## Department of the Treasury Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2008

## **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 Open to Public Inspection

Α	For the 2	he 2007 calendar year, or tax year beginning and ending					
В	Check if applicable	Please C Name of organization	D Emplo	oyer identification number			
	Addres	s label or	3-1969810				
	Name change	type   Number and street (or P.O. box if mail is not delivered to street address	s)	Room/suite	E Telep	hone number	
	lnitial return	Specific 633 COURT STREET, 16TH FLOOR			(6	10) 478-6920	
	Termin- ation	tions   City of town, state of country, and zir + 4				ting method Cash X Accrual	
	Amend return	READING, PA 19001	_			ther pecify)	
	Applica pending	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable true must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>	ısts	H and I are not appl	icable t	o section 527 organizations	
		must attach a completed Schedule A (Form 990 of 990-62).		H(a) Is this a group re	eturn for	affiliates? Yes X No	
_		▶WWW.BERKSCONNECTIONS.ORG		H(b) If "Yes," enter nu	ımber of	affiliates ► N/A	
<u>J</u>	Organiza	tion type (check only one) $\triangleright x$ 501(c) (3) $\triangleleft$ (insert no) 4947(a)(1) or	527		ncluded'	7 N/A Yes No	
		re Lifthe organization is not a 509(a)(3) supporting organization <b>and</b> its gro	SS	(If "No," attach a H(d) Is this a separate	iist.) e return 1	filed by an or	
		are normally <b>not</b> more than \$25,000. A return is not required, but if the organization		ganization cover	ed by a (	group ruling? Yes X No	
	cnooses	to file a return, be sure to file a complete return.	_	I Group Exemptio			
	<b>0</b>					panization is <b>not</b> required to attach	
		Revenue, Expenses, and Changes in Net Assets or Fund		Sch. B (Form 99	0, 990-6	2, 01 990-PF).	
		Contributions, gifts, grants, and similar amounts received:	Daie			<del></del>	
	1 1	Contributions, griss, grains, and similar amounts received.  Contributions to donor advised funds	1 4.	1			
	a	Direct public support (not included on line 1a)	1a 1b	8,9	52		
	b	Indirect public support (not included on line 1a)	10	0,9	<u> </u>	•	
	C d	Government contributions (grants) (not included on line 1a)	1d	133,6	16		
	l e	Total (add lines 1a through 1d) (cash \$ 142,598 • noncash \$		133,0	1	1e 142,598.	
	2	Program service revenue including government fees and contracts (from Part VII, II			' 卜	2 456,484.	
	3	Membership dues and assessments		3			
	4	Interest on savings and temporary cash investments		4 9,579.			
	5					5 3,539.	
	6 a	Gross rents	6a				
	b						
d)	C	Net rental income or (loss). Subtract line 6b from line 6a		6c			
Ž	7	Other investment income (describe	)	7			
Revenue	8 a	Gross amount from sales of assets other (A) Securities	ļ	(B) Other			
4		Than Inventory Co.	8a				
		Less: cost to other basis and sales expenses	8b				
	4c	Gain or (loss) (attach schedule)	_8c				
		Nethall for 2018) 2011 prints in Bc, columns (A) and (B)		. —	-	8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check	1	<b>&gt;</b>	17		
	a	Grees revenue (not including s O of contributions reported on line 1b)  Less direct expenses other than fundraising expenses	9a 9b	10,1			
	C			STATEMENT :	_	90 6,404.	
	10 a	Gross sales of inventory, less returns and allowances	10a		- ├-	0, 202.	
	b	Less: cost of goods sold	10b				
	1	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from		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				12 618,604.	
	13	Program services (from line 44, column (B))				13 583,244.	
Ses	14	Management and general (from line 44, column (C))				14 34,324.	
Expenses	15	Fundraising (from line 44, column (D))	L	15 20,562.			
X	16	Payments to affiliates (attach schedule)			L	16	
	17_	Total expenses. Add lines 16 and 44, column (A)		<del></del>		638,130.	
y)	18	Excess or (deficit) for the year. Subtract line 17 from line 12				18 <19,526.>	
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19 370,448.	
-A			EE	STATEMENT :		20 3,405.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				<u>354,327.</u>	

723001 12-27-07

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

Form 990 (2007) D

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 6b, 8b, 9b, 10b, or 16 of Par		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised for	unds				
(attach schedule)					
(cash \$0 • noncash \$	0.				
If this amount includes foreign grants, check	here 22a				
22b Other grants and allocations (atta	ch schedule)		_		
(cash \$ 0 • noncash \$	0.				
If this amount includes foreign grants, check	here 🕨 🔲 22b				
23 Specific assistance to individuals	(attach				
schedule)	23				
24 Benefits paid to or for members (a	attach				
schedule)	24				
25a Compensation of current officers, dire					
employees, etc. listed in Part V-A	. 25a	70,520.	67,487.	776.	2,257.
<b>b</b> Compensation of former officers, direct					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions					
above, to disqualified persons (as defi					
section 4958(f)(1)) and persons descri	1 1				
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees					
included on lines 25a, b, and c	26	357,404.	342,037.	3,930.	11,437.
27 Pension plan contributions not inc		1		7,2,3,3	
lines 25a, b, and c	27				
28 Employee benefits not included o					
25a · 27	28	39,302.	37,612.	432.	1,258.
29 Payroll taxes	29	40,805.	39,050.	449.	1,306.
30 Professional fundraising fees	30		32/3333		<u> </u>
31 Accounting fees	31	14,350.	· · - · ·	14,350.	
32 Legal fees	32				
33 Supplies	33	18,187.	17,944.	63.	180.
34 Telephone	34	6,567.	6,285.	72.	210.
35 Postage and shipping	35	3,097.	2,964.	34.	99.
36 Occupancy	36	9,600.	9,187.	106.	307.
37 Equipment rental and maintenance	· · · · —	8,762.	8,384.	97.	281.
38 Printing and publications	38	3,771.	3,608.	42.	121.
39 Travel	39	9,740.	9,321.	107.	312.
40 Conferences, conventions, and m		11,783.	11,276.	130.	377.
44 Interest	41	11//031		1300	
41 Interest		8,829.		8,829.	<del></del>
43 Other expenses not covered above		0,0251		0,023	_
a OTHER CONTRACTED		14,479.	14,475.	1.	3.
DUES AND SUBSCRIP		1,256.		1,256.	
c PARKING	43c	9,635.	9,221.	106.	308.
d OPEN HOUSE EXPENS		1,959.			1,959.
e OTHER EXPENSES	43e	3,495.		3,495.	
f INSURANCE	43f	4,589.	4,393.	49.	147.
	430	=,505.		=	
44 Total functional expenses. Add lines					
43g. (Organizations completing colum		İ			
carry these totals to lines 13-15)	44	638,130.	583,244.	34,324.	20,562.
loint Costs Chack			JUJ,444.	<u> </u>	40,304.

