3,488,941 | | | |
| | l | | , | qual Part IX, column (A), line 25) | | 4,100,201 | | | |
| <u>8</u> & | 19 | Revenue | less expenses. Subtract line 18 | from line 12 | | -464,653 nning of Current Yea | _ | 765,51 | |
| Net Assets or Fund Balances | 20 | Total acc | ets (Part X, line 16) | | | 43,940,693 | 1 | 56,744,05 | |
| ABB | l | | | | | 33,907,264 | + | 45,276,276 | |
| ž. | l | | s or fund balances. Subtract line | | - | 10,033,427 | + | 11,467,78 | |
| Pa | rt II | | ature Block | | | | | | |
| know | edge | alties of p | erjury, I declare that I have exa | mined this return, including accompar te. Declaration of preparer (other than | | | | | |
| any k | nowi | eage. | | | | | | | |
| | | ***** | | | | 2020-09-17 | | | |
| Sign | | Signati | ure of officer | | | Date | | | |
| Here | : | | RD J SWOYER JR PRESIDENT r print name and title | | | | | | |
| | | | rint/Type preparer's name | Preparer's signature | Date | ☐ PTI | | | |
| Paid | 4 | | ring type preparer smalle | rieparer a aignature | 2020-09-17 | P00 Lif P | 1647342 | | |
| Pre | | er | ïrm's name ► RKL LLP | l | | self-employed Firm's EIN ► 23-21 | 08173 | | |
| Use | | I . | irmic address • 1330 BBOADCACTIAL | C DOAD BO BOY 7000 | | Dhana (210) 55 | 1505 | | |
| J 3 G | | ا و… | irm's address ► 1330 BROADCASTIN | | | Phone no. (610) 376 | >-1595 | | |
| | | | WYOMISSING, PA 1 | | | | | | |
| May t | he IF | RS discuss | this return with the preparer sh | own above? (see instructions) | | | ⊻ Ye | s 🗆 No | |

Cat. No. 11282Y

Form **990** (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2 | 019) | | | | Page 2 |
|----------------------|----------------------------|--|---|--|---|------------------------------|
| Pa | rt III | Statement of Program S | ervice Accomplis | hments | | |
| | | Check if Schedule O contains a | response or note to a | any line in this Part III | | 🗹 |
| 1 | Briefly | describe the organization's mis | | • | | |
| WELL DEVE EFFE | BEING LOPMEI CTUATII | OF READING AND BERKS COU NT AND COMMUNITY REVITALIZ | NTY BY FACILITATING ATION PROJECTS COI | , PROMOTING, AND PA NSISTENT WITH THE N | STRIAL EXPANSION, AND CONTRIE RTICIPATING IN, AND FINANCING EEDS OF THE COMMUNITY, WITH T ESIDENTS AND BUSINESSES BY C | ECONOMIC THE INTENTION OF |
| 2 | Did th | e organization undertake any si | nificant program serv | vices during the year w | hich were not listed on | |
| - | | ior Form 990 or 990-EZ? | | - ' | | ☐ Yes ☑ No |
| | | s," describe these new services | | | | L Tes L No |
| 3 | | e organization cease conducting | | changes in how it cond | ucts any program | |
| • | | es? | | - | accs, any program | ☐ Yes ☑ No |
| | | s," describe these changes on Se | | | | Lies Line |
| 4 | Sectio | | nizations are required | to report the amount of | largest program services, as meas of grants and allocations to others, | |
| 4a | (Code: |) (Expenses s | 3,485,903 | including grants of \$ |) (Revenue \$ | 2,659,809) |
| | See Ad | ditional Data | | | | |
| 4b | (Code: |) (Expenses s | <u> </u> | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| 4c | (Code: |) (Expenses s | , | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| 4d | Other | program services (Describe in S | schedule O) | | | |
| T U | | nses \$ | including grants of | \$ |) (Revenue \$ |) |
| 4e | Total | program service expenses | 3,485,9 | 03 | | |

18

19

Part IV Checklist of Required Schedules

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

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

Nο

No

Nο

17

18

19

20a

20b

21

| rm : | 990 (2019) | | | Page 4 |
|------|--|-----|-----|--------|
| Parl | Checklist of Required Schedules (continued) | | | 1 |
| | | | Yes | No |
| | 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 | | No |
| | 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 | Yes | |
| | 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| 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 | | No |
| | 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 | Yes | |
| | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | 27 | | No |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No |
|) | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 2 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| } | 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 | | No |
| , | 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 | Yes | |
| ia | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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 | | |
| , | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| | 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 | | No |
| 3 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| ar | 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

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

1c

Yes

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | |
|---------|--|-----|----|--|--|--|
| 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 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No | | | |
| b | If "Yes," enter the name of the foreign country: 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 | No | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | |
| | Gross income from members or shareholders | | | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | |
| | 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 | | | | | |
| | Enter the amount of reserves on hand | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No | | | |
| ь 15 | 14b | | | | | |
| | 15 | No | | | | |
| 16 | 16 | No | | | | |

| 01111 | 556 (2015) | | | rage | | | | | |
|------------------|---|---------|-----------|-------|--|--|--|--|--|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | " respo | onse to i | lines | | | | | |
| Se | ction 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 18 | | | | | | | | |
| | 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 in Schedule O. | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 17 | | | | | | | | |
| 2 | 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? | | | | | | | | |
| 3 | 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | Yes | | | | | | |
| 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 | Yes | | | | | | |
| 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 | | No | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | |
| а | The governing body? | 8a | Yes | ı | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | No | | | | | |
| 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 in Schedule O | 9 | | No | | | | | |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | ∍.) | | | | | | |
| | | | Yes | No | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No | | | | | |
| 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 | | | | | | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | | | | | | |
| 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? | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | No | | | | | |
| b | Other officers or key employees of the organization | 15b | | No | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | 16b | | | | | | | |
| <u>Se</u> 17 | ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ | | | | | | | | |
| 1 <i>7</i> 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s | | | | | | | | |
| | only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| 10 | Own website Another's website Upon request Other (explain in Schedule O) | | | | | | | | |
| 19 | Describe in 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: ►EDWARD J SWOYER JR 606 COURT STREET SUITE 100 READING, PA 19601 (610) 376-6766 | | | | | | | | |

organization and any related organizations.

