

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

**2005**Open to Public  
Inspection**A For the 2005 calendar year, or tax year beginning****and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b>		<b>D Employer identification number</b>
		BERKS CONNECTIONS/PRETRIAL SERVICES		23-1969810
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite
		633 COURT STREET, 16TH FLOOR		
City or town, state or country, and ZIP + 4		<b>E Telephone number</b>		<b>F Accounting method</b>
READING, PA 19601		610-478-6920		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
				<input type="checkbox"/> 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 ▶ N/A

H(c) Are all affiliates included? (If "No," attach a list.) N/A ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

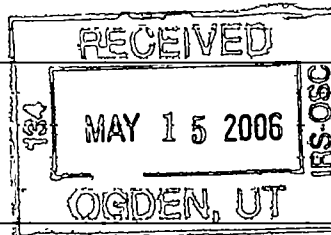
I Group Exemption Number ▶ N/A

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G Website:** WWW.BERKSCONNECTIONS.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 chooses to file a return, be sure to file a complete return. Some states require a complete return

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 516,392.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	7,717.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	483,917.	
	d Total (add lines 1a through 1c) (cash \$ 491,634. noncash \$ )	1d	491,634.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3	5,009.	
	4 Interest on savings and temporary cash investments	4	6,297.	
	5 Dividends and interest from securities	5	157.	
	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			
<b>Revenue</b>	8 a 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	13,295.	
	b Less: direct expenses other than fundraising expenses	9b	5,054.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	8,241.	
	10 a 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	511,338.		
<b>Expenses</b>	13 Program services (from line 44, column (B))	13	481,091.	
	14 Management and general (from line 44, column (C))	14	31,883.	
	15 Fundraising (from line 44, column (D))	15	19,163.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	532,137.	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<20,799.>	
<b>Net Assets</b>	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	389,870.	
	20 Other changes in net assets or fund balances (attach explanation)	20	2,766.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	371,837.	



SEE STATEMENT 1

SEE STATEMENT 2

523001  
02-03-06

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

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SCANNED JUL 12 2006

**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 \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	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 66,090.	59,481.	3,305.	3,304.
26 Other salaries and wages	26 311,266.	293,838.	7,908.	9,520.
27 Pension plan contributions	27			
28 Other employee benefits	28 42,013.	39,798.	990.	1,225.
29 Payroll taxes	29 31,442.	29,474.	915.	1,053.
30 Professional fundraising fees	30			
31 Accounting fees	31 13,130.		13,130.	
32 Legal fees	32			
33 Supplies	33 10,004.	9,706.	138.	160.
34 Telephone	34 8,866.	8,311.	258.	297.
35 Postage and shipping	35 2,589.	2,428.	74.	87.
36 Occupancy	36 9,600.	8,999.	279.	322.
37 Equipment rental and maintenance	37 3,073.	2,881.	89.	103.
38 Printing and publications	38 4,017.	3,765.	117.	135.
39 Travel	39 3,603.	3,378.	104.	121.
40 Conferences, conventions, and meetings	40 4,636.	4,346.	135.	155.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 891.		891.	
43 Other expenses not covered above (itemize).				
a OTHER CONTRACTED FEES	43a 105.	99.	2.	4.
b DUES AND SUBSCRIPTIONS	43b 1,603.		1,603.	
c PARKING	43c 9,911.	9,291.	288.	332.
d OPEN HOUSE EXPENSE	43d 2,156.			2,156.
e OTHER EXPENSES	43e 1,492.		1,492.	
f INSURANCE	43f 5,650.	5,296.	165.	189.
g	43g			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 532,137.	481,091.	31,883.	19,163.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

\*\* SEE STATEMENT 3

**Part III** Statement of Program Service Accomplishments (See the instructions.)

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.

