

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2002 calendar year or tax year period beginning

and ending

**B** Check if applicable

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

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**BERKS COUNTY PRISON SOCIETY, INC.**

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

**633 COURT STREET, 16TH FLOOR**

City or town, state or country, and ZIP + 4

**READING, PA 19601****D** Employer identification number**23-1969810****E** Telephone number**610-478-6920****F** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

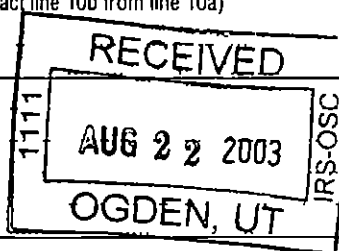
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site **WWW.BERKSPRISONSOOCIETY.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶**470,936.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	8,883.		
	b	Indirect public support	1b	21,285.		
	c	Government contributions (grants)	1c	425,612.		
	d	Total (add lines 1a through 1c) (cash \$ 455,780. noncash \$ )	1d	455,780.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3	4,845.		
	4	Interest on savings and temporary cash investments	4	5,154.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ )	7				
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d					
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	5,157.		
	b	Less: direct expenses other than fundraising expenses	9b	2,373.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	2,784.		
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
Net Assets	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	468,563.		
	13	Program services (from line 44, column (B))	13	358,490.		
	14	Management and general (from line 44, column (C))	14	35,222.		
	15	Fundraising (from line 44, column (D))	15	3,260.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	396,972.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	71,591.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	320,832.		
	20	Other changes in net assets or fund balances (attach explanation)	20	1,337.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	393,760.			

SEE STATEMENT 1

SEE STATEMENT 2



5

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 34,646.	22,597.	12,049.	0.
26 Other salaries and wages	26 233,106.	231,767.		1,339.
27 Pension plan contributions	27			
28 Other employee benefits	28 42,781.	40,642.	1,925.	214.
29 Payroll taxes	29 22,359.	21,241.	1,006.	112.
30 Professional fundraising fees	30			
31 Accounting fees	31 10,436.		10,436.	
32 Legal fees	32 556.		556.	
33 Supplies	33 1,131.	1,074.	51.	6.
34 Telephone	34 4,865.	4,622.	219.	24.
35 Postage and shipping	35 924.	878.	41.	5.
36 Occupancy	36 9,600.	9,120.	432.	48.
37 Equipment rental and maintenance	37 1,531.	1,454.	69.	8.
38 Printing and publications	38 1,880.	1,786.	85.	9.
39 Travel	39 6,187.	3,741.	2,426.	20.
40 Conferences, conventions, and meetings	40 2,474.	2,351.	111.	12.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 167.		167.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 24,329.	17,217.	5,649.	1,463.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 396,972.	358,490.	35,222.	3,260.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? ☐

SEE ATTACHED NARRATIVE.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)

a VOLUNTEER RECRUITMENT AND TRAINING - SEE ATTACHED NARRATIVE				
(Grants and allocations \$ _____)				71,698.
b CRIMINAL AND JUVENILE JUSTICE PROGRAMS - SEE ATTACHED				
(Grants and allocations \$ _____)				226,416.
c CRIME AND DELINQUENCY COUNSELING AND PREVENTION - SEE ATTACHED NARRATIVE.				
(Grants and allocations \$ _____)				60,376.
d _____				
(Grants and allocations \$ _____)				
(Grants and allocations \$ _____)				
e Other program services (attach schedule)				
f Total of Program Service Expenses (should equal line 44, column (B), Program services)				358,490.

