

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

OMB No 1545-0047

**2004**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)Open to Public  
Inspection

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

**A** For the 2004 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  
Instruc-  
tions**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 or-  
ganization 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 ▶**463,769.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**1a** **6,831.****b** Indirect public support**1b****c** Government contributions (grants)**1c** **443,261.****d** Total (add lines 1a through 1c) (cash \$ **450,092.** noncash \$ )**1d** **450,092.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3** **5,300.****4** Interest on savings and temporary cash investments**4** **3,751.****5** Dividends and interest from securities**5****6 a** 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****8 a** Gross amount from sales of assets other  
than inventory**(A) Securities****(B) Other****8a****b** Less: cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ **0.** of contributions**9a** **4,626.****b** Less: direct expenses other than fundraising expenses**9b** **2,926.****c** Net income or (loss) from special events (subtract line 9b from line 9a)**SEE STATEMENT 1****9c** **1,700.****d** 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****d** 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** **460,843.****13** Program services (from line 44, column (B))**13** **434,534.****14** Management and general (from line 44, column (C))**14** **38,571.****15** Fundraising (from line 44, column (D))**15** **10,068.****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **483,173.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **<22,330.>****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **412,200.****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** **389,870.**

Expenses

Net  
Assets423001  
01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2004)

SCANNED JUL 18 2005

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MAY 19 2005

OGDEN UT

**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 49,220.	42,417.	2,971.	3,832.
26	Other salaries and wages	26 269,390.	255,674.	11,972.	1,744.
27	Pension plan contributions	27			
28	Other employee benefits	28 45,070.	42,167.	2,114.	789.
29	Payroll taxes	29 31,573.	29,539.	1,481.	553.
30	Professional fundraising fees	30			
31	Accounting fees	31 13,323.		13,323.	
32	Legal fees	32 75.		75.	
33	Supplies	33 11,455.	11,114.	248.	93.
34	Telephone	34 6,787.	6,350.	318.	119.
35	Postage and shipping	35 3,306.	3,093.	155.	58.
36	Occupancy	36 9,600.	8,982.	450.	168.
37	Equipment rental and maintenance	37 4,599.	4,302.	216.	81.
38	Printing and publications	38 7,294.	6,824.	342.	128.
39	Travel	39 6,098.	5,531.	464.	103.
40	Conferences, conventions, and meetings	40 4,240.	3,967.	199.	74.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 714.		714.	
43	Other expenses not covered above (itemize).				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 2	43e 20,429.	14,574.	3,529.	2,326.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 483,173.	434,534.	38,571.	10,068.

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 \$ \_\_\_\_\_) 71,171.

**b CRIMINAL AND JUVENILE JUSTICE PROGRAMS - SEE ATTACHED**

(Grants and allocations \$ \_\_\_\_\_) 296,278.

**c CRIME AND DELINQUENCY COUNSELING AND PREVENTION - SEE ATTACHED NARRATIVE.**

(Grants and allocations \$ \_\_\_\_\_) 67,085.

**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)

434,534.

**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
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	415,355.	46	396,490.
	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	5,782.	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	50,728.		
b Less: accumulated depreciation <b>STMT 3</b>	57b	47,553.	57c	3,175.
58 Other assets (describe <input type="checkbox"/> )		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	423,044.	59	405,447.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,426.	60	841.
	61 Grants payable		61	
	62 Deferred revenue		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 <input type="checkbox"/> <b>SEE STATEMENT 4</b> )	9,418.	65	14,736.
	66 <b>Total liabilities</b> (add lines 60 through 65)	10,844.	66	15,577.
<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	412,200.	67	389,870.
	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 <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)	412,200.	73	389,870.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	423,044.	74	405,447.