Part VII

BOARD MEMBER

BOARD MEMBER

(17) EDWARD L SHUTTLEWORTH

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 $\mbox{\rm VII}\,$. 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- List all of the organization's former officers, key employees, or 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 director | | _ | | | | cana | city | as a former directo | or or trustee of the | | |
|--|---|-----------------------------------|-----------------------|----------------------|---------------------------------|------------------------------|---------|--|--|--|--|
| organization, more than \$10,000 of reportable co | ompensation fro | m the | | | | | | | | | |
| See instructions for the order in which to list the | • | | | | | | | | | | |
| Check this box if neither the organization no | 1 | ganizat | ion c | | | ated a | any | | | (5) | |
| (A) Name and title | (B) Average hours per week (list any hours | pers | an on on is | e bo both ecto | t cho ox, u h an or/tr | inless office ustee | er) | (D) Reportable compensation from the organization (W-2/1099- | Reportable compensation from related organizations | (F) Estimated amount of other compensation from the organization and | |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-Z/1099- | (W-2/1099- MISC) | related organizations | |
| (1) DANIEL R LANGDON CHAIRMAN OF THE BOARD | 1.00 | Х | | х | | | | 0 | 0 | 0 | |
| (2) ERNEST J CHOQUETTE ESQ VICE CHAIRMAN | 1.00 | X | | Х | | | | 0 | 0 | 0 | |
| (3) EDWARD J SWOYER JR PRESIDENT | 40.00 | х | | х | | | | 0 | 186,271 | 11,916 | |
| (4) MICHAEL A DUFF VP/SECRETARY | 1.00 | X | | х | | | | 0 | 0 | 0 | |
| (5) JEFFERY R RUSH TREASURER | 1.00 | Х | | х | | | | 0 | 0 | 0 | |
| (6) CLINT MATTHEWS BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| (7) DAVID C ROLAND BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| (8) DAVID M SHAFFER BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| (9) JAMEY MAACK BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| (10) JOSEPH N BUTTO BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| (11) BRUCE G SMITH BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| (12) P MICHAEL EHLERMAN BOARD MEMBER | 1.00 | х | | | | | | 0 | 0 | 0 | |
| (13) RICHARD L BASHORE BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| (14) SCOTT L GRUBER BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| (15) TIMOTHY D ROMIG BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 | |
| (16) RON BASHORE | 1.00 | х | | | | | | 0 | 0 | 0 | |

1.00

0

| Form 990 (2019) | | | | | | | | | | | | | Page 8 |
|--|--|--|-----------------------|--------------|--------------|------------------------------|--------|---|------------------|--|----------|------------------|----------|
| Part VII Section A. Officers, Directors | , Trustees, K | ey Em | ploy | ees | , an | d Hig | hes | st Compensat | ted I | Employees (| cont | inued) | |
| (A) Name and title | (B) Average hours per week (list any hours for related | Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation compensation organization (W-2/1009- | | | | | | (E) Reportable compensatio from related organization (W-2/1099) | on d is | (F) Estimated amount of other compensation from the organization and | | | |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | ` Misc) | | `Misc) | | relat organiz | :ed |
| (18) RICK B BURKEY | 1.00 | X | | | | | | | 0 | | 0 | | 0 |
| BOARD MEMBER (19) SARA STEWART | | •••• | | | | | | | | | _ | | |
| | 12.00 | | | Х | | | | | 0 | 127 | ,672 | | 12,915 |
| ASST TREASURER (20) CHRISTOPHER S WITMER | 5.00 | | | Х | | | | | 0 | 90 | ,458 | | 10,554 |
| ASST SECRETARY (21) RANDOLPH A PEERS | | | | | | | | | | | \dashv | | |
| · · | 5.00 | | | Х | | | | | 0 | 237 | ,708 | | 14,690 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Sub-Total | II, Section A | | | | • | È | | | | | | | |
| d Total (add lines 1b and 1c) Total number of individuals (including but | | | | | re) w | | ceive | 이 ed more than \$ | 100. | 642,109 | 9 | | 50,075 |
| of reportable compensation from the orga | anization ► 0 | | | | | | | · | | | | 1 1 | |
| 3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for | | | key e | emp | loye | e, or h | ighe | est compensate | d em | ployee on | | Yes | No_ |
| 4 For any individual listed on line 1a, is the organization and related organizations grant | sum of reporta | ble con | | | | | | | m th | e e | 3 | | No |
| individual | | • | | • | • | | • | | | | 4 | Yes | |
| 5 Did any person listed on line 1a receive o services rendered to the organization? <i>If</i> " | | | | | | | | ganization or inc | divid • | ual for | 5 | | No |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| Complete this table for your five highest of from the organization. Report compensate | compensated in | depend ndar ye | lent c ar en | ontr ding | acto | rs that | t rec | ceived more than the organization | an \$1 on's t | 00,000 of con | npen | sation | |
| | (A) pusiness address | , - | | | | | | | | (B) on of services | | (C Compen | |
| KELLENBERGER EXCAVATING LLC | | | | | | | | | | AVATION SERVICES | CES | Compen | 277,041 |
| 4008 LANCASTER PIKE SINKING SPRING, PA 19608 | | | | | | | | | | | | | |
| PARCON CLEANING | | | | | | | | PROVIDES | CLEA | NING SERVICES | ; | | 111,146 |
| 1868 WEAVERTOWN ROAD DOUGLASSVILLE, PA 19518 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (in compensation from the organization ▶ 2 | ncluding but not | t limited | d to ti | nose | list | ed abo | ve) | who received n | nore | than \$100,00 | 0 of | | |
| | | | | | | | | | | | | Form 996 | n (2019) |

