

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

OMB No 1545-0047

2006Department 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)

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

Open to Public
Inspection**A** For the 2006 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 CONNECTIONS/PRETRIAL SERVICES**

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☒ AccrualOther
(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? **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 **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 is not a 509(a)(3) supporting organization and its gross
receipts are normally **not** more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**523,071.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds		1a	
	b	Direct public support (not included on line 1a)		1b	17,034.
	c	Indirect public support (not included on line 1a)		1c	
	d	Government contributions (grants) (not included on line 1a)		1d	68,226.
	e	Total (add lines 1a through 1d) (cash \$ 85,260. noncash \$)		1e	85,260.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	418,240.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	9,479.
	5	Dividends and interest from securities		5	1,725.
	6a	Gross rents		6a	
	b	Less: rental expenses		6b	
c	Net rental income or (loss). Subtract line 6b from line 6a		6c		
7	Other investment income (describe ▶)		7		
Expenses	8a	Gross amount from 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			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 1b)		9a	8,367.
	b	Less: direct expenses other than fundraising expenses		9b	2,515.
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c	5,852.
	10a			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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	520,556.	
Net Assets	13	Program services (from line 44, column (C))		13	483,766.
	14	Management and general (from line 44, column (C))		14	27,710.
	15	Fundraising (from line 44, column (D))		15	16,174.
	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses. Add lines 16 and 44, column (A)		17	527,650.
18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	<7,094.>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	371,837.	
20	Other changes in net assets or fund balances (attach explanation)		20	5,705.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	370,448.	

832001
01-18-07

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

Form 990 (2006)

SCANNED SEP 05 2007

RECEIVED

SEP 11 2007

11 AUG 20 2007

COHEN, UT

G17 M

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3 25a	67,871.	64,600.	1,357.	1,914.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	300,250.	285,850.	6,004.	8,396.
27 Pension plan contributions not included on lines 25a, b, and c 27				
28 Employee benefits not included on lines 25a - 27 28	37,258.	35,471.	746.	1,041.
29 Payroll taxes 29	31,393.	29,886.	628.	879.
30 Professional fundraising fees 30				
31 Accounting fees 31	13,569.		13,569.	
32 Legal fees 32				
33 Supplies 33	8,777.	8,565.	89.	123.
34 Telephone 34	8,544.	8,134.	171.	239.
35 Postage and shipping 35	3,470.	3,304.	69.	97.
36 Occupancy 36	9,600.	9,139.	192.	269.
37 Equipment rental and maintenance 37	3,354.	3,192.	68.	94.
38 Printing and publications 38	6,579.	6,262.	133.	184.
39 Travel 39	5,164.	4,916.	103.	145.
40 Conferences, conventions, and meetings 40	6,446.	6,137.	129.	180.
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42	1,580.		1,580.	
43 Other expenses not covered above (itemize):				
a OTHER CONTRACTED FEES 43a	4,942.	4,882.	25.	35.
b DUES AND SUBSCRIPTIONS 43b	1,577.		1,577.	
c PARKING 43c	9,039.	8,605.	181.	253.
d OPEN HOUSE EXPENSE 43d	2,183.			2,183.
e OTHER EXPENSES 43e	989.		989.	
f INSURANCE 43f	5,065.	4,823.	100.	142.
g 43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	527,650.	483,766.	27,710.	16,174.

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 \$ 1,713. ; (ii) the amount allocated to Program services \$ 1,559. ;(iii) the amount allocated to Management and general \$ 51. ; and (iv) the amount allocated to Fundraising \$ 103.

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 ► ☐

16,044.

b CRIMINAL & JUVENILE JUSTICE PROGRAMS - SEE ATTACHED NARRATIVE

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

399,223.

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

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

68,499.

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)

483,766.

Form 990 (2006)

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
Assets	45 Cash - non-interest-bearing		45 27,173.
	46 Savings and temporary cash investments	240,028.	46 199,907.
	47 a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49 14,905.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	2,532.	53 2,865.
	54 a Investments - publicly-traded securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	101,966.	54a 107,671.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment, basis	55a	55c
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56
57 a Land, buildings, and equipment basis	57a 73,593.	57c	
b Less: accumulated depreciation STMT 4	57b 32,528.	57c 41,065.	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58	
59 Total assets (must equal line 74). Add lines 45 through 58	385,310.	59 393,586.	
Liabilities	60 Accounts payable and accrued expenses		60 5,218.
	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"/> SEE STATEMENT 5)	13,473.	65 17,920.
	66 Total liabilities. Add lines 60 through 65	13,473.	66 23,138.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	371,837.	67 365,448.
	68 Temporarily restricted		68 5,000.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	371,837.	73 370,448.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	385,310.	74 393,586.

a Total revenue, gains, and other support per audited financial statements		a	526,751.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1	5,705.	
2 Donated services and use of facilities	b2	490.	
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	6,195.
c Subtract line b from line a		c	520,556.
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12). Add lines c and d		e	520,556.

a Total expenses and losses per audited financial statements		a	528,140.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1 490.		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	490.
c Subtract line b from line a		c	527,650.
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	0.
e Total expenses (Part I, line 17) Add lines c and d		e	527,650.

