


Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization BERKS CONNECTIONSPRETRIAL SERVICES		<b>D</b> Employer identification number  23-1969810
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number  (610) 478-6920
	633 COURT ST BERKS CTY COURTHOUSE		
	City or town, state or province, country, and ZIP or foreign postal code READING, PA 196014322		<b>G</b> Gross receipts \$ 985,233
<b>F</b> Name and address of principal officer NICOLLE SCHNOVEL 633 COURT ST 16TH FLOOR READING,PA 196014322			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: <b>WWW.BERKS.CONNECTIONS.ORG</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		<b>H(c)</b> Group exemption number <b>1</b>	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>1</b>			<b>L</b> Year of formation 1975
			<b>M</b> State of legal domicile PA

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization’s mission or most significant activities BERKS CONNECTIONS/PRETRIAL SERVICES CREATES A SAFER, MORE PROSPEROUS COMMUNITY BY PROVIDING SERVICES, SUPPORT AND COMMUNITY-BASED OUTREACH TO ADULT OFFENDERS, AT-RISK YOUTH AND THEIR FAMILIES THROUGH SUCCESSFUL COMMUNITY REINTEGRATION AND PRETRIAL-RELATED ASSISTANCE		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	21
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	500	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	114,851	98,782
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	779,277	833,305
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,582	13,903
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,188	-285
		911,898	945,705
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 )		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4 )		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	734,104	758,879
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 15,739		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	169,070	150,122
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	903,174	909,001
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	8,724	36,704
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	443,201	484,224
	<b>21</b> Total liabilities (Part X, line 26)	17,528	20,007
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	425,673	464,217

Part II Signature Block

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

Sign Here	<div>*****</div> <div>Signature of officer</div>	<div>2015-10-13</div> <div>Date</div>			
	<div>JOHN YAWORNITSKY TREASURER</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER A SPANG	Preparer's signature CHRISTOPHER A SPANG	Date 2015-10-13	Check <input type="checkbox"/> if self-employed	PTIN P00471337
	Firm's name <b>WILLIAM G KOCH &amp; ASSOCIATES</b>			Firm's EIN <b>23-2641012</b>	
	Firm's address <b>2650 WESTVIEW DR</b>  <b>WYOMISSING, PA 196101187</b>			Phone no <b>(610) 678-9700</b>	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐

1

Briefly describe the organization's mission

BERKS CONNECTIONS/PRETRIAL SERVICES CREATES A SAFER, MORE PROSPEROUS COMMUNITY BY PROVIDING SERVICES, SUPPORT AND COMMUNITY-BASED OUTREACH TO ADULT OFFENDERS, AT-RISK YOUTH AND THEIR FAMILIES THROUGH SUCCESSFUL COMMUNITY REINTEGRATION AND PRETRIAL-RELATED ASSISTANCE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 626,702 including grants of \$ ) (Revenue \$ 672,197 )