Page 8

| Charlet Schedule Contains a response on note to any line in the rent will Total Personal or moving or Total Personal or Total Person | Part | | | of F | Revenue | | | | | | Page 9 |
|--|------------|--------|---|-----------|-----------------|------------|--------------------|------------------------|---|-----------------------|--|
| Total evenue Pediator Company | · air | V 11.1 | ' | | | respo | nse or note to any | line in this Part VIII | | | 🗆 |
| ### Production of the Company of the | | | | | | <u> </u> - | | (A) | (B) Related or exempt function | Unrelated business | Revenue excluded from tax under sections |
| A charter organization La | 10 | 18 | a Federated campa | igns | | 1a | I | | revenue | | 312 314 |
| A charter organization La | ints | | b Membership dues | s . | · j | 1 b | | | | | |
| A charter organization La | Gra mo | ۱, | c Fundraising even | ts . | . j | 1c | | | | | |
| 2a WILLS FROO BLDG DEFATIONS | Ę, | ۱, | d Related organiza | tions | ; | 1d | | | | | |
| 2a WILLS FROO BLDG DEFATIONS | Gil | ۱, | e Government grants | (con | tributions) | 1e | 523,797 | | | | |
| 2a WILLS FROO BLDG DEFATIONS | ns, Sir | 1 | f All other contribution | ns, g | ifts, grants, | i | | | | | |
| 2a WILLS FROO BLDG DEFATIONS | utio er | | above | | l | 1f | | | | | |
| 2a WILLS FROO BLDG DEFATIONS | e E | | g Noncash contribution lines 1a - 1f:\$ | ns in | cluded in | 10 | | | | | |
| 2a WILLS FROO BLDG DEFATIONS | no n | | h Total Add lines | 1 1 | l f | -9 | | | | | |
| 2a WRLLS PARCO BLIDS OPERATIONS | <u> </u> | | II Iotal. Add lilles | Ia-I | | | Business Code | 523,797 | T | | |
| SATIONS SUPERIOR Sations Sat | | ٦- | . WELLS FARGO RIDG | ODE | PATIONS | | | 1,542,210 | 1,542,210 | | |
| Total Add lines 2a-2f. | <u>9</u> | 24 | WEELS TAKGO BEDG | OI LI | WIIONS | | 531120 | | | | |
| Total Add lines 2a-2f. | enu | b | GATEWAY BLDG OPE | RATIO | ONS | | 531120 | 762,403 | 762,403 | | |
| Total Add lines 2a-2f. | æ | _ | COLIRT STREET OPER | ATIO | ons. | | | 271,466 | 271,466 | | |
| Total Add lines 2a-2f. | vice | · | COOK! SINCE! OF EI | 01110 | | | 531120 | | | | |
| Total Add lines 2a-2f. | Ser | d | DIR. FINANCE LEASE | INC. | | | 525990 | 31,958 | 31,958 | | |
| Total Add lines 2a-2f. | an | _ | BERN OPERATIONS | | | | | 5,985 | 5,985 | | |
| Total Add lines 2a-2f. | rogr | е | | | | | 531120 | · | | | |
| 1 | ۵ | f | All other program | serv | ice revenue | | | | | | |
| 3 Timestrate income (including dividends, interest, and other similar amounts) 577,083 5 | | | | | | | 2.614.022 | | | | |
| ### Strivition and the content of th | | | | | | | | | | | |
| S Royalties | | 9 | similar amounts) . | • | | | • | 5//,083 | 3 | | 577,083 |
| Company Comp | | | | | | | | \ | | | |
| Comparison Com | | 3 | Royaldes | r. | | | | - <u> </u> | | | |
| Description Companies Co | | | | | (1) | | (11) 1 01001101 | 1 | | | |
| Exercises Section Se | | | | 6a | | | | _ | | | |
| Or Net rental income or (loss) Order | | b | | 6b | | | | | | | |
| Ta Gross amount Transles of Ta 1,166,196 1,950,000 | | c | | | | | | 7 | | | |
| 1,166,196 | | c | ` ' | | (loss) | | | <u> </u> | | | |
| Ta Gross amount Ta 1,166,196 1,950,000 | | | The Ferrida meome | | | | | | | | |
| Description | | 7a | Gross amount | _ | | | | | | | |
| Description | | | assets other | /a | 1,: | 166,196 | 1,950,00 | 0 | | | |
| other basis and seles expenses c G Gain or (loss) 7c 74,225 906,675 d Net gain or (loss) 8a Gross income from fundraising events of contributions reported on line 1c). See Part IV, line 18 | | | | | | | | + | | | |
| To description (loss) To description (loss) | | D | other basis and | 7b | 1,0 | 091,971 | 1,043,32 | 5 | | | |
| Net gain or (loss) Netgain or (loss) | | | · | | | | | + | | | |
| Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | | | | | | | | | | 000 000 |
| (not including s of contributions reported on line 1c). See Part IV, line 18 | | | • | | | | • • • • | 980,900 | , | | 980,900 |
| 9a Gross income from gaming activities. See Part IV, line 19 | ne | Ja | (not including \$ | | of | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | ven | | | | | Ra | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | Re | b | Less: direct expen | ses | | \vdash | | - | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | her | | · · | | | ing eve | ents | | | | |
| See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a 10aGross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11aADMINISTRATIVE FEES 525990 39,370 b OTHER INCOME 525990 6,417 6,417 c d All other revenue 45,787 45,787 12 Total revenue. See instructions 1,557,983 2,659,809 0 1,557,983 | | _ | G | | | | | | | | |
| b Less: direct expenses 9b | | ⊌a | See Part IV, line 19 | gami • | ing activities. | 1 1 | | | | | |
| 10aGross sales of inventory, less returns and allowances | | b | Less: direct expen | ses | | 9b | | 7 | | | |
| returns and allowances 10a | | c | : Net income or (los | s) fr | om gaming | activiti | es 🕨 | | | | |
| returns and allowances 10a | | 10 | Cross sales of inve | | n, loss | | | | | | |
| b Less: cost of goods sold 10b | | TU | returns and allowa | inces | y, iess | 10a | | | | | |
| Miscellaneous Revenue Business Code 11aADMINISTRATIVE FEES 525990 525990 39,370 6,417 6,417 c 6,417 d All other revenue | | b | Less: cost of good | s sol | ld | 10b | | 7 | | | |
| 11aADMINISTRATIVE FEES 525990 39,370 39,370 b OTHER INCOME 525990 6,417 6,417 c d All other revenue | | c | | | | invent | ory | _ | | | |
| b OTHER INCOME 525990 6,417 6,417 c d All other revenue | | | | | | | | | | | |
| d All other revenue | | 11 | • ADMINISTRATIVE | : FEE | :S | | 52599 | 39,370 | 39,370 | " | |
| d All other revenue | | | | | | | E3E00 | 0 6 44 | 7 | , | |
| d All other revenue | | t | OTHER INCOME | | | | 52599 | 6,417 | 6,417 | | |
| d All other revenue | | | | | | | | | - | | |
| e Total. Add lines 11a–11d | | C | i | | | | | | | | |
| e Total. Add lines 11a–11d | | ني . | All other rovenus | | | | | | - | | |
| 12 Total revenue. See instructions | | | | | | _ L | • | | + | | + |
| 4,741,589 2,659,809 0 1,557,983 | | | | | | | | 45,787 | 7 | | |
| | | | . rotal reveilue. S | ee If | iau ucuons | · · | • • • • | 4,741,589 | 2,659,809 |) | , , |

| | art IX Statement of Functional Expenses | | | | Page 10 |
|----|--|----------------------|------------------------------|---|--------------------------------|
| Р | Section 501(c)(3) and 501(c)(4) organizations must co | omplete all columns. | All other organizatio | ns must complete colu | mn (A). |
| | Check if Schedule O contains a response or note to an | | | | |
| | not include amounts reported on lines 6b, 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 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 409,515 | 244,410 | 165,105 | |
| 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 | 194,240 | 115,356 | 78,884 | |
| | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 11,381 | 6,767 | 4,614 | |
| 9 | Other employee benefits | 26,591 | 14,031 | 12,560 | |
| 10 | Payroll taxes | 49,878 | 28,244 | 21,634 | |
| | Fees for services (non-employees): | | · | | |
| | a Management | 95,392 | | 95,392 | |
| | b Legal | 12,093 | | 12,093 | |
| | c Accounting | 24,000 | | 24,000 | |
| | · | 24,000 | | 24,000 | |
| | Destruction of the decision and the second s | | | | |
| | e Professional fundraising services. See Part IV, line 17 | | | _ | |
| | Investment management fees | | | | _ |
| g | g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 3,728 | | 3,728 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 55,540 | | 55,540 | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 474,199 | 474,199 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 483 | | 483 | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | a GATEWAY BUILDING OPERAT | 1,088,905 | 1,088,905 | | |
| | | | | | |
| | b WELLS FARGO OPERATIONS | 741,493 | 741,493 | | |
| | c CHANGE IN VALUE OF INTE | 381,620 | 381,620 | | |
| | d 606 COURT ST BUILDING O | 286,267 | 286,267 | | |
| | e All other expenses | 120,747 | 104,611 | 16,136 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,976,072 | 3,485,903 | 490,169 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