[illegible]

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
----------	---

Yes	No
-----	----

- 75. a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ _____ 15
- b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
- c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."
- If "Yes," attach a statement that includes the information described in the instructions.
- d** Does the organization have a written conflict of interest policy?

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other	750	21
----------	---	-----	----

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI	Other Information <i>(See the instructions.)</i>
----------------	---

Yes	No
-----	----

- | | | | |
|---|---|-----|----|
| 76 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 76 | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes | 77 | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 78b | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b | If "Yes," enter the name of the organization N/A | | |
| _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | | |
| 81 a | Enter direct or indirect political expenditures. (See line 81 instructions) | 81a | 0. |
| b | Did the organization file Form 1120-POL for this year? | 81b | X |

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	950.
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?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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 a	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?	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	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		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
90 a	List the states with which a copy of this return is filed	90a	PA
b	Number of employees employed in the pay period that includes March 12, 2006	90b	13
91 a	The books are in care of	THE ORGANIZATION Telephone no. (610) 478-6920	
	Located at	633 COURT STREET, 16TH FLOOR, READING, PA ZIP + 4 19601-4322	
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	91b	N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI	Other Information (continued)	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country N/A			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		92	<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year N/A			

Part VII Analysis of Income-Producing Activities (See the instructions.)					
	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 COURT RELEASE PROGRAM					
b REVENUE					405,240.
c INTERMEDIATE PUNISHMENT					
d PROGRAM					13,000.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments				0.	0.
95 Interest on savings and temporary cash investments			14	9,479.	
96 Dividends and interest from securities			14	1,725.	
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					5,852.
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.		11,204.	424,092.
105 Total (add line 104, columns (B), (D), and (E))					435,296.

Note: Line 105 plus line 1e, 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).
▼	SEE STATEMENT 7

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

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. Stalnecker</u> Date <u>8/10/07</u>		Date <u>8/10/07</u>	
Paid Preparer's Use Only	Type or print name and title <u>Susan D. Stalnecker, Treasurer</u>			
	Preparer's signature <u>WILLIAM G. KOCH, JR., CPA</u> Firm's name (or yours if self-employed), address, and ZIP + 4 <u>WILLIAM G. KOCH & ASSOCIATES</u> <u>2650 WESTVIEW DRIVE</u> <u>WYOMISSING, PA 19610-1187</u>	Date <u>07/31/07</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)
		EIN <u></u>	Phone no. <u>(610) 678-9700</u>	

Form 990 (2006)

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

2006

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 2 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.) 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.)		
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 Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
d Enter the total number of donor advised funds owned at the end of the tax year	►	0
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►	0.
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	►	0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	►	0.

SEE STATEMENT 8

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	100,038.	70,652.	74,936.	81,446.	327,072.
16 Membership fees received	5,009.	5,300.	4,137.	4,845.	19,291.
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	399,837.	379,440.	379,440.	397,576.	1,556,293.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,221.	3,751.	3,472.	5,154.	21,598.
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 9	52.	52.
23 Total of lines 15 through 22	514,105.	459,143.	461,985.	489,073.	1,924,306.
24 Line 23 minus line 17	114,268.	79,703.	82,545.	91,497.	368,013.
25 Enter 1% of line 23	5,141.	4,591.	4,620.	4,891.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	7,360.
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 2002 through 2005 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	368,013.
d Add: Amounts from column (e) for lines: 18 <u>21,598.</u> 19 _____ 22 <u>52.</u> 26b _____	26d	21,650.
e Public support (line 26c minus line 26d total)	26e	346,363.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	94.1171%

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**

(2005) (2004) (2003) (2002)

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**

(2005) (2004) (2003) (2002)

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	27d	N/A
e Public support (line 27c total minus line 27d total)	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f N/A	27g	N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h	N/A %
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 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 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/>		
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/>		
<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 10 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 -		
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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- (i) Cash

(ii) Other assets

- b Other transactions:**

- (i) Sales or exchanges of assets with a noncharitable exempt organization

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements

- (v) Loans or loan guarantees

- (vi) Performance of services or membership or fundraising solicitations

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

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

N/A

[illegible]

- 52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

- b. If "Yes," complete the following schedule:

N/A

[illegible]

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

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
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	(D)P5-133 GATEWAY PENTIUM FAMILY PC	112696SL		5.00	16	3,806.			3,806.	3,806.		0.
32	(D)COM PCI NETWORK CARD (3)	112296SL		5.00	16	402.			402.	402.		0.
33	(D)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.	390.		104.
35	HP 940C INKJET PRINTER	040302SL		5.00	16	180.			180.	135.		36.
36	QUICKBOOKS 2002	040302SL		3.00	16	191.			191.	191.		0.