**Part IV Balance Sheets**

Note		(A) Beginning of year		(B) End of year	
<b>Assets</b>					
45	Cash - non-interest-bearing	762.	45		
46	Savings and temporary cash investments	337,801.	46		427,646.
47 a	Accounts receivable	47a			
b	Less: allowance for doubtful accounts	47b		47c	
48 a	Pledges receivable	48a			
b	Less: allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50	Receivables from officers, directors, trustees, and key employees			50	
51 a	Other notes and loans receivable	51a			
b	Less: allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges	5,051.	53		5,727.
54	Investments - securities			54	
55 a	Investments - land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation	55b		55c	
56	Investments - other			56	
57 a	Land, buildings, and equipment: basis	57a	47,249.		
b	Less: accumulated depreciation <b>STMT 4</b>	57b	46,320.	57c	929.
58	Other assets (describe <b>▶ OTHER RECEIVABLE</b> )			58	900.
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	343,614.	59		435,102.
<b>Liabilities</b>					
60	Accounts payable and accrued expenses	9,298.	60		2,592.
61	Grants payable		61		
62	Deferred revenue	13,484.	62		31,620.
63	Loans from officers, directors, trustees, and key employees		63		
64 a	Tax-exempt bond liabilities		64a		
b	Mortgages and other notes payable		64b		
65	Other liabilities (describe <b>▶ SEE STATEMENT 5</b> )		65		7,130.
66	<b>Total liabilities</b> (add lines 60 through 65)	22,782.	66		41,342.
<b>Net Assets or Fund Balances</b>					
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted	17,689.	67		393,760.
68	Temporarily restricted	5,420.	68		0.
69	Permanently restricted	297,723.	69		0.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
70	Capital stock, trust principal, or current funds		70		
71	Paid-in or capital surplus, or land, building, and equipment fund		71		
72	Retained earnings, endowment, accumulated income, or other funds		72		
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	320,832.	73		393,760.
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	343,614.	74		435,102.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	396,972.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) _____ \$ _____		
	Add amounts on lines (1) through (4)	<b>b</b>	0.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	396,972.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) _____ \$ _____		
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	396,972.

[illegible]

☐ Yes ☒ No

**Part VI Other Information**

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	<b>X</b>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>	<b>X</b>
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? <b>N/A</b>	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<b>X</b>
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	<b>X</b>
<b>b</b> If "Yes," enter the name of the organization <b>▶</b> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81 a</b> Enter direct or indirect political expenditures. See line 81 instructions <b>81a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	<b>X</b>
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	<b>X</b>
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b> N/A		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>N/A</b>	<b>84b</b>	
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members? <b>N/A</b>	<b>85a</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? <b>N/A</b>	<b>85b</b>	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b> Dues, assessments, and similar amounts from members <b>85c</b> N/A		
<b>d</b> Section 162(e) lobbying and political expenditures <b>85d</b> N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <b>N/A</b>	<b>85g</b>	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <b>N/A</b>	<b>85h</b>	
<b>86 501(c)(7) organizations</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b> N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities <b>86b</b> N/A		
<b>87 501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders <b>87a</b> N/A		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b> N/A		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	<b>X</b>
<b>89 a 501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 <b>▶</b> 0., section 4912 <b>▶</b> 0., section 4955 <b>▶</b> 0.		
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	<b>X</b>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> 0.		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>▶</b> 0.		
<b>90 a</b> List the states with which a copy of this return is filed <b>▶</b> PENNSYLVANIA		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2002 <b>90b</b> 9		
<b>91</b> The books are in care of <b>▶</b> BERKS COUNTY PRISON SOCIETY INC Telephone no <b>▶</b> (610) 478-6920		

Located at **▶ 633 COURT STREET, 16TH FLOOR, READING, PA**ZIP + 4 **▶ 19601-4322**

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here **▶** ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **92** **N/A**

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					4,845.
95 Interest on savings and temporary cash investments			14	5,154.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					2,784.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		5,154.	7,629.
105 Total (add line 104, columns (B), (D), and (E))					12,783.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SUPPORT SERVICES NECESSARY TO MAINTAIN AN EQUITABLE EMPLOYMENT PROGRAM AND AN ADEQUATE WORKING ENVIRONMENT AND COORDINATION TO CARRY FORWARD THE ORGANIZATION PURPOSE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Preparer's signature and title, and to the best of my knowledge and belief, it is true and correct.

2/12/03

Lawrence E Snyder, Treasurer

Type or print name and title

Date

Check if

Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization

**BERKS COUNTY PRISON SOCIETY, INC.**

Employer identification number

**23 1969810**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b> -----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b> -----		
-----		
-----		
-----		
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-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**Part III Statements About Activities** (See page 2 of the instructions)**Yes No**

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

**1** **X**

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

**a** Sale, exchange, or leasing of property?

**2a** **X**

**b** Lending of money or other extension of credit?

**2b** **X**

**c** Furnishing of goods, services, or facilities?

**2c** **X**

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**2d** **X**

**e** Transfer of any part of its income or assets?

**2e** **X**

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

**3** **X**

- 4** Do you have a section 403(b) annuity plan for your employees?