Form 990 (2019)

2

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Page 11

2,309,528

65,006

251,860

14.282.595

36,940,636

1,896,550

859.196

56,365

56,744,057

1,407,459

43,204,522

664,295

45.276.276

11,467,781

11,467,781

56,744,057

Form 990 (2019)

82,321

| Check | ΙŤ | Schedule |
|-------|----|----------|
| | | |
| | | |

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

or family member of any of these persons

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

| Cash-non-interest-bearing | | 1 | |
|--|-----------|---|--|
| Savings and temporary cash investments | 2,588,429 | 2 | |
| Pledges and grants receivable, net | | 3 | |
| | 77.400 | | |

61,670,493

24,729,857

Beginning of year

17.370.303

21,564,777

1,892,821

19.456

87,967

627,203

43,940,691

32,452,316

827,745

33.907.264

10,033,427

10,033,427

43,940,691

84,632

7

8

9

10c

11

12 13

14

15

16

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23

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25

26

27

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29

30

31

32

33

| - | riouges and grants received by the contract of | | | |
|---|--|---------|---|--|
| 4 | Accounts receivable, net | 77,429 | 4 | |
| 5 | 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 | 254,877 | 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 | |

10a

10b

O contains a response or note to any line in this Part IX .

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

3a 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 in Schedule O and describe any steps taken to undergo such audits. 3h Form 990 (2019)

No

Additional Data

Software ID:

Software Version:

EIN: 23-6392284

Name: GREATER BERKS DEVELOPMENT FUND

Form 990 (2019)

Form 990, Part III, Line 4a: THE FUND GRANTS REAL ESTATE AND MACHINERY & EQUIPMENT-RELATED LOANS AND ASSISTS IN OTHER ECONOMIC AND INDUSTRIAL-TYPE LENDING TO AID AND

PROMOTE THE ECONOMIC AND INDUSTRIAL EXPANSION IN READING & BERKS COUNTY.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493266010140

OMB No. 1545-0047

2019

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

| | me of the organization | | | Employer ider | ntification number | _ | |
|-----|--|--------------------------|--------------------------------|-----------------------|------------------------------|-----------|--|
| GK | ATER BERKS DEVELOPMENT FUND | | | 23-6392284 | | | |
| Pa | rt I Organizations Maintaining Donor Advi | | | r Accounts. | | | |
| | Complete if the organization answered "Ye | | dvised funds | (h) Funds | and other accounts | | |
| 1 | Total number at end of year | (a) Bollor o | avisca farias | (b) rands | and other decounts | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor adviso | rs in writing that the | assets held in donor ad | lvised funds are tl | he | | |
| | organization's property, subject to the organization's ex | clusive legal control? | | | ☐ Yes ☐ N | o | |
| 6 | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | or donor advisor, or | or any other purpose o | | nissible 🔲 Yes 🔲 N | 0 | |
| Pa | Complete if the arganization answered "Vo | o" on Form 000 Ds | wh TV / lines 7 | | | | |
| 1 | Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organization and the conservation easements held by the organization and the conservation easements held by the organization answered "Yes and the conservation and the c | | | | | | |
| - | Preservation of land for public use (e.g., recreation | ` - | Tapply). Preservation of an | historically impo | rtant land area | | |
| | Protection of natural habitat | r or education) - E | | , , | | | |
| | | L | ☐ Preservation of a d | certified historic si | tructure | | |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year. | qualified conservation | contribution in the for | | ion : the End of the Year | \neg | |
| а | Total number of conservation easements | | | 2a | the Line of the Tear | - | |
| b | Total acreage restricted by conservation easements | | | 2b | | \exists | |
| С | Number of conservation easements on a certified histori | c structure included in | ı (a) | 2c | | 7 | |
| d | Number of conservation easements included in (c) acqu structure listed in the National Register | ired after 7/25/06, an | d not on a historic | 2d | | | |
| 3 | Number of conservation easements modified, transferre tax year ▶ | ed, released, extinguis | hed, or terminated by | the organization o | during the | | |
| 4 | Number of states where property subject to conservation | on easement is located | - | | | | |
| 5 | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds | | | | ☐ Yes ☐ No | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspect | cting, handling of viola | tions, and enforcing co | onservation easen | nents during the year | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, ▶ \$ | handling of violations | , and enforcing conser | vation easements | during the year | | |
| 8 | Does each conservation easement reported on line 2(d) | above satisfy the req | uirements of section 1 | 70(h)(4)(B)(i) | | | |
| | and section $170(h)(4)(B)(ii)$? | | | | ☐ Yes ☐ No | | |
| 9 | In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen | footnote to the organ | | | | | |
| Pai | TILL Organizations Maintaining Collections Complete if the organization answered "Ye | | | er Similar Ass | ets. | | |
| 1a | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar | public exhibition, edu | cation, or research in f | | | | |
| b | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items: | | | | | | |
| | i) Revenue included on Form 990, Part VIII, line ${f 1}$ | | | > \$ | | | |
| (| i)Assets included in Form 990, Part X | | | > \$ | | | |
| 2 | If the organization received or held works of art, histori following amounts required to be reported under SFAS | cal treasures, or othe | similar assets for fina | • | e the | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | 🕨 \$ | | | |
| b | Assets included in Form 990, Part X | | | ▶\$ | | | |
| For | Paperwork Reduction Act Notice, see the Instruction | | | | dule D (Form 990) 2 | <u></u> | |