PRETRIAL SERVICES PROGRAM - THE ORGANIZATION SERVES AS THE BERKS COUNTY PRETRIAL AND COURT-APPOINTED BAIL AGENCY AND ASSISTS BERKS COUNTY GOVERNMENT AGENCIES BY PROVIDING PERSONNEL AND SUPPORT TO A NUMBER OF CRIMINAL JUSTICE PROGRAMS PRETRIAL SERVICES FURNISHES INFORMATION RELATING TO THE DEFENDANTS' BAIL TO THE COURT AND PROVIDES SUPERVISED RELEASE FOR DEFENDANTS IN LIEU OF INCARCERATION GOALS OF THE PROGRAM ARE - TO PROVIDE INFORMATION AND ASSISTANCE TO THE COURTS RELATING TO PRETRIAL RELEASE, - TO PROVIDE EFFECTIVE SUPERVISION OF PRETRIAL DEFENDANTS RELEASED ON BAIL, AND - TO IMPROVE PUBLIC SAFETY, PROVIDE AN EQUITABLE SYSTEM OF BAIL AND ASSIST IN THE REHABILITATION OF PRETRIAL DEFENDANTS THE ORGANIZATION PROVIDED 2,140 DEFENDANT ASSESSMENTS TO THE COURTS IN 2014, ASSISTING THE COURTS IN SETTING BAIL AND RELEASE CONDITIONS THE ORGANIZATION SUPERVISED A TOTAL OF 688 DEFENDANTS IN 2014 AND MADE 550 REFERRALS TO SUBSTANCE ABUSE AND/OR MENTAL HEALTH TREATMENT FACILITIES THE COURT APPEARANCE RATE FOR CLIENTS OF THE ORGANIZATION WAS 96% PRETRIAL SERVICES CONDUCTS POST-ARREST INTERVIEWS AND ASSESSMENTS OF CRIMINAL DEFENDANTS PRIOR TO THEIR PRELIMINARY ARRAIGNMENT AND FURNISHES THE VERIFIED RESULTS TO THE JUDICIARY BCPS ALSO PROVIDES STAFFING AND ASSISTANCE TO THE MENTAL HEALTH DIVERSION INITIATIVE, THE GOALS OF WHICH ARE 1) TO DECREASE THE INCARCERATION OF THE NON-VIOLENT MENTALLY ILL POPULATION BY IDENTIFYING AND ASSESSING THESE INDIVIDUALS FOR DIVERSION FROM JAIL AND/OR THE CRIMINAL JUSTICE SYSTEM, LINKING THEM TO APPROPRIATE TREATMENT SERVICES, AND PROVIDING MONITORING THROUGH BCPS/PRETRIAL SERVICES SUPERVISION WHEN APPLICABLE, 2) TO SAVE TAXPAYER MONEY BY REDUCING THE INCARCERATION AND JUSTICE SYSTEM COSTS, AND 3) TO MAINTAIN COMMUNITY SAFETY THE TARGET POPULATION IS NON-VIOLENT INDIVIDUALS WHO HAVE BEEN CHARGED WITH A MISDEMEANOR OR FELONY AND HAVE AN AXIS 1 DIAGNOSIS OF MENTAL ILLNESS REFERRALS FOR THE PROGRAM CAN COME FROM VARIOUS PROFESSIONALS IN THE CRIMINAL JUSTICE SYSTEM AT ANY STAGE OF THE CASE PROCESS, BUT THE GOAL IS TO IDENTIFY AND DIVERT AT THE EARLIEST POINT POSSIBLE IN 2014, THE MENTAL HEALTH DIVERSION PROGRAM HAD 343 CONTACTS, COMPLETED 58 DIVERSIONS, AND PROVIDED 142 REFERRALS TO COLLABORATIVE RESOURCES BCPS/PRETRIAL SERVICES PROVIDES PERSONNEL AND SUPPORT FOR THE BERKS COUNTY INTERMEDIATE PUNISHMENT PROGRAM, A JAIL DIVERSIONARY PROGRAM THAT INVOLVES INTENSIVE COMMUNITY SUPERVISION AND COUNSELING FOR OFFENDERS AND FOR THE BERKS COUNTY TREATMENT COURTS PROGRAM THAT PROVIDES AN INTENSIVE COMBINATION OF COURT-ORDERED TREATMENT AND REGULAR INTERACTION WITH THE TREATMENT COURT JUDGE AND HIS TEAM

4b

(Code ) (Expenses \$ 233,623 including grants of \$ ) (Revenue \$ 141,629 )

