

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

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

OMB No 1545-0047

2003Open to Public
Inspection**A For the 2003 calendar year, or tax year 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

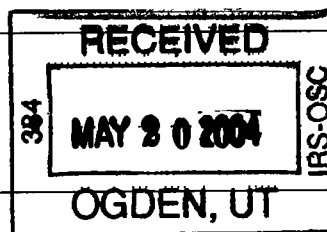
City or town, state or country, and ZIP + 4

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 Group Exemption Number** ▶**M** Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G Website:** ▶ **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 ▶**469,367.****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	3,460.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	450,916.	
	d	Total (add lines 1a through 1c) (cash \$ 454,376. noncash \$)	1d	454,376.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3	4,137.	
	4	Interest on savings and temporary cash investments	4	3,472.	
	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			
Revenue	8a	Gross amount from sales 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). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	7,382.	
	b	Less: direct expenses other than fundraising expenses	9b	4,480.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	2,902.	
	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		
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	464,887.		
Expenses	13	Program services (from line 44, column (B))	13	405,209.	
	14	Management and general (from line 44, column (C))	14	37,329.	
	15	Fundraising (from line 44, column (D))	15	3,909.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	446,447.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	18,440.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	393,760.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	412,200.	

323001
12-17-03

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

Form 990 (2003)

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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.

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	50,000.	36,684.	13,316.
26	Other salaries and wages	26	245,911.	244,431.	1,480.
27	Pension plan contributions	27			
28	Other employee benefits	28	44,713.	42,477.	2,012.
29	Payroll taxes	29	28,286.	26,872.	1,273.
30	Professional fundraising fees	30			
31	Accounting fees	31	11,485.	11,485.	
32	Legal fees	32			
33	Supplies	33	8,081.	7,842.	215.
34	Telephone	34	5,520.	5,244.	248.
35	Postage and shipping	35	2,480.	2,356.	112.
36	Occupancy	36	9,600.	9,120.	432.
37	Equipment rental and maintenance	37	1,905.	1,809.	86.
38	Printing and publications	38	3,892.	3,698.	175.
39	Travel	39	7,348.	4,823.	2,500.
40	Conferences, conventions, and meetings	40	4,837.	4,595.	218.
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	519.	519.	
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 2	43e	21,870.	15,258.	4,738.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	446,447.	405,209.	37,329.

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 AccomplishmentsWhat 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 \$ _____)		61,107.
b CRIMINAL AND JUVENILE JUSTICE PROGRAMS - SEE ATTACHED		
(Grants and allocations \$ _____)		259,504.
c CRIME AND DELINQUENCY COUNSELING AND PREVENTION - SEE ATTACHED NARRATIVE.		
(Grants and allocations \$ _____)		84,598.
d		
(Grants and allocations \$ _____)		
e Other program services (attach schedule)		(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		405,209.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	427,646.	46 415,355.
	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	5,727.	53 5,782.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	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 48,746.		
b Less: accumulated depreciation STMT 3	57b 46,839.	57c 1,907.	
58 Other assets (describe ▶ OTHER RECEIVABLE)	800.	58 0.	
59 Total assets (add lines 45 through 58) (must equal line 74)	435,102.	59 423,044.	
Liabilities	60 Accounts payable and accrued expenses	2,592.	60 1,426.
	61 Grants payable		61
	62 Deferred revenue	31,620.	62
	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 ▶ SEE STATEMENT 4)	7,130.	65 9,418.
66 Total liabilities (add lines 60 through 65)	41,342.	66 10,844.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	393,760.	67 412,200.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	393,760.	73 412,200.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	435,102.	74 423,044.

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.

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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?	82a	X
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.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	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? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations 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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed PENNSYLVANIA		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 12		
91	The books are in care of BERKS COUNTY PRISON SOCIETY INC Telephone no. (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 33 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					4,137.
95 Interest on savings and temporary cash investments			14	3,472.	
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					2,902.
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.		3,472.	7,039.
105 Total (add line 104, columns (B), (D), and (E))					10,511.

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 34 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 34 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 34 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

Note: If "Yes" to (b) file Form 8870 and Form 4720 (see instructions).

I am preparing this return for the organization, and to the best of my knowledge and belief, it is true, correct, and complete.