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? <span style="float: right;">N/A</span>	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 <span style="float: right;">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</span>		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float: right;">81a 0.</span>		
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.) <span style="float: right;">82b N/A</span>		
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? <span style="float: right;">N/A</span>	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span>	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 <span style="float: right;">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float: right;">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	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? <span style="float: right;">N/A</span>	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float: right;">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float: right;">86b N/A</span>		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders <span style="float: right;">87a N/A</span>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">87b N/A</span>		
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 <span style="float: right;">0.</span> , section 4912 <span style="float: right;">0.</span> , section 4955 <span style="float: right;">0.</span>		
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 <span style="float: right;">0.</span>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float: right;">PENNSYLVANIA</span>		
b	Number of employees employed in the pay period that includes March 12, 2004 <span style="float: right;">90b 19</span>		
91	The books are in care of <span style="float: right;">BERKS COUNTY PRISON SOCIETY INC</span> Telephone no <span style="float: right;">(610) 478-6920</span>		

Located at 633 COURT STREET, 16TH FLOOR, READING, PAZIP + 4 19601-432292 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					5,300.
95 Interest on savings and temporary cash investments			14	3,751.	
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					1,700.
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.		3,751.	7,000.
105 Total (add line 104, columns (B), (D), and (E))					10,751.

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)

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

5-13-05

ate

Susan O. Skalneck, Treasurer

Type or print name and title.

Date

Check if  
self-

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

**2004**

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> -----		
-----		
-----		
-----		
-----		
-----		
-----		
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 i of Part VI-B ) 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	1	X
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 ) <b>SEE STATEMENT 5</b>		
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 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	74,936.	81,446.	174,015.	517,591.	847,988.
16 Membership fees received	4,137.	4,845.	2,667.	5,394.	17,043.
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	379,440.	397,576.	392,993.	12,768.	1,182,777.
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	3,472.	5,154.	9,760.	12,184.	30,570.
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.	220.
23 Total of lines 15 through 22	461,985.	489,073.	579,460.	548,080.	2,078,598.
24 Line 23 minus line 17	82,545.	91,497.	186,467.	535,312.	895,821.
25 Enter 1% of line 23	4,620.	4,891.	5,795.	5,481.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					17,916.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					895,821.
d Add: Amounts from column (e) for lines: 18 30,570. 19 22 220. 26b					30,790.
e Public support (line 26c minus line 26d total)					865,031.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					96.5629%
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					
(2003) (2002) (2001) (2000)					
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					
(2003) (2002) (2001) (2000)					
c Add Amounts from column (e) for lines: 15 16 17 20 21					
d Add Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

**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?		
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?		
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.)		
<hr/> <hr/> <hr/> <hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

**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
		<b>N/A</b>	
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 -			
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					<b>N/A</b> (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001		
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 )

Yes	No	Amount
		0.

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



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 THREE RECTANGULAR	120294SL		7.00	16	168.			168.	168.		0.
9	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	9 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	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	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	110196SL		7.00	16	137.			137.	137.		0.
29	RETURN DESK 48X24" LEFT	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.	182.		104.
35	HP 940C INKJET PRINTER	040302SL		5.00	16	180.			180.	63.		36.
36	QUICKBOOKS 2002	040302SL		3.00	16	191.			191.	112.		64.

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	090402SL		5.00	16	205.			205.	55.		41.
38	20 IPM ETHERNET LASER PRINTER	012203SL		5.00	16	1,497.			1,497.	274.		299.
39	COMPAQ PRESARIO COMPUTER	091404SL		5.00	16	1,422.			1,422.			95.
40	FOUR CELL PHONES	042304SL		5.00	16	560.			560.			75.
	* TOTAL 990 PAGE 2 DEPR					50,728.		0.	50,728.	46,839.	0.	714.

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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	4,626.		4,626.	2,926.	1,700.
TO FM 990, PART I, LINE 9	4,626.		4,626.	2,926.	1,700.

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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	360.	305.	49.	6.
DUES AND SUBSCRIPTIONS	1,135.		1,135.	
PARKING	10,230.	9,571.	480.	179.
OPEN HOUSE EXPENSE	2,053.			2,053.
OTHER EXPENSES	1,630.		1,630.	
INSURANCE	5,021.	4,698.	235.	88.
TOTAL TO FM 990, LN 43	20,429.	14,574.	3,529.	2,326.

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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.
9 HANGER COAT RACK	249.	249.	0.



BERKS COUNTY PRISON SOCIETY, INC.

23-1969810

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.	286.	234.
HP 940C INKJET PRINTER	180.	99.	81.
QUICKBOOKS 2002	191.	176.	15.
COMPAQ COMPUTER W/ MONITOR &			
HP PRINTER	205.	96.	109.
20 IPM ETHERNET LASER PRINTER	1,497.	573.	924.
COMPAQ PRESARIO COMPUTER	1,422.	95.	1,327.
FOUR CELL PHONES	560.	75.	485.
TOTAL TO FORM 990, PART IV, LN 57	50,728.	47,553.	3,175.