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 \$ ) If this amount includes foreign grants, check here ► ☐

**79,124.**

**b CRIMINAL & JUVENILE JUSTICE PROGRAMS - SEE ATTACHED NARRATIVE**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**350,515.**

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

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**51,452.**

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

**481,091.**

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**Part IV Balance Sheets** (See the instructions.)**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	396,490.	46 240,028.
	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 2,532.
	54 Investments - securities	STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54 101,966.
	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 89,228.		
b Less: accumulated depreciation	STMT 4 57b 48,444.	57c 3,175.	
58 Other assets (describe )		58 40,784.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	405,447.	59 385,310.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	841.	60 0.
	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 SEE STATEMENT 5 )	14,736.	65 13,473.
	66 <b>Total liabilities.</b> Add lines 60 through 65)	15,577.	66 13,473.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	389,870.	67 371,837.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here</b> <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)	389,870.	73 371,837.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	405,447.	74 385,310.

instructions )

Part IV-B. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

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Yes	No
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16

75b

**x**

75c

**x**

75d

# X

**(A) Name and address**

**NONE**

**(B) Loans and Advances**

**(C) Compensation**

**(D) Contributions to employee benefit plans & deferred compensation plans**

(E) Expense  
account and  
other allowances

	Yes	No
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76

**X**

77

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**X**

78a

**X**

N/A

78b

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79

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**X**

80a

**X**

N/A

81a

0

81b

**X**

Form

200.

Part VI Other Information (continued)		Yes	No
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	N/A
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?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b	N/A
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?	85g	N/A
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?	85h	N/A
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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
90 a	List the states with which a copy of this return is filed <u>PA</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	14
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>(610) 478-6920</u> Located at <u>633 COURT STREET, 16TH FLOOR, READING, PA</u> ZIP + 4 <u>19601-4322</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
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 <u>92</u>		N/A

**Part VII Analysis of Income-Producing Activities** (See 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					5,009.
95 Interest on savings and temporary cash investments			14	6,297.	
96 Dividends and interest from securities			14	157.	
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					8,241.
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.		6,454.	13,250.
105 Total (add line 104, columns (B), (D), and (E))					19,704.

**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 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 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 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).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <u>Susan D. Stahlnecker</u> Date <u>5/12/06</u>	Type or print name and title. <u>Susan D. Stahlnecker, Treasurer</u>
Paid Preparer's Use Only	Preparer's signature <u>Christine P. Achlosman</u> Date <u>5/11/06</u>	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>WILLIAM G. KOCH &amp; ASSOCIATES</u> <u>2650 WESTVIEW DRIVE</u> <u>WYOMISSING, PA 19610-1187</u>	EIN <u></u> Phone no. <u>(610) 678-9700</u>



**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 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

**2005**

Name of the organization

**BERKS CONNECTIONS/PRETRIAL SERVICES**

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-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other 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)?

SEE STATEMENT 7

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

**c** During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	70,652.	74,936.	81,446.	174,015.	401,049.
16 Membership fees received	5,300.	4,137.	4,845.	2,667.	16,949.
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.	379,440.	397,576.	392,993.	1,549,449.
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	3,751.	3,472.	5,154.	9,760.	22,137.
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			SEE STATEMENT 8 52.	25.	77.
23 Total of lines 15 through 22	459,143.	461,985.	489,073.	579,460.	1,989,661.
24 Line 23 minus line 17	79,703.	82,545.	91,497.	186,467.	440,212.
25 Enter 1% of line 23	4,591.	4,620.	4,891.	5,795.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	8,804.
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 2001 through 2004 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	440,212.
d Add: Amounts from column (e) for lines: 18 22,137. 19 22 77. 26b	26d	22,214.
e Public support (line 26c minus line 26d total)	26e	417,998.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	94.9538%

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			
(2004)	(2003)	(2002)	(2001)
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 11b, 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			
(2004)	(2003)	(2002)	(2001)
c Add: Amounts from column (e) for lines: 15 17 20 21	15 20	16 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)	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 2001 through 2004, 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
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

**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 -

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

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

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

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

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

Yes	No	Amount
		0.



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	1HON PNEUMATIC CHAIR	020893SL		7.00	16	325.			325.	325.		0.
2	SIXTEEN HON SIDE CHAIRS	121693SL		7.00	16	1,920.			1,920.	1,920.		0.
3	CORNER TABLE	120294SL		7.00	16	125.			125.	125.		0.
4	SCREEN PROJECT, HANGING	120294SL		7.00	16	126.			126.	126.		0.
5	TWO 48 X 24 RIGHT RETURN DESKS	120294SL		7.00	16	770.			770.	770.		0.
6	TWO 66 X 30 LIGHT OAK DESKS	120294SL		7.00	16	1,214.			1,214.	1,214.		0.
7	TWO 5-DRAWER LATERAL LOCKING FILE CAB.	120294SL		7.00	16	2,138.			2,138.	2,138.		0.
8	ONE CHAIR - CLERK	120294SL		7.00	16	168.			168.	168.		0.
9	THREE RECTANGULAR FOLDING TABLES	120294SL		7.00	16	1,086.			1,086.	1,086.		0.
10	THREE TRAPEZOID FOLDING TABLES	120294SL		7.00	16	1,086.			1,086.	1,086.		0.
11	RECTANGULAR FOLDING TABLE	120294SL		7.00	16	405.			405.	405.		0.
12	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.