REENTRY SERVICES PROVIDES ASSISTANCE AND SUPPORT FOR INMATES AT THE BERKS COUNTY JAIL, RESIDENTS AT THE BERKS COUNTY COMMUNITY REENTRY CENTER AND RETURNING CITIZENS IN BERKS COUNTY, PA IT ALSO OPERATES PROGRAMS THAT CONNECT INCARCERATED PARENTS TO THEIR CHILDREN AT HOME AND HOLDS EVENTS THAT UNITE INMATES WITH THEIR CHILDREN AND FAMILIES FOR A MEAL OR ACTIVITY OUTSIDE THE CONFINES OF THE JAIL GOALS OF THE PROGRAM ARE - TO REDUCE RECIDIVISM AND HELP FORGE POSITIVE OUTCOMES FOR INMATES AT THE BERKS COUNTY JAIL, - TO PROVIDE COMMUNITY-BASED OUTREACH TO INMATES AND THEIR FAMILIES, - TO PROVIDE SERVICES AND SUPPORT TO RETURNING CITIZENS AND TO AID THEIR REINTEGRATION BACK INTO THE COMMUNITY, - TO PROVIDE SAFE AND POSITIVE RECREATIONAL ACTIVITIES FOR CHILDREN OF INMATES AND OTHER AT-RISK YOUTH, AND - TO SERVE AS A LINK BETWEEN THE COMMUNITY, SOCIAL SERVICE AGENCIES AND THE BERKS COUNTY CRIMINAL JUSTICE SYSTEM AND YOUTH-BASED INITIATIVES PRE-RELEASE REENTRY SERVICES BCPS PROVIDES REENTRY-RELATED PROGRAMS AND SERVICES AT THE BERKS COUNTY JAIL AND THE BERKS COUNTY COMMUNITY REENTRY CENTER THESE SERVICES TYPICALLY BEGIN IN THE MONTHS PRIOR TO RELEASE AND CONTINUE AFTER RELEASE TO PROVIDE AN UNINTERRUPTED CONTINUUM OF CARE POST-RELEASE SERVICES ARE AVAILABLE FOR UP TO THREE YEARS AFTER RELEASE PRE-RELEASE SERVICES AND CASE MANAGEMENT FOCUS ON THE FOLLOWING REENTRY NEEDS - EMPLOYMENT - EDUCATION - HOUSING - SUBSTANCE ABUSE AND MENTAL HEALTH COUNSELING AND TREATMENT REFERRALS - IMMEDIATE NEEDS SUCH AS ID , TRANSPORTATION AND CLOTHING RECIDIVISM RATES FOR THIS POPULATION HAVE DROPPED FROM A PRE-PROGRAM AVERAGE OF ALMOST 30% TO AN AVERAGE OF UNDER 10% EMPLOYMENT RATES WERE INCREASED FROM A PRE-PROGRAM AVERAGE OF ABOUT 30% TO OVER 62% POST-RELEASE REENTRY SERVICES BCPS OPERATES THE REENTRY RESOURCE CENTER A ONE-STOP LOCATION FOR EX-OFFENDERS RETURNING TO OUR COMMUNITY FROM THE BERKS COUNTY JAIL SYSTEM, AS WELL AS STATE AND FEDERAL INSTITUTIONS BCPS' COMPREHENSIVE REENTRY STRATEGY INCLUDES - CONDUCTING A COMPREHENSIVE NEEDS ASSESSMENT TO IDENTIFY SPECIFIC CRITICAL AREAS OF NEED, - GATHERING INFORMATION FROM THROUGHOUT THE COMMUNITY TO PROVIDE INFORMATION AND REFERRALS ABOUT LOCAL PROGRAMS AND SERVICES TO AID REENTRY, - MATCHING EACH INDIVIDUALS IDENTIFIED NEEDS WITH APPROPRIATE REFERRALS AND THEN FOLLOWING UP TO ENSURE NEEDS ARE SUFFICIENTLY ADDRESSED ONGOING CASE MANAGEMENT SERVICES ARE ALSO PROVIDED TO PARTICIPANTS IN THE COMMUNITY REENTRY CENTER PROGRAMMING BCPS ALSO AIDS INDIVIDUALS UPON THEIR RELEASE WITH BASIC SERVICES, FROM ASSISTING WITH OBTAINING PROPER IDENTIFICATION AND TRANSPORTATION TO PROVIDING SHELTER AND CLOTHING OUCHERS VOLUNTEER PROGRAMS OPERATED BY BCPS HOLIDAY GIFT DRIVES - BCPS ENLISTS VOLUNTEERS THROUGHOUT THE COMMUNITY TO PROVIDE HOLIDAY GIFTS FOR CHILDREN OF INDIVIDUALS WHO ARE INCARCERATED OR INVOLVED IN THE LOCAL CRIMINAL JUSTICE SYSTEM MANY VOLUNTEERS CHOOSE TO DELIVER THE GIFTS THEMSELVES, WHILE OTHER GIFTS ARE COLLECTED AND DISTRIBUTED AT A SPECIAL HOLIDAY EVENT COURTESY OF THE WEST LAWN UNITED METHODIST CHURCH FAMILY & FRIENDS COPING WITH INCARCERATION - BCPS STAFF AND VOLUNTEERS LEAD A MONTHLY SUPPORT GROUP FOR THE FAMILIES AND FRIENDS OF INDIVIDUALS INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS ONE-TO-ONE MENTORING - VOLUNTEERS ARE PAIRED WITH RESIDENTS OF THE BERKS COUNTY JAIL AND COMMUNITY REENTRY CENTER IN ONE-TO-ONE RELATIONSHIPS THE VOLUNTEER PROVIDES THE SUPPORT OF FRIENDSHIP AND ACTS AS A PROPER ROLE MODEL FOR THE RESIDENT IN ORDER TO HELP THEM PREPARE FOR THEIR RELEASE BACK INTO THE COMMUNITY EDUCATIONAL TUTORING - VOLUNTEERS WORK AS TUTORS IN FOUR MAJOR AREAS TO IMPROVE THE LITERACY AND EDUCATION OF PRISON RESIDENTS TEACHING ILLITERATE PERSONS TO READ, TEACHING ENGLISH AS A SECOND LANGUAGE, TUTORING REMEDIAL READING, WRITING AND SPELLING SKILLS, AND G E D TUTORING GROUP FELLOWSHIP EVENTS - ONGOING MONTHLY EVENTS ALLOW COMMUNITY-BASED VOLUNTEERS TO HAVE INFORMAL SOCIAL VISITS AS WELL AS PLANNED EDUCATIONAL AND SEASONAL ACTIVITIES FOR THE INMATES MOTHERS VOICE PROGRAM - ALLOWS INCARCERATED MOTHERS OF SMALL CHILDREN TO RECORD A STORY ON VIDEO THE CHILD RECEIVES THE DVD AND BOOK AS A GIFT FROM THEIR MOTHER THE CHILD CAN THEN LISTEN TO THE TAPE OF HIS/HER MOTHER READING WHILE FOLLOWING ALONG IN THE BOOK