FORM 990	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	AMOUNT
ACCRUED PAYROLL AND WITHHOLDINGS	14,736.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	14,736.

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2	STATEMENT 5
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SEE PART V. FORM 990 EXECUTIVE DIRECTOR COMPENSATION

SCHEDULE A	OTHER INCOME	STATEMENT 6
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DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER INCOME	0.	52.	25.	143.
TOTAL TO SCHEDULE A, LINE 22	0.	52.	25.	143.

Berks County Prison Society - EIN 23-1969810  
IRS Form 990 - Tax year 2004  
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 650 volunteers actively participated in Berks County Prison Society programs in 2004. 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 2,500 children were served through these programs in 2004.

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 890 clients benefited through these efforts in 2004.

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 2004, 1,417 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 2004.

**BERKS COUNTY PRISON SOCIETY – EIN 23-1969810**

**990 PART V ATTACHMENT**

**Board of Directors  
2004 Calendar Year**

	(b) Avg hrs Per week	(c) Compensation	(d) Benefits	(e) Expense Acct
<u>Executive Committee</u>				
John Adams – President Berks County Courthouse – 16 <sup>th</sup> Fl 633 Court Street Reading, PA 19601	10	-0-	-0-	-0-
David Eshelman – 1 <sup>st</sup> Vice President Berks County Courthouse – 16 <sup>th</sup> Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-
Amanda Phily-Joyce – 2 <sup>nd</sup> Vice President Berks County Courthouse – 16 <sup>th</sup> Fl 633 Court Street Reading, PA 19601	6	-0-	-0-	-0-
Lawrence J. Medaglia, Jr. – Secretary Berks County Courthouse – 16 <sup>th</sup> Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-
Larry E. Snyder – Treasurer Berks County Courthouse – 16 <sup>th</sup> Fl 633 Court Street Reading, PA 19601	4	-0-	-0-	-0-

Board Members

Trussie Baker <i>Owner, Trussie Baker Funeral Home</i> Berks County Courthouse – 16 <sup>th</sup> Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-
Sandy Brant <i>Registered Nurse, Volunteer</i> Berks County Courthouse – 16 <sup>th</sup> Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-

**BERKS COUNTY PRISON SOCIETY – EIN 23-1969810**

**990 PART V ATTACHMENT-CONTINUED**

Board of Directors  
2004 Calendar Year

	(b) Avg. hrs Per week	(c) Compensation	(d) Benefits	(e) Expense Acct
Robert Daras <i>Owner, Robert J. Daras Investments</i> Berks County Courthouse – 16th Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-
Geraldine Means <i>Retired, Community Volunteer</i> Berks County Courthouse – 16th Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-
Keith Mooney <i>Attorney, Barley Snyder LLC</i> Berks County Courthouse – 16th Fl 633 Court Street Reading, PA 19601	3	-0-	-0-	-0-
Daryl Moyer, Esq. <i>Partner, Bear, Antanavage &amp; Moyer</i> Berks County Courthouse – 16th Fl 633 Court Street Reading, PA 19601	3	-0-	-0-	-0-
Amy Nieves-Febres, Esq. <i>Attorney, Mid-Penn Legal Services</i> Berks County Courthouse – 16th Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-
James Polyak <i>Attorney</i> Berks County Courthouse – 16th Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-

**BERKS COUNTY PRISON SOCIETY – EIN 23-1969810**

**990 PART V ATTACHMENT-CONTINUED**

Board of Directors  
2004 Calendar Year

	(b) Avg hrs. Per week	(c) Compensation	(d) Benefits	(e) Expense Acct
Susan Stalnecker <i>Pilgrim Tours &amp; Travel</i> Berks County Courthouse – 16th Fl 633 Court Street Reading, PA 19601	4	-0-	-0-	-0-
Marianne R. Sutton <i>Prothonotary, Berks County</i> Berks County Courthouse – 16th Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-
Thomas Weik <i>President / CEO, Weik Investment Services, Inc</i> Berks County Courthouse – 16th Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-
Glenn Welsh, Esq. <i>Chief Public Defender, Berks County</i> Berks County Courthouse – 16th Fl 633 Court Street Reading, PA 19601	2	-0-	-0-	-0-