| Par | t IIII | Organizations Ma | aintaining Col | lections of | Art, Histor | ical T | reasu | ires, oi | r Other | Similar As | ssets (co | ontinued) | |
|------------|---------------|--|--------------------|------------------|---------------------------------------|-----------|-----------|-------------------|------------|-----------------|------------|-----------------------|-----------|
| 3 | | g the organization's acq s (check all that apply): | | n, and other r | ecords, check | any of | the fol | llowing t | that are a | a significant (| use of its | collection | |
| а | | Public exhibition | | | d | | Loan | or exch | ange pro | grams | | | |
| b | | Scholarly research | | | е | | Other | r | | | | | |
| c | | Preservation for future | e generations | | | | | | | | | | |
| 4 | Provi Part | ide a description of the XIII. | organization's col | llections and e | explain how th | ey furt | her the | e organiz | zation's e | exempt purpo | se in | | |
| 5 | | ng the year, did the org ts to be sold to raise fur | | | | | | | | | ☐ Yes | . 🗆 N | lo |
| Pa | rt IV | Escrow and Cust | odial Arrange | ments. | | | | | | | | | |
| | | Complete if the or X, line 21. | ganization ansv | vered "Yes" | on Form 990 | 0, Part | : IV, lir | ne 9, o | r report | ed an amou | ınt on Fo | orm 990, | Part |
| 1 a | | e organization an agent | | | | | | | | | | _ | |
| | meru | ded on Form 990, Part I | Af | | | | | | | | ☐ Yes | : ∐ N | lo |
| b | If "Y | es," explain the arrange | ement in Part XIII | and complete | e the following | g table: | | | | Α | mount | | _ |
| c | Begir | nning balance | | | | | | | 1c | | | | |
| d | Addit | tions during the year . | | | | | | | 1d | | | | _ |
| е | Distr | ibutions during the year | r | | | | | | 1e | | | | _ |
| f | Endir | ng balance | | | | | | | 1f | | | | _ |
| 2a | Did t | he organization include: | an amount on Fo | orm 990, Part | X, line 21, for | escrov | v or cu | stodial a | account li | ability? | ☐ Yes | . 🗆 N | lo |
| b | If "Ye | es," explain the arrange | ement in Part XIII | . Check here i | if the explana | tion ha | s been | provide | d in Part | XIII | | | |
| Pa | rt V | Endowment Fund | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | Complete if the or | ganization ansv | | | | | | | Tab =1 | | | |
| 1 2 | Reginn | ning of year balance . | | (a) Current | year (b) | Prior yea | ar (| (c) Iwo y | ears back | (d) Three ye | ars back (| e) Four yea | irs back |
| | _ | butions | | | | | | | | | | | |
| | | vestment earnings, gair | ne and losses | | | | | | | | | | |
| | | s or scholarships | • | | | | _ | | | | | | |
| | | expenditures for facilitie | | | | | | | | | | | |
| Ū | | rograms | | | | | | | | | | | |
| f | Admin | istrative expenses . | | | | | | | | | | | |
| g | End of | f year balance | | | | | | | | | | | |
| 2 | Provi | ide the estimated perce | ntage of the curre | ent year end b | palance (line 1 | Lg, colu | mn (a) |)) held a | ıs: | | | | |
| а | Boar | d designated or quasi-e | ndowment 🟲 | | | | | | | | | | |
| b | Perm | nanent endowment ► | | | | | | | | | | | |
| c | Temp | porarily restricted endo | wment 🟲 | | | | | | | | | | |
| | The p | percentages on lines 2a | , 2b, and 2c shou | ıld equal 100% | 6. | | | | | | | | |
| 3а | | here endowment funds nization by: | not in the posses | ssion of the or | ganization tha | at are h | eld and | d admin | istered fo | or the | | Yes | No |
| | - | nrelated organizations | | | | | | | | | 3a | | 110 |
| | | related organizations . | | | | | | | | | 3a(| | |
| b | | es" on 3a(ii), are the re | | ns listed as red | quired on Sch | edule F | l? . | | | | 3 | | |
| 4 | Desc | ribe in Part XIII the inte | ended uses of the | organization' | s endowment | funds. | | | | | | | |
| Pa | rt VI | , , | | | | | | | | | | | |
| | Descr | Complete if the or ription of property | ganization ansv | | on Form 990 (b) Cost or othe | | | | | rm 990, Pa | | e 10. I) Book valu | <u> </u> |
| | Desci | ipaon or property | (investme | | | | ound) | (0) Acc | .amalated | aspi colduon | | , book valu | |
| 1 a | Land | | | | | 16,9 | 38,255 | | | | | 10 | 5,938,255 |
| b | Buildir | ngs | | | | 44,6 | 88,693 | | | 24,686,473 | | 20 | 0,002,220 |
| C | Leasel | hold improvements | | | | | | | | | | | |
| | E-mail: | | I | l | | | 42 E4E | | | 42 204 | | | 164 |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

36,940,636

| Part VII | Investments—Other Securities. | Dart TV !! | 00 11h E00 Farm 000 | Part V lina 12 |
|----------------------------------|---|----------------|-------------------------|---|
| | Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security) | (b) Book value | (c) Metho | Part X, line 12. Id of valuation: I-year market value |
| (1) Financia | al derivatives | value | | |
| | held equity interests | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Colum | on (b) must equal Form 990, Part X, col. (B) line 12.) | • | | |
| Part VIII | Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, | Part IV. lin | ne 11c. See Form 990. | Part X. line 13. |
| | (a) Description of investment | r are iv, iii | (b) Book value | (c) Method of valuation: |
| | | | | Cost or end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| • | n (b) must equal Form 990, Part X, col.(B) line 13.) | | • | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' on Form 990, F | Part IV, line | e 11d. See Form 990, Pa | rt X, line 15. |
| (1) | (a) Description | | | (b) Book value |
| | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | Imn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. | | | <u>▶</u> |
| | Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability | Part IV, line | e 11e or 11f.See Form | 990, Part X, line 25. (b) Book value |
| 1. (1) Federal | income taxes | | | (b) Book value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col.(B) line 25.) | | <u> </u> | 664,295 |
| | or uncertain tax positions. In Part XIII, provide the text of the footno o's liability for uncertain tax positions under FIN 48 (ASC 740). Check | | | |

2

2

а

C

d

Schedule D (Form 990) 2019

Page 4

863,408

1,333,539

194,571

Donated services and use of facilities 2b b 2c d Other (Describe in Part XIII.) 2d

596,770

266.638

194,571

2e

2a

2a

2b

2c

2d

е 2e Subtract line **2e** from line **1** 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4b 2,837,104

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

1,904,485 4c 2,837,104 5 4,741,589

| | • | | | | | | |
|-----|--|---------|--------|-----|-----------|-------|----|
| b | Other (Describe in Part XIII.) | 4b | | | 2,837,104 | | |
| c | Add lines $4a$ and $4b$ | | | | | 4c | |
| 5 | Total revenue. Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12. | | | | | 5 | |
| Par | XII Reconciliation of Expenses per Audited Financial Staten | | | | enses per | Retur | n. |
| | Complete if the organization answered 'Yes' on Form 990, Par | t IV, l | ine 12 | 2a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | | | 1 | Г |

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

3 Subtract line 2e from line 1 3 1,138,968 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b 2,837,104 b Add lines **4a** and **4b** 4c 2,837,104 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 3.976.072 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. Return Reference Explanation See Additional Data Table

| chedule D (Form 990) 2019 | Page 5 |
|-----------------------------|----------------------|
| Part XIII Supplemental Info | ormation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 23-6392284