**4** **X**

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention or churches, or association of churches. Section 170(b)(1)(A)(i)
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)

(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting**  
**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	174,015.	517,591.	519,627.	510,497.	1,721,730.
16 Membership fees received	2,667.	5,394.	6,101.	3,513.	17,675.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	392,993.	12,768.	10,824.	8,056.	424,641.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,760.	12,184.	9,358.	8,290.	39,592.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	25.	143.	112.	172.	452.
23 Total of lines 15 through 22	579,460.	548,080.	546,022.	530,528.	2,204,090.
24 Line 23 minus line 17	186,467.	535,312.	535,198.	522,472.	1,779,449.
25 Enter 1% of line 23	5,795.	5,481.	5,460.	5,305.	
26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24					26a 35,589.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,779,449.
d Add: Amounts from column (e) for lines 18 39,592. 19 _____ 22 452. 26b _____					26d 40,044.
e Public support (line 26c minus line 26d total)					26e 1,739,405.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.7496%
27 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) N/A (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	<b>31</b>	
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	<b>32d</b>	
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	<b>33h</b>	
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2002

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	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	41	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
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														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720**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 instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence 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 c through h.)
- 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 other means
- i** Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	HON PNEUMATIC CHAIR	020893SL		7.00	16	325.			325.	325.		0.
2	SIXTEEN HON SIDE CHAIRS	121693SL		7.00	16	1,920.			1,920.	1,920.		0.
3	CORNER TABLE	120294SL		7.00	16	125.			125.	125.		0.
4	SCREEN PROJECT, HANGING	120294SL		7.00	16	126.			126.	126.		0.
5	TWO 48 X 24 RIGHT RETURN DESKS	120294SL		7.00	16	770.			770.	770.		0.
6	TWO 66 X 30 LIGHT OAK DESKS	120294SL		7.00	16	1,214.			1,214.	1,214.		0.
7	TWO 5-DRAWER LATERAL LOCKING FILE CAB.	120294SL		7.00	16	2,138.			2,138.	2,138.		0.
8	ONE CHAIR - CLERK	120294SL		7.00	16	168.			168.	168.		0.
9	THREE RECTANGULAR FOLDING TABLES	120294SL		7.00	16	1,086.			1,086.	1,086.		0.
10	THREE TRAPEZOID FOLDING TABLES	120294SL		7.00	16	1,086.			1,086.	1,086.		0.
11	RECTANGULAR FOLDING TABLE	120294SL		7.00	16	405.			405.	405.		0.
12	HANGER COAT RACK	120294SL		7.00	16	249.			249.	249.		0.
13	TWO 29" OVERHEAD STANDS	120294SL		7.00	16	364.			364.	364.		0.
14	COAT AND UMBRELLA RACK/STAND	120294SL		7.00	16	227.			227.	227.		0.
15	FOUR ARM CHAIRS	120294SL		7.00	16	1,045.			1,045.	1,045.		0.
16	SOFA	120294SL		7.00	16	611.			611.	611.		0.
17	4-DRAWER LATERAL FILE W/ LOCK	121995SL		7.00	16	298.			298.	298.		0.
18	KONICA 6090 COPIER	120294SL		5.00	16	9,995.			9,995.	9,995.		0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Bas*, For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	THREE 60 X 30" DESKS E/PED - GY	121995SL		7.00	16	1,902.			1,902.	1,902.		0.
20	SIX SIDE CHAIRS W/ SLED BASE	121995SL		7.00	16	1,188.			1,188.	1,188.		0.
21	LOVESEAT SOFA W/ TRIM	121995SL		7.00	16	744.			744.	744.		0.
22	OAK END TABLE (4)	121995SL		7.00	16	1,284.			1,284.	1,284.		0.
23	TWO SUPER SORTERS BURGUNDY	121995SL		7.00	16	278.			278.	278.		0.
24	LAMPS/IMPERIAL (4)	121995SL		7.00	16	560.			560.	560.		0.
25	LITERATURE DISPLAY CASE	121995SL		7.00	16	385.			385.	385.		0.
26	TWO SIGN-IN/OUT BOARDS	121995SL		7.00	16	318.			318.	318.		0.
27	20 STACK CHAIRS W/ ARM	121995SL		7.00	16	8,920.			8,920.	8,920.		0.
28	POSTURE CLERK CHAIR DESK 48X24" LEFT	1110196SL		7.00	16	137.			137.	137.		0.
29	RETURN 66X30" DESK, S/PED,	1111496SL		7.00	16	305.			305.	305.		0.
30	OAK	1111496SL		7.00	16	479.			479.	479.		0.
31	P5-133 GATEWAY PENTIUM FAMILY PC	1112696SL		5.00	16	3,806.			3,806.	3,806.		0.
32	COM PCI NETWORK CARD (3)	1112296SL		5.00	16	402.			402.	402.		0.
33	TWO GP-5-166 SYSTEM WITH MMX	121197SL		5.00	16	3,293.			3,293.	3,293.		0.
34	HP COMPUTER W/ MONITOR	040302SL		5.00	16	520.			520.			78.
35	HP 940C INKJET PRINTER	040302SL		5.00	16	180.			180.			27.
36	QUICKBOOKS 2002	040302SL		3.00	16	191.			191.			48.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
37	COMPAQ COMPUTER W/ MONITOR & HP PRINTER * TOTAL 990 PAGE 2 DEPR	09/04/02	SL	5.00	16	205. 47,249.		0.	205. 47,249.	46,153.	0.	14. 167.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
ANNUAL DINNER	5,157.		5,157.	2,373.	2,784.	
TO FM 990, PART I, LINE 9	5,157.		5,157.	2,373.	2,784.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES				STATEMENT	2
DESCRIPTION					AMOUNT	
OTHER CHANGES IN NET ASSETS					1,337.	
TOTAL TO FORM 990, PART I, LINE 20					1,337.	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
OTHER CONTRACTED FEES	7,428.	7,057.	334.	37.	
VEHICLE LEASE EXPENSE	4,197.		4,197.		
PARKING	8,566.	8,137.	386.	43.	
OPEN HOUSE EXPENSE	1,373.			1,373.	
MISCELLANEOUS EXPENSES	636.		636.		
INSURANCE	2,129.	2,023.	96.	10.	
TOTAL TO FM 990, LN 43	24,329.	17,217.	5,649.	1,463.	



FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT		STATEMENT	4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
HON PNEUMATIC CHAIR	325.	325.	0.	
SIXTEEN HON SIDE CHAIRS	1,920.	1,920.	0.	
CORNER TABLE	125.	125.	0.	
SCREEN PROJECT, HANGING	126.	126.	0.	
TWO 48 X 24 RIGHT RETURN DESKS	770.	770.	0.	
TWO 66 X 30 LIGHT OAK DESKS	1,214.	1,214.	0.	
TWO 5-DRAWER LATERAL LOCKING FILE CAB.	2,138.	2,138.	0.	
ONE CHAIR - CLERK	168.	168.	0.	
THREE RECTANGULAR FOLDING TABLES	1,086.	1,086.	0.	
THREE TRAPEZOID FOLDING TABLES	1,086.	1,086.	0.	
RECTANGULAR FOLDING TABLE	405.	405.	0.	
9 HANGER COAT RACK	249.	249.	0.	
TWO 29" OVERHEAD STANDS	364.	364.	0.	
COAT AND UMBRELLA RACK/STAND	227.	227.	0.	
FOUR ARM CHAIRS	1,045.	1,045.	0.	
SOFA	611.	611.	0.	
4-DRAWER LATERAL FILE W/ LOCK	298.	298.	0.	
KONICA 6090 COPIER	9,995.	9,995.	0.	
THREE 60 X 30" DESKS E/PED - GY	1,902.	1,902.	0.	
SIX SIDE CHAIRS W/ SLED BASE	1,188.	1,188.	0.	
LOVESEAT SOFA W/ TRIM	744.	744.	0.	
OAK END TABLE (4)	1,284.	1,284.	0.	
TWO SUPER SORTERS	278.	278.	0.	
BURGUNDAY LAMPS/IMPERIAL (4)	560.	560.	0.	
LITERATURE DISPLAY CASE	385.	385.	0.	
TWO SIGN-IN/OUT BOARDS	318.	318.	0.	
20 STACK CHAIRS W/ ARM	8,920.	8,920.	0.	
POSTURE CLERK CHAIR	137.	137.	0.	
DESK 48X24" LEFT RETURN	305.	305.	0.	
66X30" DESK, S/PED, OAK	479.	479.	0.	
P5-133 GATEWAY PENTIUM FAMILY PC	3,806.	3,806.	0.	
COM PCI NETWORK CARD (3)	402.	402.	0.	
TWO GP-5-166 SYSTEM WITH MMX	3,293.	3,293.	0.	
HP COMPUTER W/ MONITOR	520.	78.	442.	
HP 940C INKJET PRINTER	180.	27.	153.	
QUICKBOOKS 2002	191.	48.	143.	
COMPAQ COMPUTER W/ MONITOR & HP PRINTER	205.	14.	191.	
TOTAL TO FORM 990, PART IV, LN 57	47,249.	46,320.	929.	