828102
07-28-06

(D) - Asset disposed

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

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	COMPAQ COMPUTER W/ MONITOR & HP PRINTER	090402SL		5.00	16	205.			205.	137.		41.
38	20 IPM ETHERNET LASER PRINTER	012203SL		5.00	16	1,497.			1,497.	872.		299.
39	COMPAQ PRESARIO COMPUTER	091404SL		5.00	16	1,422.			1,422.	379.		284.
40	FOUR CELL PHONES	042304SL		5.00	16	560.			560.	187.		112.
41	PRETRIAL CASE MANAGEMENT SOFTWARE	120106SL		5.00	16	38,500.			38,500.			642.
42	THINKPAD R60	110106SL		5.00	16	1,861.			1,861.			62.
	* TOTAL 990 PAGE 2 DEPR					91,089.		0.	91,089.	48,444.	0.	1,580.

(D) - Asset disposed

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

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
AWARDS BREAKFAST	8,367.		8,367.	2,515.	5,852.
TO FM 990, PART I, LINE 9	8,367.		8,367.	2,515.	5,852.

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	5,705.
TOTAL TO FORM 990, PART I, LINE 20	5,705.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
SCOTT REHR	57,050.	10,821.		67,871.
A. PROGRAM SERVICES	54,300.	10,300.		64,600.
B. MANAGEMENT AND GENERAL	1,141.	216.		1,357.
C. FUNDRAISING	1,609.	305.		1,914.
TOTAL PROGRAM SERVICES				64,600.
TOTAL MANAGEMENT AND GENERAL				1,357.
TOTAL FUNDRAISING				1,914.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				67,871.

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.
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.
HP COMPUTER W/ MONITOR	520.	494.	26.
HP 940C INKJET PRINTER	180.	171.	9.
QUICKBOOKS 2002	191.	191.	0.
COMPAQ COMPUTER W/ MONITOR &			
HP PRINTER	205.	178.	27.
20 IPM ETHERNET LASER PRINTER	1,497.	1,171.	326.
COMPAQ PRESARIO COMPUTER	1,422.	663.	759.
FOUR CELL PHONES	560.	299.	261.
PRETRIAL CASE MANAGEMENT			
SOFTWARE	38,500.	642.	37,858.
THINKPAD R60	1,861.	62.	1,799.
TOTAL TO FORM 990, PART IV, LN 57	73,593.	32,528.	41,065.

FORM 990	OTHER LIABILITIES	STATEMENT	5
----------	-------------------	-----------	---

DESCRIPTION	AMOUNT
ACCRUED PAYROLL AND WITHHOLDINGS	17,920.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	17,920.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
----------	---------------------------	-----------	---

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY FUNDS	FMV			67,952.	67,952.
FIXED INCOME FUNDS	FMV			39,719.	39,719.
TO FORM 990, LINE 54A, COL B				107,671.	107,671.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT

7

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	SERVICES ARE PROVIDED TO ASSIST IN REDUCING PRISON OVERCROWDING AT THE BERKS COUNTY PRISON. THE CRIMINAL JUSTICE SERVICES STRIVE TO ASSIST THE CLIENTS ON A ROAD TO REHABILITATION, EMPLOYMENT, EDUCATION AND A LAW ABIDING AND PRODUCTIVE LIFE.
93C	SAME EXPLANATION AS FOR LINE NUMBER 93A.
101	SAME EXPLANATION AS FOR LINE NUMBER 93A.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 8

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

SCHEDULE A	OTHER INCOME	STATEMENT	9
------------	--------------	-----------	---

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER INCOME	0.	0.	0.	52.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	52.

FORM 990, PART III – STATEMENT OF PROGRAM 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 600 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: Volunteers and staff work with youth detained at the Berks County Youth Center, 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 1,700 children were served through these programs in 2006.

B. Criminal Justice: 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 2006, 1,183 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 1,400 clients benefited through these efforts in 2006.

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.

Total Hours of Supervision: Volunteers supervised clients for an approximate total of 3,500 hours in 2006.

BERKS CONNECTIONS / PRETRIAL SERVICES— EIN 23-1969810

990 PART V-A ATTACHMENT

Current Board of Directors

2006

Contact address: c/o Organization

	(b) Avg. hrs. Per week	(c) Compensation	(d) Benefits	(e) Expense Acct
John T. Adams, Esq. – Immed. Past Pres.	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-
Felipe Garcia	1	-0-	-0-	-0-
Geraldine Means	1	-0-	-0-	-0-
Lawrence J. Medaglia, Jr. – Secretary	2	-0-	-0-	-0-
Keith Mooney – 1 st Vice President	2	-0-	-0-	-0-
Daryl Moyer, Esq. – 2 nd Vice President	2	-0-	-0-	-0-
Amy Nieves-Febres, Esq.	1	-0-	-0-	-0-
James Polyak, Esq.	1	-0-	-0-	-0-
Susan Stalneckner – Treasurer	2	-0-	-0-	-0-
Marianne R. Sutton	1	-0-	-0-	-0-
Glenn D. Welsh, Esq.	1	-0-	-0-	-0-