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e



















Total program service expenses ▶

860,325

Form 990 (2014)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		21	
2b		Yes	
3a			No
3b			
4a			No
5a			No
5b			No
5c			
6a			No
6b			
7			
7a			No
7b			
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9a			
9b			
10			
10a			
10b			
11			
11a			
11b			
12a			
12b			
13			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filedPA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records BERKS CONNECTIONSPRETRIAL SERVICES  633 COURT STREET BERKS COUNTY COURTHOUSE 16TH FLOOR READING, PA 196014322 (610) 478-6920

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN ADAMS ESQ BOARD MEMBER	1 00	X						0	0	0
(2) DAVID R ESHELMAN ESQ BOARD MEMBER	1 00	X						0	0	0
(3) KENT GUTZLER BOARD MEMBER	1 00	X						0	0	0
(4) KEITH MOONEY ESQ IMMED PAST	2 00	X		X				0	0	0
(5) LARRY MEDAGLIA JR SECRETARY	2 00	X		X				0	0	0
(6) KAREL MINOR BOARD MEMBER	1 00	X						0	0	0
(7) SAMIR NABER BOARD MEMBER	1 00	X						0	0	0
(8) THOMAS RENTSCHLER ESQ 1ST VICE PRE	2 00	X		X				0	0	0
(9) JEANNIE SAVAGE BOARD MEMBER	1 00	X						0	0	0
(10) MARK STONE PRESIDENT	2 00	X		X				0	0	0
(11) JOHN YAWORNITSKY TREASURER	2 00	X		X				0	0	0
(12) NICOLLE SCHNOVEL CO-EXECUTIVE	40 00			X				66,000	0	5,829
(13) MARGARET KERSHNER CO-EXECUTIVE	40 00			X				54,964	0	6,076

## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b</b>	<b>Sub-Total . . . . .</b>	▼			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▼			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▼	120,964		11,905

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶



Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a59,825				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c19,871				
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f19,086				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		98,782			
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	Business Code 624100	833,305	833,305		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		833,305			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	9,437			9,437
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss) . . . . .	4,466	4,466		
8a		Gross income from fundraising events (not including \$ 19,871 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	7,460			
		b	Less direct expenses . . . . .	b	7,745		
		c	Net income or (loss) from fundraising events . . . . .		-285		-285
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
		b	Less direct expenses . . . . .	b			
		c	Net income or (loss) from gaming activities . . . . .				
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
		b	Less cost of goods sold . . . . .	b			
		c	Net income or (loss) from sales of inventory . . . . .				
Miscellaneous Revenue		Business Code					
11a							
	b						
	c						
	d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		945,705	837,771		9,152	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	129,886	129,886		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	511,541	501,362		10,179
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,265	5,265		
9	Other employee benefits.	54,407	54,407		
10	Payroll taxes.	57,780	57,001		779
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	18,828		18,828	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	3,220		3,220	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.	4,319	4,276		43
13	Office expenses.	52,485	52,441		44
14	Information technology.	11,003	11,003		
15	Royalties.				
16	Occupancy.	10,560	10,560		
17	Travel.	24,248	24,248		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	2,331	2,331		
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	5,316		5,316	
23	Insurance.	6,511	6,511		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	COMMUNITY OUTREACH	4,672			4,672
b	DUES & SUBSCRIPTIONS	4,213	1,034	3,157	22
c	MISCELLANEOUS	2,416		2,416	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	909,001	860,325	32,937	15,739
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		300	1	300
	2	Savings and temporary cash investments		255,227	2	234,734
	3	Pledges and grants receivable, net		22,321	3	26,804
	4	Accounts receivable, net		397	4	49,135
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,471	9	5,064
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a70,165			
	b	Less accumulated depreciation	10b65,029	4,041	10c	5,136
	11	Investments—publicly traded securities		152,444	11	163,051
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		443,201	16	484,224
Liabilities	17	Accounts payable and accrued expenses		17,528	17	20,007
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		17,528	26	20,007
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		425,673	27	444,738
	28	Temporarily restricted net assets			28	19,479
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		425,673	33	464,217
	34	Total liabilities and net assets/fund balances		443,201	34	484,224