Name: GREATER BERKS DEVELOPMENT FUND

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2: | AS A NOT-FOR-PROFIT ORGANIZATION, THE FUND IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCO ME TAXES. THE FUND IS SUBJECT TO FEDERAL AND STATE INCOME TAXES ON UNRELATED BUSINESS INCO ME. THE FUND RECOGNIZES PENALTIES AND INTEREST ACCRUED RELATED TO INCOME TAX LIABILITIES I N THE PROVISION (BENEFIT) FOR INCOME TAXES IN ITS STATEMENTS OF INCOME. AT DECEMBER 31, 20 19 AND 2018, THERE WAS NO ACCRUAL FOR THE PAYMENT OF PENALTIES AND INTEREST. WHEN TAX RETU RNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAM INATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERIT S OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURI NG WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTH ER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE M EASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZE D UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCI ATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLE CTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING STATEMENT OF FINANCI AL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. THE FUND FILES INFORMATIONAL RETURNS (IRS FORM 990) I N THE U.S. FEDERAL JURISDICTION. THE FUND'S TAX RETURNS ARE NOT SUBJECT TO EXAMINATION THR OUGH THE YEAR ENDED DECEMBER 31, 2016. |

| Supplemental Information | |
|--|--|
| Return Reference | Explanation |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | EQUITY IN NET INCOME OF AFFILIATE 596,770. |

Supplemental Information Return Reference Explanation PART XI, LINE 4B - OTHER BERKLEY PROPERTY OPERATIONS 20,982. BERN PROPERTY OPERATIONS 47,835. 606 COURT STREET OPER ADJUSTMENTS: ATIONS 290,219, CHANGE IN VALUE OF INTEREST RATE SWAP 381,620, GATEWAY BUILDING OPERATIONS

1,246,840. WELLS FARGO BUILDING OPERATIONS 813,814. 61 & 73 BUILDING OPERATIONS 35,794.

| Supplemental Information | |
|---|--|
| Return Reference | Explanation |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | BOOK DEPRECIATION GREATER THAN TAX DEPRECIATION 194,571. |

Supplemental Information Return Reference Explanation PART XII, LINE 4B - OTHER BERKLEY PROPERTY OPERATIONS 20,982. BERN PROPERTY OPERATIONS 47,835. 606 COURT STREET OPER ADJUSTMENTS: ATIONS 290,219, CHANGE IN VALUE OF INTEREST RATE SWAP 381,620, GATEWAY BUILDING OPERATIONS 1,246,840. WELLS FARGO BUILDING OPERATIONS 813,814. 61 & 73 BUILDING OPERATIONS 35,794.

| efil | e GRAPHIC pr | int - DO NOT PROCESS | As Filed Dat | a - | DLN: 93 | 49326 | 6010 | 140 |
|------------|--|---|-----------------------------|---|-------------------------|------------|--------|------|
| Sch | edule J | C | ompensat | ion Information | 0 | MB No. | 1545-0 | 0047 |
| (Form 990) | | For certain Office | • | | | | | |
| | | ► Complete if the org | Compensa ganization answ | ated Employees vered "Yes" on Form 990, Part IV, | , line 23. | 20 |)19 |) |
| Denar | tment of the Treasury | ▶ Go to www.irs.ad | | n to Form 990. Tinstructions and the latest inforr | mation. | Open | | |
| Interna | al Revenue Service | | | | | Insp | ectio | n |
| | ne of the organiza ATER BERKS DEVEL | | | | Employer identifica | tion nu | ımber | |
| | | | | | 23-6392284 | | | |
| Pa | rt I Questi | ons Regarding Compensa | ition | | | | Yes | No |
| 1a | | | | f the following to or for a person liste by relevant information regarding the | | | 163 | |
| | First-class | or charter travel | | Housing allowance or residence for | personal use | | | |
| | | companions | 님 | Payments for business use of perso | | | | |
| | | nification and gross-up payment | is L | Health or social club dues or initiation | | | | |
| | ☐ Discretion | ary spending account | Ц | Personal services (e.g., maid, chauf | feur, chef) | | | |
| b | | | | follow a written policy regarding pay ve? If "No," complete Part III to expl | | 1b | | |
| 2 | | | | or allowing expenses incurred by all r, regarding the items checked on Lir | no 152 | 2 | | |
| | directors, truste | es, officers, including the CEO/1 | executive Directo | r, regarding the items checked on th | le lar | | | |
| 3 | | | | ed to establish the compensation of the | ne | | | |
| | | | | not check any boxes for methods CEO/Executive Director, but explain i | n Part III. | | | |
| | ✓ Compensa | ation committee | | Written employment contract | | | | |
| | | ent compensation consultant | ▽ | Compensation survey or study | | | | |
| | ✓ Form 990 | of other organizations | | Approval by the board or compensa | tion committee | | | |
| 4 | During the year related organiza | | 990, Part VII, Se | ection A, line 1a, with respect to the f | iling organization or a | | | |
| а | Receive a sever | ance payment or change-of-con | itrol payment? . | | | 4a | Yes | |
| b | | · · | | lified retirement plan? | | 4b | | No |
| c | | | | nsation arrangement? | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons an | d provide the app | plicable amounts for each item in Part | : III. | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29 |) organizations | must complete lines 5-9 | | | | |
| 5 | | | _ | the organization pay or accrue any | | | | |
| | compensation c | ontingent on the revenues of: | | | | | | |
| а | The organization | 1? | | | | 5a | | No |
| b | | | | | | 5b | | No |
| | , | 5a or 5b, describe in Part III. | | | | | | |
| 6 | | ed on Form 990, Part VII, Section on the net earnings o | | the organization pay or accrue any | | | | |
| a | = | 1? | | | | 6a | | No |
| b | | | | | | 6 b | | No |
| 7 | • | 6a or 6b, describe in Part III. | on Λ line 4 = -li-l | the evention provide and a second | al . | | | |
| 7 | | | | the organization provide any nonfixed int III | | 7 | | No |
| 8 | | | | red pursuant to a contract that was | | | | |
| | | | | section 53.4958-4(a)(3)? If "Yes," de | | | | Nic |
| 9 | | | | presumption procedure described in | | 8 | | No |
| 9 | | | | presumption procedure described in | | 9 | | |
| For F | Paperwork Redu | ction Act Notice, see the Ins | structions for Fo | orm 990. Cat. No. 5 | 50053T Schedule | l (Forn | 1 990) | 2019 |

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

| (A) Name and Title | | (B) Breakdown | of W-2 and/or 1099-MIS | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
|----------------------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------|------------------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| . EDWARD J SWOYER JR RESIDENT | (i) | 0 186,271 | 0 | 0 | 0 | 0 | 0 | 0 |
| RANDOLPH A PEERS | (ii) | | 0 | 0 | 11,176 | 740 | 198,187 | 0 |
| EO (THRU 6/2019) | (i) | 0 237,708 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 237,700 | 0 | 0 | 14,262 | 428 | 252,398 | 0 |
| | | | | | | | | |
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| | + | | | | | | | |