FORM 990	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION		AMOUNT	
ACCRUED PAYROLL AND WITHHOLDINGS		7,130.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		7,130.	

SCHEDULE A		OTHER INCOME		STATEMENT	6
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	
	25.	143.	112.	172.	
TOTAL TO SCHEDULE A, LINE 22	25.	143.	112.	172.	

The Berks County Prison Society  
Board of Directors  
2002 - 2003 Contact Information

CONFIDENTIAL - FOR PRISON SOCIETY BOARD USE ONLY

Executive Committee

John T Adams - President  
David R Eshelman - 1<sup>st</sup> Vice President  
Linda F Epes - 2<sup>nd</sup> Vice President  
Amanda G Phily-Joyce - Secretary  
Lawrence E Snyder - Treasurer

Board Members

Rev Gerald Arndt  
Trussie Baker  
Scott Burky  
Robert Daras  
Walter Flatt  
Kate Hoh  
Harry Linkey  
Lawrence Medaglia, Jr  
Glenn Miller  
Keith Mooney  
David Morris  
Daryl Moyer  
Thomas Weik  
Glenn Welsh

Management Staff

Scott Rehr - Executive Director	610-478-6935
Peggy Kershner - Special Executive Coordinator	610-478-6925
Denise Myer - Coordinator of Administrative Services	610-478-6924
Christine Camunas - Community Release Director	610-478-6926
Christine Reichert - Volunteer Programming Director	610-478-6929
Nicolle Slapikas - Director of Programming and Development	610-478-6927

<b>PRESIDENT</b>	<b>(b)</b> <b>Avg. hrs.</b>	<b>(c)</b> <b>Compensation</b>	<b>(d)</b> <b>Benefits</b>	<b>(e)</b> <b>Expense</b>
	<b>per week</b>			<b>Acct.</b>
John T. Adams, Esq. Linton Distasio Adams & Kauffman PC P O Box 461 1720 Mineral Spring Road Reading, PA 19603 (610) 374-7320 Fax (610) 374-2542 E-Mail <a href="mailto:adams@lpaklaw.com">adams@lpaklaw.com</a>	10	-0-	-0-	-0-

	(b) Avg. hrs. per week	(c) Compensation	(d) Benefits	(e) Expense Acct.
<b>Rev. Gerald C Arndt</b> Good Shepherd Evangelical Lutheran Church 4201 Stoudt's Ferry Bridge Road Reading, PA 19605 (610) 926-4201 E-Mail <a href="mailto:jerrvarndt@aol.com">jerrvarndt@aol.com</a>	2	-0-	-0-	-0-
<b>Trussie Baker</b> Trussie Baker Funeral Home 1417 Luzerne Street Reading, PA 19601 (610) 372-5954	2	-0-	-0-	-0-
<b>Scott R Burky</b> D & E Communications 124 E Main Street P O Box 458 Ephrata, PA 17522 (717) 738-8834 Fax (717) 738-1876 E-Mail <a href="mailto:sburkv@dejazzd.com">sburkv@dejazzd.com</a>	8	-0-	-0-	-0-
<b>Robert J Daras</b> Robert J Daras, Investments P O Box 202 526 Washington Street Reading, PA 19603 (610) 376-5981 Fax (610) 378-5398	2	-0-	-0-	-0-
<b>Walter Flatt</b> 1121 N 13 <sup>th</sup> Street Reading, PA 19604-2115 (610) 376-9600	6	-0-	-0-	-0-
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	(b) Avg. hrs. per week	(c) Compensation	(d) Benefits	(e) Expense Acct.
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Glenn Miller 605 Edison Drive Reading PA 19605 (610) 929-5057	4	-0-	-0-	-0-
Keith Mooney City of Reading 815 Washington Street Room 2-54 Reading PA 19601 (610) 655-6208 Fax (610) 655-6427 E-Mail <a href="mailto:Keith.mooney@readingpa.org">Keith.mooney@readingpa.org</a>	2	-0-	-0-	-0-