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	945,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	909,001
3	Revenue less expenses Subtract line 2 from line 1	3	36,704
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	425,673
5	Net unrealized gains (losses) on investments	5	-2,215
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,055
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	464,217

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization BERKS CONNECTIONSPRETRIAL SERVICES	Employer identification number 23-1969810
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

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 exempt 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).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	86,590	66,899	78,622	114,851	98,782	445,744
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	86,590	66,899	78,622	114,851	98,782	445,744
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						445,744

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	86,590	66,899	78,622	114,851	98,782	445,744
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,653	2,973	4,511	8,582	9,437	29,156
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	13,337	14,283	14,337	14,474	7,460	63,891
11 Total support Add lines 7 through 10						538,791
12 Gross receipts from related activities, etc (see instructions)					12	3,532,400
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						☐

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	82 730 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	81 910 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶☑	
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶☐	
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶☐	
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶☐	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	



Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

PART II, LINE 10

FUNDRAISING EVENT GROSS RECEIPTS 56,431

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization BERKS CONNECTIONSPRETRIAL SERVICES	Employer identification number 23-1969810
--	--

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ►\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2014

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- |    | (a)Current year                                | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance                      |               |                     |                     |                    |
| b  | Contributions                                  |               |                     |                     |                    |
| c  | Net investment earnings, gains, and losses     |               |                     |                     |                    |
| d  | Grants or scholarships                         |               |                     |                     |                    |
| e  | Other expenditures for facilities and programs |               |                     |                     |                    |
| f  | Administrative expenses                        |               |                     |                     |                    |
| g  | End of year balance                            |               |                     |                     |                    |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)

unrelated organizations

(ii)

related organizations
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- |        |     |    |
|--------|-----|----|
|        | Yes | No |
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		13,831	8,695	5,136
e Other		56,334	56,334	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,136



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	952,353
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-2,215
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	1,118
e	Add lines 2a through 2d . . . . .	2e	-1,097
3	Subtract line 2e from line 1 . . . . .	3	953,450
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	-7,745
c	Add lines 4a and 4b . . . . .	4c	-7,745
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	945,705

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	913,809
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	913,809
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIII ) . . . . .	4b	-4,808
c	Add lines 4a and 4b . . . . .	4c	-4,808
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	909,001

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013. THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE "INCOME TAXES" TOPIC ASC 740. ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES AND DISCLOSURES REQUIRED. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES, RELATED TO UNRECOGNIZED TAX BENEFITS IN TAX EXPENSE. THERE WERE NO INTEREST OR PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND THE PENNSYLVANIA BUREAU OF CHARITABLE ORGANIZATIONS FOR THE YEARS ENDED PRIOR TO DECEMBER 31, 2011.
SCHEDULE D, PAGE 4, PART XI, LINE 2D	REFUND FROM 2013 990T 1,118
SCHEDULE D, PAGE 4, PART XI, LINE 4B	FUNDRAISING EXP NETTED WITH REV ON 990 -7,745
SCHEDULE D, PAGE 4, PART XII, LINE 4B	FUNDRAISING EXP NETTED WITH REV ON 990 -7,745 BOOK / TAX DEPRECIATION DIFFERENCE 2,937



[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BERKS CONNECTIONSPRETRIAL SERVICES