5/12/04 John T. Adams President

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

2003

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
NONE -----				

Total number of other employees paid over \$50,000	0			

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
NONE -----		

Total number of others receiving over \$50,000 for professional services	0	

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 i 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 a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a **X**

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

3b **X**

- 4** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 **X****Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

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

- 5** ☐ A church, convention of 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	81,446.	174,015.	517,591.	519,627.	1,292,679.
16 Membership fees received	4,845.	2,667.	5,394.	6,101.	19,007.
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	397,576.	392,993.	12,768.	10,824.	814,161.
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	5,154.	9,760.	12,184.	9,358.	36,456.
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	52.	25.	143.	112.	332.
23 Total of lines 15 through 22	489,073.	579,460.	548,080.	546,022.	2,162,635.
24 Line 23 minus line 17	91,497.	186,467.	535,312.	535,198.	1,348,474.
25 Enter 1% of line 23	4,891.	5,795.	5,481.	5,460.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 26,969.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,348,474.
d Add: Amounts from column (e) for lines: 18 36,456. 19 22 332. 26b					26d 36,788.
e Public support (line 26c minus line 26d total)					26e 1,311,686.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.2719%
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: N/A					
(2002) (2001) (2000) (1999)					
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: N/A					
(2002) (2001) (2000) (1999)					
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 1999 through 2002, 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
29 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?	29	
30 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?	30	
31 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.)	31	
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d 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.)	32d	
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
35 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	35	

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>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</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>	If the amount on line 40 is -	The lobbying nontaxable amount is -	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	
If the amount on line 40 is -	The lobbying nontaxable amount is -													
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) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 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**.)

Yes	No	Amount
		0.

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

N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

▶ ☐ Yes ☒ No

N/A

[illegible]

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	020893	SL	7.00	16	325.			325.	325.		0.
2	SIXTEEN HON SIDE CHAIRS	121693	SL	7.00	16	1,920.			1,920.	1,920.		0.
3	CORNER TABLE	120294	SL	7.00	16	125.			125.	125.		0.
4	SCREEN PROJECT, HANGING	120294	SL	7.00	16	126.			126.	126.		0.
5	TWO 48 X 24 RIGHT RETURN DESKS	120294	SL	7.00	16	770.			770.	770.		0.
6	TWO 66 X 30 LIGHT OAK DESKS	120294	SL	7.00	16	1,214.			1,214.	1,214.		0.
7	TWO 5-DRAWER LATERAL LOCKING FILE CAB.	120294	SL	7.00	16	2,138.			2,138.	2,138.		0.
8	ONE CHAIR - CLERK	120294	SL	7.00	16	168.			168.	168.		0.
9	THREE RECTANGULAR FOLDING TABLES	120294	SL	7.00	16	1,086.			1,086.	1,086.		0.
10	THREE TRAPEZOID FOLDING TABLES	120294	SL	7.00	16	1,086.			1,086.	1,086.		0.
11	RECTANGULAR FOLDING TABLE	120294	SL	7.00	16	405.			405.	405.		0.
12	HANGER COAT RACK	120294	SL	7.00	16	249.			249.	249.		0.
13	TWO 29" OVERHEAD STANDS	120294	SL	7.00	16	364.			364.	364.		0.
14	COAT AND UMBRELLA RACK/STAND	120294	SL	7.00	16	227.			227.	227.		0.
15	FOUR ARM CHAIRS	120294	SL	7.00	16	1,045.			1,045.	1,045.		0.
16	SOFA	120294	SL	7.00	16	611.			611.	611.		0.
17	4-DRAWER LATERAL FILE W/ LOCK	121995	SL	7.00	16	298.			298.	298.		0.
18	KONICA 6090 COPIER	120294	SL	5.00	16	9,995.			9,995.	9,995.		0.

2003 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

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
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 BURGUNDAY	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	110196SL		7.00	16	137.			137.	137.		0.
29	RETURN	111496SL		7.00	16	305.			305.	305.		0.
30	66X30" DESK, S/PED, OAK	111496SL		7.00	16	479.			479.	479.		0.
31	P5-133 GATEWAY PENTIUM FAMILY PC	112696SL		5.00	16	3,806.			3,806.	3,806.		0.
32	COM PCI NETWORK CARD (3)	112296SL		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.		104.
35	HP 940C INKJET PRINTER	040302SL		5.00	16	180.			180.	27.		36.
36	QUICKBOOKS 2002	040302SL		3.00	16	191.			191.	48.		64.