	(b) Avg. hrs. per week	(c) Compensation	(d) Benefits	(e) Expense Acct.
<b>David Morris</b> 3740 Inverrary Drive E1L Lauderhills, FL 33319 (954) 484-8365 Fax (954) 484-3898	.5	-0-	-0-	-0-
<b>Daryl F. Moyer, Esq.</b> Bear, Antanavage & Moyer 64 North 4 <sup>th</sup> Street Hamburg, PA 19526 (610) 562-2000 Fax (610) 562-8889 E-Mail <a href="mailto:hamburglawdfm@earthlink.net">hamburglawdfm@earthlink.net</a>	2	-0-	-0-	-0-
<b>Secretary</b> <b>Amanda G. Phily-Joyce, Esq</b> Judge Thomas G Parisi's Chambers 633 Court Street 9 <sup>th</sup> Floor Reading, PA 19601 (610) 478-6354 E-Mail <a href="mailto:aphilyv@countvofberks.com">aphilyv@countvofberks.com</a>	6	-0-	-0-	-0-
<b>Treasurer</b> <b>Larry E Snyder</b> Carpenter Technology Corporation P O Box 14662 Reading PA 19612-4662 (610) 208-2169 E-Mail <a href="mailto:lsnyder@cartech.com">lsnyder@cartech.com</a>	6	-0-	-0-	-0-
<b>Thomas W. Weik</b> Weik Investment Services, Inc 1075 Berkshire Boulevard Wyomissing, PA 19610 (610) 376-2240 Fax (610) 376-8256 E-Mail <a href="mailto:tweik@weikinvest.com">tweik@weikinvest.com</a>	3	-0-	-0-	-0-
<b>Glenn D Welsh, Esq</b> Chief Public Defender Berks County Public Defender's Office 633 Court Street 12 <sup>th</sup> Floor Reading, PA 19601 (610) 478-6667 Fax (610) 478-6673 E-Mail <a href="mailto:gwelsh@countvofberks.com">gwelsh@countvofberks.com</a>	3	-0-	-0-	-0-

Berks County Prison Society - EIN 23-1969810  
IRS Form 990 - Tax year 2002  
Part III - Statement of Program Service Accomplishments

Primary Purpose Assist clients in making a proper readjustment to society and reduce recidivism through mentoring, training and education. Provide services (directly and through referrals) for individuals who are in need and wish to improve upon their circumstances or that of their family's. Show a constructive concern for the criminal and juvenile justice systems in Berks County.

Volunteer Recruitment and Training More than 600 volunteers actively participated in Berks County Prison Society programs in 2002. Prison Society staff provided training for new volunteers.

Juvenile Justice Volunteers work with needy and at risk youth in both one to one and group settings. Many of these children are experiencing very difficult periods of time in their young lives and are in desperate need of supportive role models. Volunteers forge a friendship with the youth through scheduled visits and activities and provide for them the stability and guidance of an adult who genuinely cares for them. More than 750 children were served through these programs in 2002.

Crime and Delinquency Counseling and Prevention Volunteers work on a one to one basis or through group activities to assist adult prisoners, former prisoners, probationers and parolees. Services include mentoring, educational tutoring, male and female activity programs, assistance with employment and housing concerns as well as self-improvement initiatives. More than 800 clients benefited through these efforts in 2002.

Criminal Justice Service is provided to assist in reducing prison overcrowding at the Berks County Prison. Clients must report on a weekly basis and comply with conditions of release, which include appearing at all court proceedings and abstaining from any criminal activity. Numerous clients are also referred to drug and alcohol treatment programs as well. As with many of the Prison Society volunteer programs, the criminal justice services strive to assist the clients on a road to rehabilitation, employment, education and a law abiding and productive lifestyle. In 2002, 1,127 clients were served.

Publications The Berks County Prison Society, Inc. published a quarterly newsletter for its members and volunteers. It also distributes brochures on various programs describing the programs and services that are provided.

Total Hours of Supervision Volunteers supervised clients for an approximate total of 6,000 hours in 2002.

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

OMB No 1545 1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## **Part I** Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization  <b>BERKS COUNTY PRISON SOCIETY, INC.</b>	Employer identification number  <b>23-1969810</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>633 COURT STREET, 16TH FLOOR</b>	
	City, town or post office, state and ZIP code. For a foreign address, see instructions <b>READING, PA 19601</b>	

Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ         | <input type="checkbox"/> Form 990 T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF         | <input type="checkbox"/> Form 1041 A                              | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until **AUGUST 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year **2002** or ☐ tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► **Audrey C. Kukhoff** Title ► **CPA**

Date ► **5-8-03**

LHA For Paperwork Reduction Act Notice, see instruction

Form **8868** (12 2000)