Employer identification number  
23-1969810

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☐ Mail solicitations

b☐ Internet and email solicitations

c☐ Phone solicitations

d☐ In-person solicitations

e☐ Solicitation of non-government grants

f☐ Solicitation of government grants

g☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ANNUAL BREAKFAS (event type)	SOFTBALL TOURNA (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	15,067	12,264	27,331
	2	Less Contributions . . .	9,192	10,679	19,871
	3	Gross income (line 1 minus line 2) . . . .	5,875	1,585	7,460
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . . .	100		100
	6	Rent/facility costs . . .			
	7	Food and beverages .	3,398	443	3,841
	8	Entertainment . . . .	460		460
	9	Other direct expenses .	154	3,190	3,344
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶			

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  \_\_\_\_\_

Address  \_\_\_\_\_



15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_


c

If "Yes," enter name and address of the third party

Name  \_\_\_\_\_

Address  \_\_\_\_\_

16 Gaming manager information

Name  \_\_\_\_\_

Gaming manager compensation  \$ \_\_\_\_\_

Description of services provided  \_\_\_\_\_

Director/officer

Employee

Independent contractor

17

Mandatory distributions


a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART IV	PLEASE NOTE THAT THIS YEAR 19,871 OF REVENUE COLLECTED AT OUR FUNDRAISING EVENTS WAS ADDED DIRECTLY INTO CONTRIBUTIONS ON PG 1, LINE 8 AND SUBTRACTED FROM FUNDRAISING ACTIVITIES ON SCH G THE SMALL LOSS SHOWN ON SCH G, PG 2 ONLY REPRESENTS THE VALUE OF THE GOODS WE PROVIDED AT THE EVENTS LESS OUR COST TO PROVIDE THEM WE BELIEVE THIS INTERPRETATION OF THE TAX FORM IS CORRECT, ALTHOUGH IN PRIOR YEARS WE DID NOT MOVE AS MUCH OF THE REVENUE INTO CONTRIBUTIONS A COMPARISON TO PRIOR YEARS WOULD BE MISLEADING

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization BERKS CONNECTIONSPRETRIAL SERVICES	Employer identification number  23-1969810
--	--

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	BERKS CONNECTIONS/PRETRIAL SERVICES CREATES A SAFER, MORE PROSPEROUS COMMUNITY BY PROVIDING SERVICES, SUPPORT AND COMMUNITY-BASED OUTREACH TO ADULT OFFENDERS, AT-RISK YOUTH AND THEIR FAMILIES THROUGH SUCCESSFUL COMMUNITY REINTEGRATION AND PRETRIAL-RELATED ASSISTANCE