## 2005 DEPRECIATION AND AMORTIZATION REPORT

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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 66X30" DESK, S/PED,	111496SL		7.00	16	305.			305.	305.		0.
30	OAK P5-133 GATEWAY PENTIUM	111496SL		7.00	16	479.			479.	479.		0.
31	FAMILY PC COM PCI NETWORK CARD	112696SL		5.00	16	3,806.			3,806.	3,806.		0.
32	(3) TWO GP-5-166 SYSTEM	112296SL		5.00	16	402.			402.	402.		0.
33	WITH MMX	121197SL		5.00	16	3,293.			3,293.	3,293.		0.
34	HP COMPUTER W/ MONITOR	040302SL		5.00	16	520.			520.	286.		104.
35	HP 940C INKJET PRINTER	040302SL		5.00	16	180.			180.	99.		36.
36	QUICKBOOKS 2002	040302SL		3.00	16	191.			191.	176.		15.

528102  
01-06-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



## 2005 DEPRECIATION AND AMORTIZATION REPORT

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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.	96.		41.
38	20 IPM ETHERNET LASER PRINTER	012203	SL	5.00	16	1,497.			1,497.	573.		299.
39	COMPAQ PRESARIO COMPUTER	091404	SL	5.00	16	1,422.			1,422.	95.		284.
40	FOUR CELL PHONES	042304	SL	5.00	16	560.			560.	75.		112.
41	PRETRIAL CASE MANAGEMENT SOFTWARE	123105	SL	5.00	16	38,500.			38,500.			0.
	* TOTAL 990 PAGE 2 DEPR					89,228.		0.	89,228.	47,553.	0.	891.

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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	12,360.		12,360.	4,300.	8,060.
COSTUME PARTY	935.		935.	754.	181.
TO FM 990, PART I, LINE 9	13,295.		13,295.	5,054.	8,241.

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FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

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DESCRIPTION	AMOUNT
OTHER CHANGES IN NET ASSETS	
NET GAIN ON INVESTMENTS	2,766.
TOTAL TO FORM 990, PART I, LINE 20	2,766.

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FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
SCOTT REHR	55,000.	11,090.		
A. PROGRAM SERVICES	49,500.	9,981.		59,481.
B. MANAGEMENT AND GENERAL	2,750.	555.		3,305.
C. FUNDRAISING	2,750.	554.		3,304.
TOTAL PROGRAM SERVICES				59,481.
TOTAL MANAGEMENT AND GENERAL				3,305.
TOTAL FUNDRAISING				3,304.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON LINE 25				66,090.

FORM 990

## DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
HON PNEUMATIC CHAIR	325.	325.	0.
SIXTEEN HON SIDE CHAIRS	1,920.	1,920.	0.
CORNER TABLE	125.	125.	0.
SCREEN PROJECT, HANGING	126.	126.	0.
TWO 48 X 24 RIGHT RETURN DESKS	770.	770.	0.
TWO 66 X 30 LIGHT OAK DESKS	1,214.	1,214.	0.
TWO 5-DRAWER LATERAL LOCKING FILE CAB.	2,138.	2,138.	0.
ONE CHAIR - CLERK	168.	168.	0.
THREE RECTANGULAR FOLDING TABLES	1,086.	1,086.	0.
THREE TRAPEZOID FOLDING TABLES	1,086.	1,086.	0.
RECTANGULAR FOLDING TABLE	405.	405.	0.
9 HANGER COAT RACK	249.	249.	0.
TWO 29" OVERHEAD STANDS	364.	364.	0.
COAT AND UMBRELLA RACK/STAND	227.	227.	0.
FOUR ARM CHAIRS	1,045.	1,045.	0.
SOFA	611.	611.	0.