Joint Costs. Check ▶ 🔼 If you are following SOP 98-2.		
Are any joint costs from a combined educational campaign and fundr	aising solicitation reported in (B) Program services?	► X Yes  No
if "Yes," enter (i) the aggregate amount of these joint costs \$	1,743. ; (ii) the amount allocated to Program services \$	1,604.
(iii) the amount allocated to Management and general \$	35. : and (iv) the amount allocated to Fundraising \$	105.

m 990 (2007) BERKS CONNECTIONS/PRETRIAL SERVICES 23-1 art III Statement of Program Service Accomplishments (See the instructions.)	.969810 Page 3
m 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a power than the public perceives an organization in such cases may be determined by the information presented on its return. Thereform is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.	•
at is the organization's primary exempt purpose?   E ATTACHED NARRATIVE.  Organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of interest in the served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations 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.)
VOLUNTEER RECRUITMENT AND TRAINING - SEE ATTACHED NARRATIVE  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  CRIMINAL & JUVENILE JUSTICE PROGRAMS - SEE ATTACHED	11,016.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □ CRIME AND DELINQUENCY COUNSELING AND PREVENTION - SEE ATTACHED NARRATIVE.	470,762.
	and III Statement of Program Service Accomplishments (See the Instructions.)  In 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a per the public perceives an organization in such cases may be determined by the information presented on its return. Thereform is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.  It is the organization's primary exempt purpose?   If ATTACHED NARRATIVE.  In a clear and concise manner. State the number of this served, publications issued, etc. Discuss achievements in a clear and concise manner. State the number of this served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  VOLUNTEER RECRUITMENT AND TRAINING — SEE ATTACHED NARRATIVE  (Grants and allocations \$ ) If this amount includes foreign grants, check here   CRIMINAL & JUVENILE JUSTICE PROGRAMS — SEE ATTACHED  NARRATIVE  (Grants and allocations \$ ) If this amount includes foreign grants, check here   CRIME AND DELINQUENCY COUNSELING AND PREVENTION — SEE

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

583,244. Form **990** (2007)

101,466.

(Grants and allocations

(Grants and allocations

• Other program services (attach schedule)
(Grants and allocations \$

d

\$

\$

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

Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) Beginning of year (B) End of year should be for end-of-year amounts only. Cash · non-interest-bearing 27,173. 45 45 300. 205,954. 46 Savings and temporary cash investments 199,907. 46 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 14,905. 49 Grants receivable 49 46,455. 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 b Less: allowance for doubtful accounts 51b 51c 52 Inventories for sale or use 52 2,865. 5,026. Prepaid expenses and deferred charges 53 5 ▶ X FMV 54 a Investments - publicly-traded securities STMT 107,671. Cost 54a 111,076. b Investments - other securities 54b 55 a Investments - land, buildings, and equipment. basis 55a b Less: accumulated depreciation 55b 55c 56 Investments - other 56 57a 73,593. 57 a Land, buildings, and equipment. basis 57b ,357 41,065. 32,236. b Less: accumulated depreciation STMT 3 57c Other assets, including program-related investments 58 (describe ► 59 Total assets (must equal line 74). Add lines 45 through 58 393,586. 59 401,047. 5,218. 29,742. 60 Accounts payable and accrued expenses 60 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 SEE STATEMENT 4 17,920 16,978. Other liabilities (describe 65 Total liabilities. Add lines 60 through 65 23,138 66 46,720. Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Vet Assets or Fund Balances 365,448 354,327. 67 Unrestricted Temporarily restricted . . . . ... 5,000. 0. 68 68 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here 
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. 370,448 (Column (A) must equal line 19 and column (B) must equal line 21) 73 354,327.

393,586

74

Total liabilities and net assets/fund balances. Add lines 66 and 73

BERKS CONNECTIONS/PRETRIAL SERVICES

23-1969810

Form 990 (2007)

Form 990 (2007)

	990 (2007) BERKS CONNECTIONS/PRE	<u>TRIAL SERVICE</u>	ES	23-1969	<u>810</u>		age 6
	rt V-A Current Officers, Directors, Trustees, and Ke	<del></del>	<del></del>		,	Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted meetings	to vote on organization bu	siness at board	15			
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)							x
	•				75b	<del>                                     </del>	<b>├</b> ^-
C	Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, receive compensation from any other organizations,	d other independent conti whether tax exempt or tax	actors listed in Sc	hedule A,			
	organization? See the instructions for the definition of "related organ	•		•	75c		X
_	If "Yes," attach a statement that includes the information described	in the instructions.					İ
	Does the organization have a written conflict of interest policy?  rt V-B Former Officers, Directors, Trustees, and Ke	v Employage That F	Pagainad Cam		75d	X	<u> </u>
Га	Benefits (If any former officer, director, trustee, or key er the year, list that person below and enter the amount of co	nployee received compens	sation or other ber	efits (describe	d belo	w) du	
	the year, list that person below and enter the amount of co	Impensation of other benefit	(C) Compensation			E) Expe	
	(A) Name and address NONE	(B) Loans and Advances	(if not paid, enter -0-)	employee benefi plans & deferred compensation pla	t à	ccount	and
	<del></del>				┿-		
				·	+-		
						_	
					┼		
- <b>-</b>					ŀ		
					+		
Pai	t VI Other Information (See the instructions.)				┸	Yes	No
76	Did the organization make a change in its activities or methods of co	nducting activities? If "Yes		d		163	140
• •	statement of each change		-, andon a detaile	~	76		X
77	Were any changes made in the organizing or governing documents but "Yes," attach a conformed copy of the changes.	out not reported to the IRS	?		77		X
78 a		O or more during the year	covered by this ret	urn?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	during the year	Jova Dy una iet	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contra	action during the vear? If "	Yes," attach a sta	· · ·	79		X
	Is the organization related (other than by association with a statewide	• •	•	F			
	membership, governing bodies, trustees, officers, etc., to any other e	<del>-</del>			80a		X
b	If "Yes," enter the name of the organization▶N/A		<u> </u>	<u> </u>	Ţ		
		and check whether it is	exempt or	nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instruction	ons.)	81a	0.			
<u> </u>	Did the organization file Form 1120-POL for this year?		<del></del>		81b	990 (	<u>X</u>
					1 00111	-3U (	2001)