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>IN THE REHABILITATION OF PRETRIAL DEFENDANTS THE ORGANIZATION PROVIDED 2,140 DEFENDANT ASSESSMENTS TO THE COURTS IN 2014, ASSISTING THE COURTS IN SETTING BAIL AND RELEASE CONDITIONS THE ORGANIZATION SUPERVISED A TOTAL OF 688 DEFENDANTS IN 2014 AND MADE 550 REFERRALS TO SUBSTANCE ABUSE AND/OR MENTAL HEALTH TREATMENT FACILITIES THE COURT APPEARANCE RATE FOR CLIENTS OF THE ORGANIZATION WAS 96% PRETRIAL SERVICES CONDUCTS POST-ARREST INTERVIEWS AND ASSESSMENTS OF CRIMINAL DEFENDANTS PRIOR TO THEIR PRELIMINARY ARRAIGNMENT AND FURNISHES THE VERIFIED RESULTS TO THE JUDICIARY BCPS ALSO PROVIDES STAFFING AND ASSISTANCE TO THE MENTAL HEALTH DIVERSION INITIATIVE, THE GOALS OF WHICH ARE 1) TO DECREASE THE INCARCERATION OF THE NON-VIOLENT MENTALLY ILL POPULATION BY IDENTIFYING AND ASSESSING THESE INDIVIDUALS FOR DIVERSION FROM JAIL AND/OR THE CRIMINAL JUSTICE SYSTEM, LINKING THEM TO APPROPRIATE TREATMENT SERVICES, AND PROVIDING MONITORING THROUGH BCPS/PRETRIAL SERVICES SUPERVISION WHEN APPLICABLE, 2) TO SAVE TAXPAYER MONEY BY REDUCING THE INCARCERATION AND JUSTICE SYSTEM COSTS, AND 3) TO MAINTAIN COMMUNITY SAFETY THE TARGET POPULATION IS NON-VIOLENT INDIVIDUALS WHO HAVE BEEN CHARGED WITH A MISDEMEANOR OR FELONY AND HAVE AN AXIS 1 DIAGNOSIS OF MENTAL ILLNESS REFERRALS FOR THE PROGRAM CAN COME FROM VARIOUS PROFESSIONALS IN THE CRIMINAL JUSTICE SYSTEM AT ANY STAGE OF THE CASE PROCESS, BUT THE GOAL IS TO IDENTIFY AND DIVERT AT THE EARLIEST POINT POSSIBLE IN 2014, THE MENTAL HEALTH DIVERSION PROGRAM HAD 343 CONTACTS, COMPLETED 58 DIVERSIONS, AND PROVIDED 142 REFERRALS TO COLLABORATIVE RESOURCES BCPS/PRETRIAL SERVICES PROVIDES PERSONNEL AND SUPPORT FOR THE BERKS COUNTY INTERMEDIATE PUNISHMENT PROGRAM, A JAIL DIVERSIONARY PROGRAM THAT INVOLVES INTENSIVE COMMUNITY SUPERVISION AND COUNSELING FOR OFFENDERS AND FOR THE BERKS COUNTY TREATMENT COURTS PROGRAM THAT PROVIDES AN INTENSIVE COMBINATION OF COURT-ORDERED TREATMENT AND REGULAR INTERACTION WITH THE TREATMENT COURT JUDGE AND HIS TEAM</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>- TO PROVIDE SAFE AND POSITIVE RECREATIONAL ACTIVITIES FOR CHILDREN OF INMATES AND OTHER AT-RISK YOUTH, AND</p> <p>- TO SERVE AS A LINK BETWEEN THE COMMUNITY , SOCIAL SERVICE AGENCIES AND THE BERKS COUNTY CRIMINAL JUSTICE SYSTEM AND YOUTH-BASED INITIATIVES PRE-RELEASE REENTRY SERVICES BCPS PROVIDES REENTRY-RELATED PROGRAMS AND SERVICES AT THE BERKS COUNTY JAIL AND THE BERKS COUNTY COMMUNITY REENTRY CENTER THESE SERVICES TYPICALLY BEGIN IN THE MONTHS PRIOR TO RELEASE AND CONTINUE AFTER RELEASE TO PROVIDE AN UNINTERRUPTED CONTINUUM OF CARE POST-RELEASE SERVICES ARE AVAILABLE FOR UP TO THREE YEARS AFTER RELEASE PRE-RELEASE SERVICES AND CASE MANAGEMENT FOCUS ON THE FOLLOWING REENTRY NEEDS - EMPLOYMENT - EDUCATION - HOUSING - SUBSTANCE ABUSE AND MENTAL HEALTH COUNSELING AND TREATMENT REFERRALS - IMMEDIATE NEEDS SUCH AS I D , TRANSPORTATION AND CLOTHING RECIDIVISM RATES FOR THIS POPULATION HAVE DROPPED FROM A PRE-PROGRAM AVERAGE OF ALMOST 30% TO AN AVERAGE OF UNDER 10% EMPLOYMENT RATES WERE INCREASED FROM A PRE-PROGRAM AVERAGE OF ABOUT 30% TO OVER 62% POST-RELEASE REENTRY SERVICES BCPS OPERATES THE REENTRY RESOURCE CENTER A ONE-STOP LOCATION FOR EX-OFFENDERS RETURNING TO OUR COMMUNITY FROM THE BERKS COUNTY JAIL SYSTEM, AS WELL AS STATE AND FEDERAL INSTITUTIONS BCPS' COMPREHENSIVE REENTRY STRATEGY INCLUDES - CONDUCTING A COMPREHENSIVE NEEDS ASSESSMENT TO IDENTIFY SPECIFIC CRITICAL AREAS OF NEED, - GATHERING INFORMATION FROM THROUGHOUT THE COMMUNITY TO PROVIDE INFORMATION AND REFERRALS ABOUT LOCAL PROGRAMS AND SERVICES TO AID REENTRY , - MATCHING EACH INDIVIDUALS IDENTIFIED NEEDS WITH APPROPRIATE REFERRALS AND THEN FOLLOWING UP TO ENSURE NEEDS ARE SUFFICIENTLY ADDRESSED ONGOING CASE MANAGEMENT SERVICES ARE ALSO PROVIDED TO PARTICIPANTS IN THE COMMUNITY REENTRY CENTER PROGRAMMING BCPS ALSO AIDS INDIVIDUALS UPON THEIR RELEASE WITH BASIC SERVICES, FROM ASSISTING WITH OBTAINING PROPER IDENTIFICATION AND TRANSPORTATION TO PROVIDING SHELTER AND CLOTHING OUCHERS VOLUNTEER PROGRAMS OPERATED BY BCPS HOLIDAY GIFT DRIVES - BCPS ENLISTS VOLUNTEERS THROUGHOUT THE COMMUNITY TO PROVIDE HOLIDAY GIFTS FOR CHILDREN OF INDIVIDUALS WHO ARE INCARCERATED OR INVOLVED IN THE LOCAL CRIMINAL JUSTICE SYSTEM MANY VOLUNTEERS CHOOSE TO DELIVER THE GIFTS THEMSELVES, WHILE OTHER GIFTS ARE COLLECTED AND DISTRIBUTED AT A SPECIAL HOLIDAY EVENT COURTESY OF THE WEST LAWN UNITED METHODIST CHURCH FAMILY &amp; FRIENDS COPING WITH INCARCERATION - BCPS STAFF AND VOLUNTEERS LEAD A MONTHLY SUPPORT GROUP FOR THE FAMILIES AND FRIENDS OF INDIVIDUALS INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS ONE-TO-ONE MENTORING - VOLUNTEERS ARE PAIRED WITH RESIDENTS OF THE BERKS COUNTY JAIL AND COMMUNITY REENTRY CENTER IN ONE-TO-ONE RELATIONSHIPS THE VOLUNTEER PROVIDES THE SUPPORT OF FRIENDSHIP AND ACTS AS A PROPER ROLE MODEL FOR THE RESIDENT IN ORDER TO HELP THEM PREPARE FOR THEIR RELEASE BACK INTO THE COMMUNITY EDUCATIONAL TUTORING - VOLUNTEERS WORK AS TUTORS IN FOUR MAJOR AREAS TO IMPROVE THE LITERACY AND EDUCATION OF PRISON RESIDENTS TEACHING ILLITERATE PERSONS TO READ, TEACHING ENGLISH AS A SECOND LANGUAGE, TUTORING REMEDIAL READING, WRITING AND SPELLING SKILLS, AND G E D TUTORING GROUP FELLOWSHIP EVENTS - ONGOING MONTHLY EVENTS ALLOW COMMUNITY-BASED VOLUNTEERS TO HAVE INFORMAL SOCIAL VISITS AS WELL AS PLANNED EDUCATIONAL AND SEASONAL ACTIVITIES FOR THE INMATES MOTHERS VOICE PROGRAM - ALLOWS INCARCERATED MOTHERS OF SMALL CHILDREN TO RECORD A STORY ON VIDEO THE CHILD RECEIVES THE DVD AND BOOK AS A GIFT FROM THEIR MOTHER THE CHILD CAN THEN LISTEN TO THE TAPE OF HIS/HER MOTHER READING WHILE FOLLOWING ALONG IN THE BOOK</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE 990 AND BCO-10 IS EMAILED TO THE CO-EXECUTIVE DIRECTORS AND EACH MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW. IF REVISIONS ARE MADE, AN UPDATED COPY IS EMAILED. EACH MEMBER OF THE BOARD OF DIRECTORS THEN EMAILS THEIR APPROVAL OF THE FINAL COPY TO THE CO-EXECUTIVE DIRECTORS.



Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED ANNUALLY AND REVIEWED BY THE CO-EXECUTIVE DIRECTORS AND BOARD PRESIDENT, WHO MONITOR THE REPORTED DISCLOSURES DURING THE YEAR

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	WHEN DETERMINING THE COMPENSATION PACKAGE FOR THE CO-EXECUTIVE DIRECTORS, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS GATHERED SALARY INFORMATION FOR COMPARABLE POSITIONS IN NON-PROFIT ORGANIZATIONS BY REVIEWING THEIR 990S, AS WELL AS SALARY INFORMATION FOR MANAGEMENT POSITIONS WITHIN THE BERKS COUNTY, PA GOVERNMENT THE INFORMATION WAS REVIEWED BY THE EXECUTIVE COMMITTEE AND THE COMPENSATION PACKAGES WERE PRESENTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL THE INFORMATION AND DELIBERATIONS WERE CONTEMPERANEOUSLY DOCUMENTED BY THE BOARD SECRETARY

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE IN THE ANNUAL REPORT AND THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR PUBLIC INSPECTION, UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	REFUND FROM 2013 990T 1,118 FUNDRAISING EXP NETTED WITH REV ON 990 7,745 FUNDRAISING EXP NETTED WITH REV ON 990 -7,745 BOOK / TAX DEPRECIATION DIFFERENCE 2,937