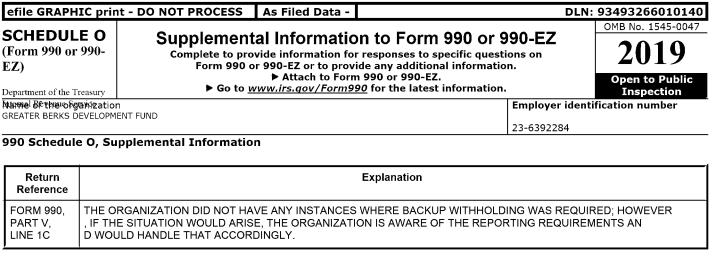
| Schedule J (Form 990) 2019 | Page 3 | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| art III Supplemental Information | | | | | | | | |
| Provide the information, explanation, or | r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. | | | | | | | |
| Return Reference | Explanation | | | | | | | |
| PART I, LINE 4A RANDOLPH PEERS WAS PAID SEVERANCE OF HIS SALARY THROUGH THE END OF 2019 AFTER SEPERATION FROM THE CHAMBER IN JUNE 2019. | | | | | | | | |
| 4 | | | | | | | | |

| Cala a duda d | print - DO NO | T PROCESS | As File | a Data - | | | | | DL | N: 93 | 49320 | 56010 | 140 |
|--|--|---|----------------------------------|---|-------------------|-----------------|------------------------------------|------------------------------------|------------------|--------------|-----------------------|-----------|------|
| Schedule L | | Transactions with Interested Persons | | | | | | | | 10 | OMB No. 1545-0047 | | |
| Form 990 or 990-l | | | | | | | | | es 25a, 25b, 26, | | | 19 | 9 |
| Department of the Treasury nternal Revenue Service | | | | | | | | rmation. Open to Public Inspection | | | | | |
| Name of the orga GREATER BERKS DEV | | | | | | | | iploy -6392 | | ntifica | tion n | umber | |
| Part I Exces | s Benefit Tran | sactions (sect | ion 501(c)(| 3), section 50 | 1(c)(4), and | section 501(c) | _ | | | s only) | | | |
| | te if the organizat | | | | | | | | | | | | |
| 1 (a) | Name of disqualif | ne of disqualified person | | (b) Relationship between disqualified person and organization | | | | (c) Description of transaction | | | (d) Corrected? Yes No | | |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | ted an amount or (b) Relationship | Form 990, Part (c) Purpose of (| X, line 5, 6 (d) Loan t | 5, or 22 | <u> </u> | (f) Balance due | (g) In (h) default? Approved board | | | n) ved by | or | | |
| | | | | Erom | | | Yes | No | comm Yes | | Vac | Na | |
| 1) SOUTH HEIDELBERG PARTNERS | RICK BURKEY, FORMER BOARD MEMBER, IS PARTNER OF | MORTGAGE NOTE RECEIVABLE | То | From X | 257,898 | 251,860 | | No No | Yes | No | Yes Yes | No | |
| | SOUTH HEIDELBERG PARTNERS | | | | | | | | | | | | |
| | HEIDELBERG | | | | | | | | | | | | |
| | HEIDELBERG | | | | | | | | | | | | |
| | HEIDELBERG | | | | \$ | 251.860 | | | | | | | |
| 「otal . Part III Gran | HEIDELBERG PARTNERS | | | ted Persons | | · | | | | | | | |
| otal . Part III Gran Comp | HEIDELBERG PARTNERS | nization answ | ered "Yes" | ted Persons on Form 99 | 6. 0, Part IV, | line 27. | | | | | | | |
| Total . Part III Gran Comp | HEIDELBERG PARTNERS | | ered "Yes" etween (nd the | ted Persons | 6. 0, Part IV, | · | | stance | e (| (e) Pui | rpose of | f assista | nnce |
| Total . Part III Gran | HEIDELBERG PARTNERS | nization answe Relationship be erested person a | ered "Yes" etween (nd the | ted Persons on Form 99 | 6. 0, Part IV, | line 27. | | stance | e (| (e) Pui | rpose of | f assista | ance |
| Total . Part III Gran Comp | HEIDELBERG PARTNERS | nization answe Relationship be erested person a | ered "Yes" etween (nd the | ted Persons on Form 99 | 6. 0, Part IV, | line 27. | | stance | 2 (| (e) Pui | rpose of | f assista | ance |

Explanation

Schedule I. (Form 990 or 990-F7) 2019

Return Reference



Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 6

Return Explanation

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

FORM 990, PART VI, OW UP WITH THE BOARD OF DIRECTORS FOR APPROVAL OR RATIFICATION OF BUSINESS DISCUSSED WHEN SECTION A, LINE 8B

Return
Reference

Explanation

THE FORM 900 WAS SENT ELECTRONICALLY TO THE BOARD FOR ARREDOVAL

LINE 11B

FORM 990, THE FORM 990 WAS SENT ELECTRONICALLY TO THE BOARD FOR APPROVAL SECTION B.

Return Explanation

FORM 990, PART VI, ARE REVIEWED BY THE PRESIDENT.

LINE 12C

Return Explanation
Reference

LINE 18

FORM 990, THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST.
PART VI,
SECTION C.

Return Explanation

Reference

FORM 990,
PART VI,
SECTION C,
LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return

| Reference | · |
|-----------------------|--|
| FORM 990, PART XI, | BOOK DEPRECIATION GREATER THAN TAX DEPRECIATION -194,571. EQUITY IN NET INCOME OF AFFILIATE 596,770. |
| LINE 9: | |

Explanation

Return Explanation

FORM 990, THE AUDIT COMMITTE OF THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE A UDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS LINE 2C HAS NOT CHANGED SINCE THE PRIOR YEAR.

990 Schedule O, Supplemental Information

Return Explanation

Poforonco

| Kelefellee | |
|------------|--|
| FORM 990, | GATEWAY BUILDING OPERATIONS: UTILITIES 115,392 REPAIRS & MAINTENANCE 243,732 ADMINISTRATIV |
| PART IX, | E 96,836 TAXES AND INSURANCE 234,025 MANAGEMENT FEE 18,456 DEPRECIATION 366,147 AMORTIZATI |
| LINE 24A | ON 3,194 PROFESSIONAL FEES 11,123 TOTAL GATEWAY BUILDING OPERATIONS 1,088,905 |

Return Explanation

LINE 24B

FORM 990, WELLS FARGO BUILDING OPERATIONS: DEPRECIATION 506,248 AMORTIZATION OF FINANCING AND REFUND PART IX, ING COSTS 31,068 INTEREST 204,177 ------- TOTAL WELLS FARGO BUILDING OPERATIONS 741,493

Return Explanation

Poforonco

| Kelefelice | |
|------------|--|
| FORM 990, | 606 COURT STREET BUILDING OPERATIONS: UTILITIES 43,578 REPAIRS & MAINTENANCE 80,449 ADMINI |
| PART IX, | STRATIVE 31,495 TAXES AND INSURANCE 37,576 MANAGEMENT FEE 5,815 DEPRECIATION 27,407 AMORTI |
| LINE 24C | ZATION 2,218 INTEREST 57,730 TOTAL 606 COURT STREET BUILDING OPERATIONS 286,268 |

990 Schedule O, Supplemental Information

Return Explanation

| Reference | |
|-----------------------|--|
| FORM 990, PART IX. | BERKLEY PROPERTY OPERATIONS: UTILITIES 55 TAXES AND INSURANCE 6,826 INTEREST 14,101 TOTAL BERKLEY PROPERTY OPERATIONS 20,982 |
| LINE 24E | |

Return Explanation

FORM 990, PART IX, INTEREST 13,799 DEVELOPMENT 73 AMORTIZATION 6,450 ------- TOTAL BERN PROPERTY OPERATION
LINE 24E S 47.835

Return Explanation

| Reference | |
|-----------|---|
| , | 61 & 73 PROPERTY OPERATIONS: TAXES AND INSURANCE 14,448 INTEREST 20,971 AMORTIZATION 375TOTAL61 & 73 PROPERTY OPERATIONS 35,794 |

LINE 24E

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS
SCHEDULE R

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

As Filed Data -

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.