_	_	990 (2007) . BERKS CONNECTIONS/PRETRIAL SERVICES 23-1969	810		age 7
F	2aı	t VI Other Information (continued)		Yes	No
82	2 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	3 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<b>_</b>
	b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? N/A	83b		<b> </b>
84	la	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			İ
		tax deductible? N/A	84b		<u> </u>
85		501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		<del> </del>
	b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		<u> </u>
		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			
	đ	Section 162(e) lobbying and political expenditures 856 N/A	1		
	e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e N/A	ł		
	T -	Taxable amount of lobbying and political expenditures (line 85d less 85e)	05-		
	9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		<del> </del>
	h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
		to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  N/A	85h		
86		following tax year? N/A  501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on	_0011		
00	,	line 12 86a N/A			
	ь	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			
0,	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	i		
88	l 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?			
		If "Yes," complete Part IX	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		х
89	a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
		section 4911▶ 0 . ; section 4912 ▶ 0 .			
	b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
		transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
		If "Yes," attach a statement explaining each transaction	89b		_X_
	C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			ĺ
		sections 4912, 4955, and 4958			İ
	d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		<u>X</u>
	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? N/A	89g		L
90		List the states with which a copy of this return is filed ▶ PA			
		Number of employees employed in the pay period that includes March 12, 2007	7.0		14
91	a	The books are in care of THE ORGANIZATION  Telephone no. (610) 4			
		Located at $\triangleright$ 633 COURT STREET, 16TH FLOOR, READING, PA ZIP+4 $\triangleright$ 1			
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		162	No
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
		If "Yes," enter the name of the foreign country   N/A  See the restriction for expectation and filter requirements for First TD 500 00 4. Report of Fareign Reply			i
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
-		and Financial Accounts.	Form	<u>99</u> 0	(2007)
			. 01111		(

Form 990 (2007) B	ERKS CONNEC'	rions/	PRETRIAL SER	VIC	<u>ES 23-</u>	<u>1969810 Page 8</u>
Part VI Other Informati	ion (continued)				<del>-</del>	Yes No
c At any time during the calend	•			f the Ur	nited States?	91c X
If "Yes," enter the name of the	-		N/A		<u> </u>	
92 Section 4947(a)(1) nonexemp		-		heck he		. ▶ 📖
and enter the amount of tax-					. 92	<u> </u>
Part VII Analysis of Inco				T =		
Note: Enter gross amounts unless	s otherwise	(A)	ted business income		led by section 512, 513, or 514	(E)
ındıcated.		Business	(B) Amount	(C) Exclu- sion	(D) Amount	Related or exempt
93 Program service revenue		code		code		function income
a COURT RELEASE	PROGRAM			$\sqcup$		
b REVENUE						443,484.
c <u>INTERMEDIATE P</u>	<u>UNISHMENT</u>			<u> </u>		
d PROGRAM						<u>13,000.</u>
e						
f Medicare/Medicaid payments	s					
g Fees and contracts from gove	ernment agencies				_	<del></del>
94 Membership dues and assess	sments					<u> </u>
95 Interest on savings and temporary	y cash investments			14	9,579.	
96 Dividends and interest from s	ecurities .			14	3,539.	
97 Net rental income or (loss) fro	m real estate:					
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) fro	m personal property					
99 Other investment income						
100 Gain or (loss) from sales of as	sets					
other than inventory						
101 Net income or (loss) from spe	cial events					6,404.
102 Gross profit or (loss) from sale	Г					
103 Other revenue:						
a						
b						
					-	
d			<del></del>			
е						
104 Subtotal (add columns (B), (D)	) and (F))		0.		13,118.	462,888.
105 Total (add line 104, columns (				<del></del>	13/1101	476,006.
Note: Line 105 plus line 1e, Part I,		nt on line 1.	2, Part I.		<b>,</b>	4,0,000
			<u> </u>	t Pun	poses (See the instruction	ons.)
<del></del>					antly to the accomplishment of	<del></del>
exempt purposes (other t	-			, iiipoi ti	andy to the decomplianment c	n the organization o
SEE STATEM						_
			· <del>-</del>		<del></del>	
-	<del></del>				<del> </del>	<del>-</del>
Part IX Information Rec	garding Taxable S	Subsidiar	ies and Disregarde	ed En	tities (See the instruction	75.)
(A)	(B)		(C)		(D)	(E)
Name, address, and EIN of corporati partnership, or disregarded entity	on, Percentage of ownership interest	,	Nature of activities		Total income	End-of-year assets
paraneremp, or disregarace entry	9	<del></del>				<u> </u>
N/A	9	+				
IV/ A3	9/			+		
	9/					
Part X Information Reg			ted with Personal	Bene	fit Contracts (See the	instructions )
·····			-		·	<del></del>
(a) Did the organization, during the y	· · · · · · · · · · · · · · · · · · ·	-			nai Denenii Contract?	Yes X No
(b) Did the organization, during the y		-		muact?		Yes X No
Note: If "Yes" to (b), file Form 88	/u and rom 4/20 (see	INSTRUCTION	sj		<del></del>	Fo 000 (000=)
						Form <b>990</b> (2007)