## BERKS CONNECTIONS/PRETRIAL SERVICES

23-1969810

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.	390.	130.
HP 940C INKJET PRINTER	180.	135.	45.
QUICKBOOKS 2002	191.	191.	0.
COMPAQ COMPUTER W/ MONITOR &			
HP PRINTER	205.	137.	68.
20 IPM ETHERNET LASER PRINTER	1,497.	872.	625.
COMPAQ PRESARIO COMPUTER	1,422.	379.	1,043.
FOUR CELL PHONES	560.	187.	373.
PRETRIAL CASE MANAGEMENT			
SOFTWARE	38,500.	0.	38,500.
TOTAL TO FORM 990, PART IV, LN 57	89,228.	48,444.	40,784.

FORM 990

OTHER LIABILITIES

STATEMENT 5

## DESCRIPTION

## AMOUNT

ACCRUED PAYROLL AND WITHHOLDINGS

13,473.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

13,473.

FORM 990

OTHER SECURITIES

STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
EQUITY FUNDS	FMV	62,250.
FIXED INCOME FUNDS	FMV	39,716.
TO FORM 990, LINE 54, COL B		101,966.

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT

7

COMPENSATION PAID TO EXECUTIVE DIRECTOR AS STATED IN PART V. FORM 990

SCHEDULE A OTHER INCOME STATEMENT 8

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	0.	0.	52.	25.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	52.	25.

PART III – STATEMENT OF PREOGRAM SERVICE ACCOMPLISHMENTS  
ATTACHMENT

Primary Exempt 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.

a. Volunteer Recruitment and Training: More than 750 volunteers actively participated in BCPS/BerksConnections programs in 2005. Volunteers are recruited through mailings to members, local colleges and universities, and general efforts including the newsletter, BCTV television program, public website and public speaking engagements. Agency staff provided training for new volunteers.

b. Juvenile Justice Programs: Volunteers and staff work with children of incarcerated parents and other 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 2,300 children were served through these programs in 2005.

Criminal Justice Programs: BCPS/Pretrial Services serves as the Court-appointed bail agency for Berks County. Services are provided to assist in reducing prison overcrowding at the Berks County Prison. Clients must report on a pre-determined regular 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 agency's programs, the criminal justice services strive to assist the clients on a road to rehabilitation, employment, education and a law abiding and productive life. BCPS/Pretrial Services also provides staffing support to the County of Berks Intermediate Punishment (IPP) Program and DUI, Drug and Mental Health Treatment Courts program. In 2005, 1,353 clients were served.

c. Crime and Delinquency Counseling and Prevention: Volunteers and staff 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. Re-entry assistance for ex-offenders is provided by assessing an inmate's post-release needs while incarcerated, followed by referrals to community-based services focusing on employment, housing and substance abuse, as well as self-improvement initiatives. More than 1,150 clients benefited through these efforts in 2005.

Publications: Berks Connections / Pretrial Services publishes a quarterly newsletter for its members and volunteers. It also distributes brochures on various programs describing the programs and services that are provided and provides information on its public website at [www.BerksConnections.org](http://www.BerksConnections.org).

Total Hours of Supervision: Volunteers supervised clients for an approximate total of 3,600 hours in 2005.



**BERKS CONNECTIONS / PRETRIAL SERVICES– EIN 23-1969810**

**990 PART V ATTACHMENT**

**Board of Directors**

**2005**

**Contact address: c/o Organization**

	(b) Avg. hrs. Per week	(c) Compensation	(d) Benefits	(e) Expense Acct
John T. Adams, Esq.	2	-0-	-0-	-0-
Trussie Baker	1	-0-	-0-	-0-
Sandy Brant	1	-0-	-0-	-0-
Robert Daras	1	-0-	-0-	-0-
David R. Eshelman, Esq. – President	2	-0-	-0-	-0-
Geraldine Means	1	-0-	-0-	-0-
Lawrence J. Medaglia, Jr. – Secretary	2	-0-	-0-	-0-
Keith Mooney – 1 <sup>st</sup> Vice President	2	-0-	-0-	-0-
Daryl Moyer, Esq. – 2 <sup>nd</sup> Vice President	2	-0-	-0-	-0-
Amy Nieves-Febres, Esq.	1	-0-	-0-	-0-
Amanda Phily-Joyce	1	-0-	-0-	-0-
James Polyak	1	-0-	-0-	-0-
Susan Stalnecker – Treasurer	2	-0-	-0-	-0-
Marianne R. Sutton	1	-0-	-0-	-0-
Thomas W. Weik	1	-0-	-0-	-0-
Glenn D. Welsh, Esq.	1	-0-	-0-	-0-