► Attach to Form 990.

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

2019

Schedule R (Form 990) 2019

Employer identification number

DLN: 93493266010140OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990)

| Name, address, and EIN (if applicable) of disregarded entity Complete if the organization answered "Yes" on Form 9 | | | | | 23-6 | 392284 | | | | | | |
|---|--------------|------------------|-----------------------|------------------------------------|----------------------------|-------------------|--|-------------------------------|-------------------------------|-----------------------------------|--------------------------|-------------------------------------|
| Part I Identification of Disregarded Entities. Complete | if the orgar | nization answer | ed "Ye: | s" on Form | 990, Part | IV, line 3 | 3. | | | | | |
| | | | ity | (c) Legal domic or foreign c | ile (state country) | (d) Total inco | ome | (e) End-of-year as: | sets | (f) Direct con entil | itrolling | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | ons. Comple | ete if the orgar | nization | answered ' | 'Yes" on F | orm 990, | Part I | V, line 34 be | cause | it had one or | more | |
| (a) | (b) | | Legal domicile (state | | (d) Exempt Code section | | (e) Public charity status (if section 501(c)(3)) | | (f) Direct controlling entity | | Section (13) co en | g) n 512(b ontrolled tity? |
| 1)GREATER READING CHAMBER AND ECONOMIC DEVELOPMENT CORPORATION 06 COURT STREET SUITE 100 | | | | PA | 501(C)(3) | | LINE 7 | | | | Yes | No |
| EADING, PA 19601 1-4279395 2) GREATER READING CHAMBER OF COMMERCE AND INDUSTRY | CHAMBER O | F COMMERCE | | PA | 501(C)(6) | | | | | | | No |
| 06 COURT STREET SUITE 100 EADING, PA 19601 3-1003440 | | | | | | | | | | | | |
| 3)GREATER READING ECOMONIC PARTNERSHIP 06 COURT STREET SUITE 100 EADING. PA 19601 | ECONOMIC [| DEVELOPMENT | | PA | 501(C)(3) | | LINE 7 | | | | | No |
| 7-0863420 4)BERKS COUNTY CHAMBER FOUNDATION 06 COURT STREET SUITE 100 | ADVANCEME | NT | | PA | 501(C)(3) | | LINE 7 | | | | | No |
| EADING, PA 19601 2-2661138 | | | | | | | | | | | _ | _ |
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| | 1 | | 1 | | 1 | | I | | I | | 1 | 1 |

Cat. No. 50135Y

| Part III Identification of Related Organization one or more related organizations treated | ons Taxable as a P ed as a partnership o | artnership. during the ta | Comple x year. | te if the or | ganization | answered " | Yes" on Forr | n 990, | Part I | V, line 34, | becau | ıse it h | ad |
|---|---|-------------------------------------|---|--|---|---|--|--|----------------------------------|--|-------------------------------------|----------|--|
| (a) Name, address, and EIN of related organization | | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | Predomina income(rela unrelated excluded freax unde sections 5: | ated, total incor d, rom er | f Share of end-of-year assets | (h) Disproprtiona r allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gener mana partr | alor Pe | (k) ercentage wnership |
| | | | | | 514) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| Part IV Identification of Related Organization because it had one or more related organization. | ons Taxable as a C anizations treated as | orporation a corporatio | or Trus n or tru | t. Complet st during t | e if the org he tax year | janization ar | nswered "Ye | s" on F | orm 9 | 90, Part IV | , line | 34 | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | Le don (state d | c) egal nicile or foreign ntry) | Direc | | (e) Type of entity C corp, S corp, or trust) | (f) Share of total income | | (g) of end- year assets | of- Percer owne | ntage | (13) | (i) lon 512(b) controlled entity? |
| | | | ,, | | | | | | | | | 16 | S NO |
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| Schedule R (Form 990) 2019 | | | Pa | ge 3 |
|---|---|------------|-----|-------------|
| Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | 1a | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | | 1 b | | No |
| c Gift, grant, or capital contribution from related organization(s) | | 1c | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | 1 d | | No |
| e Loans or loan guarantees by related organization(s) | • | 1e | | No |
| f Dividends from related organization(s) | | 1f | | No |
| g Sale of assets to related organization(s) | | 1 g | | No |
| h Purchase of assets from related organization(s) | | 1h | | No |
| i Exchange of assets with related organization(s) | | 1i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | • | 1j | Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | ı | 1k | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | 11 | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | 1m | Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | 1n | Yes | |
| | | | | |

| h | Purchase of assets from related organization(s) | 1h | | No |
|---|--|------------|-----|----|
| i | Exchange of assets with related organization(s) | 1i | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | Yes | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| 1 | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | Yes | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| 0 | Sharing of paid employees with related organization(s) | 10 | Yes | |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| q | Reimbursement paid by related organization(s) for expenses | 1 q | | No |
| r | Other transfer of cash or property to related organization(s) | 1r | | No |
| s | Other transfer of cash or property from related organization(s) | 1 s | Yes | |
| | If the appear to any of the above is "Yes" see the instructions for information on who must complete this line, including several velationships and transaction thresholds | | | |

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) Transaction type (a-s) (d) (a) Name of related organization (c) Amount involved Method of determining amount involved (1) GREATER READING CHAMBER AND ECONOMIC DEVELOPMENT CORPORATION 141,435 FMV (2) GREATER READING CHAMBER AND ECONOMIC DEVELOPMENT CORPORATION 97,702 FMV Μ (3) GREATER READING CHAMBER AND ECONOMIC DEVELOPMENT CORPORATION 0 817,626 FMV

Schedule R (Form 990) 2019

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | Ar | (e) re all partners section 501(c)(3) rganizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General d managin partner? | or g ? | (k) Percentage ownership |
|--|--------------------------------|---|--|-----|---|------------------------------------|--|---|----|---|---|--------------|--------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
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| Schedule R (Form 990) 2019 | | | | |
|----------------------------|--------------------------|--|--|--|
| Part VII | Supplemental Info | ormation | | |
| | Provide additional infor | mation for responses to questions on Schedule R. (see instructions). | | |
| Return Reference | | Explanation | | |
| | | | | |