## SCHEDULE A .

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

723101/12-27-07

## **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

2007

Name of the organization				
		23 19698		
enter "None.")	Officers, Dire			
(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	e (e) Expense account and othe allowances	
-				
_				
-				
0			-	
-		onal Servic	es	
	<del></del>	service	(c) Compensation	
			,	
0				
ional services, whether individu		ervices		
nan \$50,000	(b) Type of s	ervice	(c) Compensation	
0				
	enter *None.*)  (b) Title and average hours per week devoted to position  O  ependent Contractor is or firms). If there are none, ethan \$50,000	apployees Other Than Officers, Direcenter "None.")  (b) Title and average hours per week devoted to position  O  ependent Contractors for Professis is or firms). If there are none, enter "None.")  han \$50,000  (b) Type of s  O  ependent Contractors for Other Sectional services, whether individuals or ins.)  han \$50,000  (b) Type of s  O  ependent Contractors for Other Sectional services, whether individuals or ins.)	priority (b) Title and average hours per week devoted to position  Other (c) Title and average hours per week devoted to position  Other (c) Title and average hours per week devoted to position  Other (c) Compensation  Oth	

50	medule A (Form 990 or 990-E2) 2007 BERKS CONNECTIONS/PRETRIAL SERVICES 23-196	<u> 981</u>	<u>0</u> F	Page 2		
F	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		
١	b Lending of money or other extension of credit?	2b		Х		
(	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 8	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		
١	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		Х		
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		
ı	b Did the organization make any taxable distributions under section 4966? N/A	4b				
(	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c				
(	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.		
1	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					
(	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.		

Conca	10 71 (1	OHI 300 OF 300 CE) 2001 BERKS COMMECT	TONS/PREIKI	HL SERVICES	<u> </u>	<u> </u>	69810 Page 3			
Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 8 of the instruction	ons.)					
5 6 7 8 9	y that th	the organization is not a private foundation because it is: (Please check only <b>ONE</b> applicable box.)  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).								
11a 11b 12	<b>X</b>	(Also complete the <b>Support Schedule</b> in Part IV-A.)  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 <b>Support Schedule</b> in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  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 <b>Support Schedule</b> in Part IV-A.)								
13		An organization that is not controlled by any disqualifie 509(a)(3). Check the box that describes the type of sur Type I Type II	pporting organization; Type III-Fu	nctionally Integrated		Type III-0				
		Provide the following information at	pout the supported organ	izations. (See page 8 of	the instruction	ons.)	<del></del>			
		(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				
rotal						<b> </b>				
	_	·	<del>-</del>		•					

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Add: Amounts from column (e) for lines: 16 27c N/A d Add: Line 27a total 27d N/A and line 27b total Public support (line 27c total minus line 27d total) 27e N/A Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 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

<sup>28</sup> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	NO
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:	_		:
a	Students' rights or privileges?	33a	-	
b	Admissions policies?	33b		-
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		_
_	Educational policies?	33e		
f	Use of facilities?	33f		
'	Athletic programs?	33g		
y h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	3011		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	— 34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
15	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,		-	
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

	(To be completed ONL)	by an eligible organization that filed Fo	orm 5768)			
Che	eck <b>a</b> if the organization be	longs to an affiliated group.	Check ▶ b	If you ched	cked "a" and "limited contr	ol" provisions apply.
		on Lobbying Expenditures nditures' means amounts paid or incurr			(a) Affiliated group totals	(b) To be completed for all electing organizations
36 37 38 39	Total lobbying expenditures to influe Total lobbying expenditures (add line	nce public opinion (grassroots lobbying) nce a legislative body (direct lobbying) s 36 and 37)	))	36 37 38 39	N/A	
40	Total exempt purpose expenditures (	add lines 38 and 39)		40		
41	Lobbying nontaxable amount. Enter	he amount from the following table -				
	If the amount on line 40 is -	The lobbying nontaxable amor	unt 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	rer \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over	rer \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over	r \$1,500,000	i l		
	Over \$17,000,000	\$1,000,000				
42	Grassroots nontaxable amount (ente	25% of line 41)		42		
43	Subtract line 42 from line 36. Enter -	)- 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 fi	ile 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.)

		Lobbying Exp	enditures During 4-Year A	veraging Period	N/A_
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2006	(c) 2005	( <b>d)</b> 2004	(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 14 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
- 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
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- 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
	<del>-</del>	
	-	
	_	
		-
	<u> </u>	
	L	0.
L		<del></del>

		7 BERKS CONNECTION			23-196			Page 7
Part		garding Transfers To an		d Relationships Wit	h Noncharita	ble		
		zations (See page 14 of the insti						
		lirectly or indirectly engage in any of	•	-	ection			
		section 501(c)(3) organizations) or i		olitical organizations?		_		
	• •	ganization to a noncharitable exemp	t organization of:			_	/es	No
	(i) Cash					51a(i)		<u>X</u>
	ii) Other assets					a(ii)		_X_
-	ther transactions:							
		ets with a noncharitable exempt orga	nization			b(i)		<u>X</u>
•	•	a noncharitable exempt organization				b(ii)		X
	ii) Rental of facilities, equipme					b(iii)	_	X
	v) Reimbursement arrangeme	ents				b(iv) b(v)		X
	v) Loans or loan guarantees	r membership or fundraising solicitat	hone			b(vi)		X
	•	, mailing lists, other assets, or paid e				C		X
		re is "Yes," complete the following sci	· ·	alwave show the fair market v	alue of the			
	-	s given by the reporting organization	• •	-				
		nent, show in column (d) the value o	•		,	N	/A	
(a)	(b)	(c)	, , , , , , , , , , , , , , , , , , , ,		(d)		<i>,</i>	
Line no.		Name of noncharitable ex	empt organization	Description of transfers, tr	ansactions, and sh	arıng arrat	ngem	ents
							_	
					_			
	-							
	-							
	<del> </del>							
				<u></u>				
			541					
52 a ls	the organization directly or in-	ı dırectly affiliated with, or related to, o	one or more tay-exempt org	I	on 501/c) of the			
	ode (other than section 501(c)	-	one of more tax exempt orgi	anizations described in section	• • • • • • • • • • • • • • • • • • • •	Yes	X	No
	"Yes," complete the following s					163		. 140
	(a)		(b)		(c)			
	(a) Name of org	ganization	Type of organization	Descrip	ition of relationship			
		<u> </u>						
	<del></del>			-	<del></del>			
	<del></del>			_				
	<del></del>							
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			<del>-</del>					
	··-							