328102
03-01-03

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

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	090402	SL	5.00	16	205.			205.	14.		41.
38	20 IPM ETHERNET LASER PRINTER	012203	SL	5.00	16	1,497.			1,497.			274.
	* TOTAL 990 PAGE 2 DEPR					48,746.		0.	48,746.	46,320.	0.	519.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL DINNER	7,382.		7,382.	4,480.	2,902.
TO FM 990, PART I, LINE 9	7,382.		7,382.	4,480.	2,902.

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER CONTRACTED FEES	739.	702.	33.	4.
VEHICLE LEASE EXPENSE	1,446.	1,374.	65.	7.
PARKING	9,185.	8,726.	413.	46.
OPEN HOUSE EXPENSE	1,794.			1,794.
MISCELLANEOUS EXPENSES	4,016.		4,016.	
INSURANCE	4,690.	4,456.	211.	23.
TOTAL TO FM 990, LN 43	21,870.	15,258.	4,738.	1,874.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	3
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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.

✓ BERKS COUNTY PRISON SOCIETY, INC.

23-1969810

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.	182.	338.
HP 940C INKJET PRINTER	180.	63.	117.
QUICKBOOKS 2002	191.	112.	79.
COMPAQ COMPUTER W/ MONITOR &			
HP PRINTER	205.	55.	150.
20 IPM ETHERNET LASER PRINTER	1,497.	274.	1,223.
TOTAL TO FORM 990, PART IV, LN 57	48,746.	46,839.	1,907.

FORM 990	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	AMOUNT
ACCRUED PAYROLL AND WITHHOLDINGS	9,418.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	9,418.

SCHEDULE A	OTHER INCOME			STATEMENT	5
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	
OTHER INCOME	52.	25.	143.	112.	
TOTAL TO SCHEDULE A, LINE 22	52.	25.	143.	112.	

Berks County Prison Society - EIN 23-1969810
IRS Form 990 - Tax year 2003
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 2003. 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 1,474 children were served through these programs in 2003.

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 710 clients benefited through these efforts in 2003.

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 2003, 1,173 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 5,000 hours in 2003.

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 - 1st Vice President
Linda F. Epes - 2nd 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

PRESIDENT	(b) Avg. hrs.	(c) Compensation	(d) Benefits	(e) Expense
	per week			Acct.
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: adams@lpaklaw.com	10	-0-	-0-	-0-

	(b) Avg. hrs. per week	(c) Compensation	(d) Benefits	(e) Expense Acct.
Rev. Gerald C. Arndt Good Shepherd Evangelical Lutheran Church 4201 Stoudt's Ferry Bridge Road Reading, PA 19605 (610) 926-4201 E-Mail: jerryarndt@aol.com	2	-0-	-0-	-0-
Trussie Baker Trussie Baker Funeral Home 1417 Luzerne Street Reading, PA 19601 (610) 372-5954	2	-0-	-0-	-0-
Scott R. Burky D & E Communications 124 E. Main Street P.O. Box 458 Ephrata, PA 17522 (717) 738-8834 Fax: (717) 738-1876 E-Mail: sburkv@dejazzd.com	8	-0-	-0-	-0-
Robert J. Daras 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-
Walter Flatt 1121 N. 13 th Street Reading, PA 19604-2115 (610) 376-9600	6	-0-	-0-	-0-
2nd Vice President Linda Faye Epes, Esq. Assistant District Attorney District Attorney's Office 633 Court Street Reading, PA 19601 (610) 478-6010 Fax: (610) 478-6002 E-Mail: lepes@countyofberks.com	6	-0-	-0-	-0-

	(b) Avg. hrs. per week	(c) Compensation	(d) Benefits	(e) Expense Acct.
1st Vice President David R. Eshleman, Esq. Eshelman & Shucker 424 Walnut Street P.O. Box 142 Reading, PA 19603-0142 (610) 375-6755 Fax: (610) 375-1781 E-Mail: esh@epix.net	2	-0-	-0-	-0-
Kate Hoh 1610 Hampden Boulevard Reading, PA 19604 (610) 375-1087 E-Mail: PJKH0H@aol.com	1	-0-	-0-	-0-
Harry Linkey 210 Pembroke Drive Reading, PA 19607 (610) 796-9367	2	-0-	-0-	-0-
Larry Medaglia Berks County Register of Wills Berks County Services Center 633 Court Street 2 nd Floor Reading, PA 19601 (610) 478-6610 Fax: (610) 478-6251 E-Mail: Regofwills@aol.com	2	-0-	-0-	-0-
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: Keith.moonev@readingpa.org	2	-0-	-0-	-0-

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