Current Year Deduction	• 0	• 0	0.	0.	0	0	0.	0.	0.	0.	0.	0.	0.	0.	0.	0	0	0
Current Sec 179											·							
Accumulated Depreciation	325.	1,920.	125.	126.	770.	1,214.	2,138.	168	1,086.	1,086.	405.	249.	364.	227.	1,045.	611.	298.	1,902.
Basis For Depreciation	325.	1,920.	125.	126.	770.	1,214.	2,138.	168.	1,086.	1,086.	405.	249.	364.	227.	1,045.	611.	298.	1,902.
Reduction In Basis			. "		ş 1								-	ē r	,		ï	
Bus % Excl	-	Ē					-		1	The statement of the st	1	Į,	!	i i	1	r	1	
Unadjusted Cost Or Basis	325.	1,920.	125.	126.	770.	1,214.	2,138.	168.	1,086.	1,086.	405.	249.	364.	227.	1,045.		298.	1,902.
Line No	16	16	16_	16_	16	16	16_	16	16	16	16	16	16	16	16	16	16	16
Life	7.00	7.00	7.00	7.00	7.00	700	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Method	SL	SL	Z.F	ZI	SIL	SL	SL	SL	SL	SL	SIL	SL	ZI.	SI	SL	SL	5SL	$\mathbf{SL}$
Date Acquired	020893 <u>S</u> T	121693SL	120294SL	120294SL	120294SL	120294SL	120294SL	120294SL	120294SL	120294SL	12 <u>0</u> 294 <u>S</u> L	120294SL	120294SL	120294SL	120294SL	120294SL	121995	121995SL
Description	THON PNEUMATIC CHAIR	non stue	SCORNER TABLE	FROUECT, G	RN DESKS	SS A SU LIGHT OAN	CING FILE CAB.	f r	THREE RECIANGULAR 9FOLDING TABLES	TWC	FOLDING	129 HANGER COAT RACK	OVERNEAD	14RACK/STAND	SFOUR ARM CHAIRS	16SOFA	A 30" DECK	- GY
Asset	• •		. •	-						Ä	H	-1	-	ť	Ä	Ţ	<del>-</del>	1

(D) - Asset disposed

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

## 2007 DEPRECIATION AND AMORTIZATION REPORT

## FORM 990 PAGE 2

990

Asset	Description	Date Acquired	Method	Life	Line	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction	
6	SIX SIDE CHAIRS W/ 19SLED BASE	121995SL	I	7.00	16	1,188.			1,188.	1,188.	đ	0	
20	20LOVESEAT SOFA W/ TRIM	121995SL		7.00	16	744.			744.	744.		.0	
21	210AK END TABLE (4)	121995	5SL	7.00	16	1,284.		,	1,284.	1,284.		0.	
22	22TWO SUPER SORTERS	121995	5SL	7.00	16	278.	E E		278.	278.		0	
23	LAMPS/IMPERIAL (4)	121995	5SL	ر. 7 ق	16	560.	•	1 1	560.	- 260	·	0.	
77	CASE	121995SL	SL -	7.00	16_	385.		,	385.	385.		0.	
25	25TWO_SIGN-IN/QUT_BOARDS121995SL	121995	SL	7.00	16_	318.	+		318.	318.	,	0.	
26	2620 STACK CHAIRS W/ ARM	W/ ARM1219955L	SL	7.00	16_	8,920.	r I	-	8,920.	8,920.		0.	
27	27POSTURE CLERK CHAIR	110196SL	ŠĻ	7.00	16_	137.		,	137.	137.		0.	
8 2	1000 t	111496SL	SL	7.00	16_	305.	E E	T E	305.	305.		0.	
5	DESK,	111496SL	SL	7.00	16	479.	-	ı	479.	479.		0.	
0 8	30HP COMPUTER W/ MONITOR040302SL	0 4 0 3 0 2	SL	5.00	16	520.			520.	494.		26.	
31	31HP 940C INKJET PRINTERO40302SL	10 4 0 3 0 2	ŠĪ	5.00	16	180.	·		180.	171.	- "	.6	
2	32QUICKBOOKS 2002	040302SL	SL	3.00_	16	191.		i v	191.	191.		0.	
33	COMFOLER ETHERNET	090402SL	SL	5.00	16	205		1 1	205.	178.		27.	
7	Z PRESARTO	012203SL	SL	2.00	16	1,497.	1		1,497.	1,171.		299.	
2	[2]	09 <u>14</u> 04SL	SL	2.00	16	1,422.			1,422.	663.		284.	
9	36FOUR CELL PHONES	042304SL		5.00	16	560.			560.	299.		112.	

728102 04-27-07

(D) - Asset disposed

# 2007 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

990

Current Year Deduction	7,700.	372.	8,829.											ě			
Current Sec 179			0.										-				
Accumulated Depreciation	642.	62.	32,528.				· · · · · · · · · · · · · · · · · · ·				_						-
Basis For Depreciation	38,500.	1,861.	73,593.			r J r		I			1		f 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ł		:
Reduction In Basis	,		0		1	,	r		i		ı		i.	1	1		1
Bus % Excl	<b>;</b>		,	ľ				f	1	•	1	1	: 		!		1
Unadjusted Cost Or Basis	38,500.	1,861.	73,593.		* * * * * * * * * * * * * * * * * * * *		,	4				1		1	in the same of the	ı	
S S	16	16			   	t		1	ı		-	E E		) 		I	
Life	2.00	5.00	, , , , , , , , , , , , , , , , , , , ,		estelle descendent on market on	t tan tanahan	1				1		****		-		
Method	Šīr		-	ŧ	; 	E E E	-			1	1	1	1			ı	1
Date Acquired	12010 <u>6</u> 8L	110106SL	1		***************************************		1	I		1	1		1			1	I
Description	PRETRIAL CASE 37MANAGEMENT SOFTWARE	38THINKPAD R60	THE PAGE						1	1	** ** ** ** ** ** ** ** ** ** ** ** **				1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1
Asset	3.	38.		r I	!	I				_	! ! !	1			1	 	

728102 04-27-07

(D) - Asset disposed

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

FORM 990 SE	PECIAL EVI	ENTS AND ACTI	VITIES	SI	'ATEMI	ENT
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES		INCOM (LOSS
AWARDS BREAKFAST SOFTBALL TOURNAMENT	7,705. 2,412.		7,705. 2,412.	2,736. 977.		4,969 1,435
TO FM 990, PART I, LINE 9	10,117.		10,117.	3,713.	· ——	6,404
FORM 990 OTHER CHANG	SES IN NET	r ASSETS OR F	UND BALANC	ES ST	'ATEMI	ENT
DESCRIPTION					JOMA	JNT
UNREALIZED GAIN ON INVESTME	ENTS					3,405
TOTAL TO FORM 990, PART I,	LINE 20				<del></del> -	3,405
FORM 990 DEPRECIATION	OF ASSETS	NOT HELD FO	R INVESTME	nt st	АТЕМ	ENT
DESCRIPTION	c	COST OR OTHER BASIS	ACCUMULA'		ook v	ALUE
HON PNEUMATIC CHAIR SIXTEEN HON SIDE CHAIRS CORNER TABLE SCREEN PROJECT, HANGING	_	325. 1,920. 125. 126.	1	325. ,920. 125.		0 0 0
TWO 48 X 24 RIGHT RETURN DE TWO 66 X 30 LIGHT OAK DESKS TWO 5-DRAWER LATERAL LOCKIN	5	770. 1,214.		770.		0
FILE CAB. ONE CHAIR - CLERK THREE RECTANGULAR FOLDING TABLES		2,138. 168. 1,086.		,138. 168. ,086.		0
TABLES THREE TRAPEZOID FOLDING TAE RECTANGULAR FOLDING TABLE 9 HANGER COAT RACK	BLES	1,086. 1,086. 405. 249.		,086. ,086. 405. 249.		0 0
TWO 29" OVERHEAD STANDS COAT AND UMBRELLA RACK/STAN FOUR ARM CHAIRS	TD	364. 227. 1,045.	1,	364. 227. ,045.		0 0 0
SOFA 4-DRAWER LATERAL FILE W/ LO THREE 60 X 30" DESKS E/PED GY		611. 298. 1,902.	1	611. 298.		0
G1 SIX SIDE CHAIRS W/ SLED BAS	E	1,188.	-	,188.		0

BERKS CONNECTIONS/PRETRIAL SERVICE	CES		23-1969810
LOVESEAT SOFA W/ TRIM	—— 744.	744.	0.
OAK END TABLE (4)	1,284.	1,284.	0.
TWO SUPER SORTERS	278.	278.	ŏ.
BURGUNDAY LAMPS/IMPERIAL (4)	560.	560.	0.
LITERATURE DISPLAY CASE	385.	385.	0.
TWO SIGN-IN/OUT BOARDS	318.	318.	
20 STACK CHAIRS W/ ARM	8,920.	8,920.	0.
POSTURE CLERK CHAIR	137.	137.	0.
DESK 48X24" LEFT RETURN			0.
	305.	305.	0.
66X30" DESK, S/PED, OAK	479.	479.	0.
HP COMPUTER W/ MONITOR	520.	520.	0.
HP 940C INKJET PRINTER	180.	180.	0.
QUICKBOOKS 2002	191.	191.	0.
COMPAQ COMPUTER W/ MONITOR &			
HP PRINTER	205.	205.	0.
20 IPM ETHERNET LASER PRINTER	1,497.	1,470.	27.
COMPAQ PRESARIO COMPUTER	1,422.	947.	475.
FOUR CELL PHONES	560.	411.	149.
PRETRIAL CASE MANAGEMENT			
SOFTWARE	38,500.	8,342.	30,158.
THINKPAD R60	1,861.	434.	1,427.
TOTAL TO FORM 990, PART IV, LN 57 =	<del></del>		
	LIABILITIES		STATEMENT 4
FORM 990 OTHER	LIABILITIES	BEGINNING OF YEAR	STATEMENT 4 END OF YEAR
FORM 990 OTHER DESCRIPTION	LIABILITIES		
FORM 990 OTHER  DESCRIPTION  ACCRUED PAYROLL AND WITHHOLDINGS	-	OF YEAR 17,920.	END OF YEAR 16,978.
FORM 990 OTHER  DESCRIPTION	-	OF YEAR	END OF YEAR
FORM 990 OTHER  DESCRIPTION  ACCRUED PAYROLL AND WITHHOLDINGS  TOTAL TO FORM 990, PART IV, LINE 65	-	OF YEAR  17,920.  17,920.	END OF YEAR 16,978.
FORM 990 OTHER  DESCRIPTION  ACCRUED PAYROLL AND WITHHOLDINGS  TOTAL TO FORM 990, PART IV, LINE 65  FORM 990 NON-GOVERN	-	OF YEAR  17,920.  17,920.  S  OTHER PUBLICLY ATE TRADED	END OF YEAR  16,978.  16,978.  STATEMENT 5  TOTAL NON-GOV'T
FORM 990 OTHER  DESCRIPTION  ACCRUED PAYROLL AND WITHHOLDINGS  TOTAL TO FORM 990, PART IV, LINE 65  FORM 990 NON-GOVERN	MENT SECURITIES	OF YEAR  17,920.  17,920.  S  OTHER PUBLICLY ATE TRADED	END OF YEAR  16,978.  16,978.  STATEMENT 5  TOTAL NON-GOV'T SECURITIES  71,534.

FORM	990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	6
LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES		
93A	SERVICES ARE PROVIDED TO ASSIST IN REDUCING PRISON OVEROBERKS COUNTY PRISON. THE CRIMINAL JUSTICE SERVICES STRITHE CLIENTS ON A ROAD TO REHABILITATION, EMPLOYMENT, EDULAW ABIDING AND PRODUCTIVE LIFE.	IVE TO ASSIST	E
93C 101	SAME EXPLANATION AS FOR LINE NUMBER 93A.  SPECIAL EVENTS ARE HELD TO BRING TOGETHER PEOPLE AND ORGINVOLVED IN THE CRIMINAL JUSTICE SYSTEM, TO RAISE AWAREN		

MISSION AND TO ASSIST IN ACHIEVING OUR MISSION.

<del>*                                     </del>			
SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2D	STATEMENT	7

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

## **4562**

Department of the Treasury Internal Revenue Service Name(s) shown on return

## **Depreciation and Amortization** 990 (Including Information on Listed Property)

► Attach to your tax return.

2007

Attachment Sequence No 67

► See separate instructions.

Business or activity to which this form relates

Identifying number

	RKS CONNECTIONS/PRET						PAGE 2		23-1969810
					stea pi	roperty,	complete Part		
	Maximum amount. See the instructions	•						1 1	125,000.
	Total cost of section 179 property place	,						2	F00 000
	Threshold cost of section 179 property			•				3	500,000.
_	Reduction in limitation Subtract line 3 fr		•	•				. 4	
	Dollar limitation for tax year Subtract line 4 from line		-0- If married fil			1	(a) Flants	5	
6	(a) Description of proj	Jerty		(b) Cost (busin	less use	only)	(c) Elected	o cost	-
	<del> </del>	·				-			-
									i
									1
7	Listed property. Enter the amount from I	ine 29				7			
	Total elected cost of section 179 proper	•	in column (	c), lines 6 and	I 7		<u>-</u>	8	
9	Tentative deduction. Enter the smaller of	of line 5 or line 8	·			•		9	
10	Carryover of disallowed deduction from	line 13 of your 20	006 Form 45	662	•			10	
	Business income limitation. Enter the sm	•		•	ro) or I	ine 5		11	
	Section 179 expense deduction Add lin		-		•			12	
	Carryover of disallowed deduction to 20	•			. ▶	13	•		
Note	e: Do not use Part II or Part III below for	listed property. I	nstead, use	Part V.			-		
Pa	rt II Special Depreciation Allowan	ce and Other D	epreciation	(Do not inclu	de list	ed prop	erty.)		
14	Special allowance for qualified New York Libe	rty or Gulf Opportu	nity Zone pro	perty (other tha	n listed	property	/) and cellulosic		
	piomass ethanol plant property placed in serv							14	
15	Property subject to section 168(f)(1) elec	otion	•				•	15	
	Other depreciation (including ACRS)							16	8,829.
	rt III MACRS Depreciation (Do not	include listed pr	operty.) (See	nstructions.	.)				
	. •		Se	ection A					
17	MACRS deductions for assets placed in	service in tax ye	ars beginnin	ng before 200	7			17	
	f you are electing to group any assets placed in service					heck here	. ▶ 🗆		
	Section B - Assets F						neral Deprecia	ition Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property				2	5 yrs.		S/L	
<b>L</b>	Residential rental property	/			27	'.5 yrs.	MM	S/L	
h	nesideritiai reritai property	/			27	'.5 yrs.	MM	S/L	
i	Nonresidential real property				3	9 yrs.	MM	S/L	
		/			<u>.                                    </u>		MM	S/L	
	Section C - Assets Plant	aced in Service	During 2007	7 Tax Year U	sing th	ne Alter	native Deprec		stem
<u>:0a</u>	Class life			-			_	S/L	
<u>b</u>	12-year					2 yrs.		S/L	
C	40-year	/			4	0 yrs.	MM	S/L	
	rt IV Summary (see instructions)			_					
	usted property. Enter amount from line 2	•	•	•				21	
	<b>Total.</b> Add amounts from line 12, lines 14	=							
	Enter here and on the appropriate lines of	-		-	tions -	see inst	<u>r</u>	22	8,829.
	For assets shown above and placed in s	_	current yea	r, enter the					
1000	portion of the basis attributable to section	n 263A costs	<del> </del>			23			

For	rm 4562 (2007)	950	KS CON	ME/m.	TONG A	/ DD E1	ד א ד סח	ਂ ਵਾਲ	DVICE	. C		22	1066	010	Dogo
_	art V Listed Proper	ty (Include a	utomobiles, d								ers, and		- 1969 y used f		
<u> </u>	recreation, or a	amusement.)	)										=		
_	through (c) of S	Section A, al	l of Section B	, and Se	ction C	d mileag f applica	able_	r dedu	curiy leas	e expen	se, com	Diete on	iy 24a, 2 ———	4D, COIU 	mns (a)
Se	ction A - Depreciation a	ınd Other in	formation (C	aution:	See the	instructi	ons for l	imits fo	r passeng	ger autoi	mobiles.	)			
<u>24a</u>	Do you have evidence to s	support the bu	usiness/investm	ent use c	laımed?	<u>у</u>	es_ 🗌	□ No	24b If "Y	'es," ıs t	he evide	nce writ	tten?	Yes [	No
	_ (a)	(b) Date	(c) Business	,	(d)		(e)		<b>(f)</b>		(g)	1	(h)		(i)
	Type of property (list vehicles first )	placed in	investmer	it   ,	Cost or other basis	l /bu	sis for depr isiness/inve		Recovery period		ethod/ vention		eciation luction		ected on 179
	<u> </u>	service	use percent	iye			use onl	<u> </u>			Vention	1 000			ost
25	Special allowance for qu			Zone pro	perty pla	iced in s	service d	unng t	he tax yea	ar and		İ			
	used more than 50% in				•						25	<u> </u>		<u> </u>	
<u>26</u>	Property used more that	in 50% in a c	qualified busii	i	); 					1		T		1	
	<del>-</del>	<del>                                     </del>	1	%						1		1		ļ	
		<b>.</b>	_	%						<del> </del>		-		╁	
_	Droporty wood 500/ or k		Hind business	%			<del></del>			<u> </u>		1		L	
21	Property used 50% or le	ess in a quai	Thea busines:			———				0.0	_	T		T	_
_		<del>                                     </del>		% %			-		_	S/L ·		<del> </del>		1	
_		<del>                                     </del>		%		_				+ -		+		1	
	Add amounts in solumn	/h) lines 25	through 27	·	ro and a		2000 1	-		S/L -	1 00	-		1	
	Add amounts in column Add amounts in column		-				, page i				_28	1	1 00	<del>                                     </del>	
<u> 29</u>	Add amounts in column	1 (1), 11110_20. 6	_				on Hee	-6 \/ a k	ialaa				29		
Ca	mplete this section for ve	biolog upod			B - Infor					or rolato	d norse	_			
	ou provided vehicles to y												ing this	section f	or
-	se vehicles					0001		. ,		0		00mp.00	go .		<b>.</b>
_							(h)	Π.	(0)	-	<u>~</u>	1 ,	/o)		•
30	Total business/investment	miles driven d	luring the		(a) hicle	1	( <b>b)</b> hicle	۱ <sub>۷</sub>	(c) ehicle	1	<b>d)</b> hicle	1	( <b>e)</b> hicle		f) nicle
•	year (do not include comr		iding the	· · · ·	111010	1	111010	<u> </u>	Ciliolo	- <b>V</b> C.	IIIII	1	indic	V.	IICIC
31	Total commuting miles of	• ,	the vear					<del>                                     </del>				<u> </u>		<u> </u>	
	Total other personal (no	_	· -			<u> </u>		ļ				1			
02	driven	noon maanig	,,												
33	Total miles driven during	the vear.							-						
	Add lines 30 through 32			1								1			
34	Was the vehicle availab	•	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pi	rimarily by a	more												
	than 5% owner or relate	ed person?		_											
36	Is another vehicle availa	ble for perso	onal												
	use?													<u></u>	
		Section C	- Questions	for Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their I	Employe	ees			
Ans	swer these questions to d	determine if y	you meet an o	exceptio	n to com	pleting	Section I	B for ve	ehicles us	ed by e	mployee	s who a	re not m	ore than	า 5%
owi	ners or related persons.														
37	Do you maintain a writte	n policy stat	tement that p	rohibits	all persor	nal use (	of vehicle	es, ıncl	uding cor	nmuting	, by you	r		Yes	No
	employees? .														
38	Do you maintain a writte	n policy stat	tement that p	rohibits	personal	use of v	vehicles,	excep	t commut	ing, by y	our/				
	employees? See the ins	tructions for	vehicles use	d by cor	porate of	fficers, c	irectors,	or 1%	or more	owners				<u> </u>	ļ
39	Do you treat all use of ve	ehicles by er	nployees as p	personal	use?									<u> </u>	-
40	Do you provide more that	an five vehicl	les to your en	nployees	s, obtain	informat	tion from	your e	mployees	about					
	the use of the vehicles,											•		-	<b>↓</b>
41	Do you meet the require								-			•		<u> </u>	ļ
_	Note: If your answer to 3	37, 38, 39, 4	<u>0, or 41 is "Ye</u>	es," do n	ot comp	<u>lete Sec</u>	tion B fo	r the c	overed ve	<u>hicles</u>					<u></u>
P	art VI   Amortization			(1-)	<del></del>	(-)			(-1)		7-1			(6)	
	(a) Description of	costs	Date	(b) amortization		(C) Amortizal	ble		(d) Code		(e) Amortiza		Aı	(f) nortization	
_				begins	<u> </u>	amoun	<u> </u>	- I	section		period or per	centage	fo	r this year	
<u>42</u>	Amortization of costs the	at begins du	ring your 200	τax ye	ar.	_		1		г					<del></del>
			<del>  -</del>		<del>                                      </del>					-+					
40	Amortization of a set of	ot besse 5-4	fore view CCC	7 +	<u> </u>			L	_			40			_
	Amortization of costs the	-	•	-	-	 renort				•		43			
44	Total. Add amounts in c	JOIGHTH (I) DE	<del>so u io ilibulu</del> c	<u> </u>	MILEIGIC	<u> </u>									

## BERKS CONNECTIONS/PRETRIAL SERVICES EIN 23-1969810 FORM 990, PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS ATTACHMENT

<u>Primary Exempt Purpose:</u> 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.

<u>Volunteer Recruitment and Training:</u> More than 550 volunteers actively participated in BCPS/BerksConnections programs in 2007. 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.

<u>Criminal & Juvenile Justice:</u> 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 2007, 1,017 clients were served. BCPS/BerksConnections provides programs and services to individuals involved in the local justice system and their families. 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 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 900 children were served through these programs in 2007. In addition, story books and taped messages of support were mailed from mothers in jail to 1,008 children at home via the Mother's Voice Project in 2007.

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 1,100 clients benefited through these efforts in 2007. Of this group, 264 ex-offenders received assistance with immediate post-release needs such as clothing, transportation and obtaining proper identification. 42 inmates at the Berks County Prison graduated from the Ready to Succeed job training workshop held in conjunction with Berks County CareerLink. The Family and Friends Coping with Incarceration support group held 20 meetings during 2007.

## BERKS CONNECTIONS / PRETRIAL SERVICES—EIN 23-1969810

## 990 PART V-A ATTACHMENT

## Current Board of Directors 2007

Contact address: c/o Organization

	(b) Avg. hrs. Per week	(c) Compensation	(d) Benefits	(e) Expense Acct
John T. Adams, Esq.	1	-0-	-0-	-0-
Sandra Fees, 1 <sup>st</sup> Vice President	2	-0-	-0-	-0-
David R. Eshelman, Esq. – President Emeritus 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 – Chairman	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-
Susan Stalnecker – Treasurer	2	-0-	-0-	-0-
Marianne R. Sutton	1	-0-	-0-	-0-
Glenn D. Welsh, Esq.	1	-0-	-0-	-0-
Mark Stone	1	-0-	-0-	-0-
John Yawornitsky	1	-0-	-0-	-0-
Eric Winter	1	-0-	-0-	-0-