EXTENDED TO NOVEMBER 15, 2022

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2021 calendar year, or tax year beginning and	ending	_				
B C	heck if oplicable	C Name of organization		D Employer identifi	cation number			
	Addres							
	Name change			23-1969810				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final return/	19 N. 6TH STREET, 4TH FLOOR		484-260-	3860			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,537,434.				
	Amend return	READING, PA 19001		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: LAWKENCE SNOW		for subordinates	? Yes X No			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions			
		e: ► WWW.BERKSCONNECTIONS.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 1975 N	M State of legal domicile: PA			
Ра	rt I	Summary						
Ф		Briefly describe the organization's mission or most significant activities: PROVI						
anc		COMMUNITY REINTEGRATION TO INDIVIDUALS IN						
Activities & Governance		Check this box if the organization discontinued its operations or dispos		1	1			
Š				3	13 13			
8		Number of independent voting members of the governing body (Part VI, line 1b)			44			
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			550			
ti		Total number of volunteers (estimate if necessary)			0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		1,070,898.	1,700,183.			
Revenue				754,569.	824,457.			
		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,034.	5,775.			
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,543.	6,628.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,829,044.	2,537,043.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,410,264.	1,456,538.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
bei		Total fundraising expenses (Part IX, column (D), line 25)	75.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		513,101.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,923,365.	2,095,112.			
	19	Revenue less expenses. Subtract line 18 from line 12		-94,321.	441,931.			
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		1,163,762.	1,286,819.			
t As		Total liabilities (Part X, line 26)		379,698.	34,902.			
		Net assets or fund balances. Subtract line 21 from line 20		784,064.	1,251,917.			
	rt II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.				
C:		Signature of officer		I Date				
Sigr		LAWRENCE SNOW, TREASURER		Dato				
Her	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature	T	Date Check C	PTIN			
Paid	}	LINDA S HIMEBACK, CPA LINDA S HIMEBACK		6/09/22 self-employ				
Prep	1	Firm's name HERBEIN + COMPANY, INC.	., CI U		23-2415973			
Use	1	Firm's address 2763 CENTURY BOULEVARD		I IIIII 3 LIIV				
-50	,	READING, PA 19610		Phone no. (6	10) 378-1175			
Mav	the IF	S discuss this return with the preparer shown above? See instructions		11 Hone no. (0	X Yes No			

Page 2

Briefly describe the organization's mission: BERKS CONNECTIONS/PRETRIAL SERVICES IMPROVES LIVES AND CREATES SAFER, MORE PROSPEROUS COMMUNITIES BY PROVIDING SERVICES, SUPPORT AND COMMUNITY REINTEGRATION TO INDIVIDUALS INVOLVED IN THE JUSTICE SYSTEM AND TO THEIR FAMILIES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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? 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.	Par	t III Statement of Program Service Accomplishments
BERKS CONNECTIONS/PRETRIAL SERVICES IMPROVES LIVES AND CREATES SAPER, MORE PROSPERGUS COMMUNITIES BY PROVIDING SERVICES, SUPPORT AND COMMUNITY REINTEGRATION TO INDIVIDUALS INVOLVED IN THE JUSTICE SYSTEM AND TO THEIR FAMILIES. Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 9805-27 If 'Yes,' General these new services on Schedule O. Did the organization casse conducting, or make significant changes in how it conducts, any program services, as measured by expenses. If 'Yes,' General these changes on Schedule O. Did the organization casse conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(6)2) and 501(6)(1) capitations are required to report the amount of grants and allocations to others, the total expenses, and resource, if any, for each program services accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(2) and 501(6)(6) capitations are required to report the amount of grants and allocations to others, the total expenses, and resource, if any, for each program services apported to the amount of grants and allocations to others, the total expenses, and resource, and the services of the services and the services and the services and resources. SECURITY SERVICES — BCPS PROVIDES OPPORTUNITIES TO RETURNING CITIZENS TO SUPPORT THEIR SUCCESSFUL TRANSITION FROM JAIL OR PRISON TO THE BERKS COUNTY COMMUNITY. REENTRY SERVICES ARE PROVIDED BOTH PRE AND POST-RELEASE AND INCLUDE: CASE MANAGEMENT, WORKFORCE DEVELOPMENT, MENTORING, FINANCIAL LITERACY, PAMILY REUNIFICATION, HOUSING, AND ASSISTANCE SECURING BASIC NEEDS. ADDITIONALLY, BCPS WORKS TO EDUCATE EMPLOYERS ABOUT THE BENEFITS OF HIRING RETURNING CITIZENS THOROUGH OVER 5, 389 CONTACTS WITH PROGRAM CASE MANAGERS. DUE TO COVID-19 RESTRICTIONS THE COUNTY REINTRY PROGRAM CASE MANAGERS. DUE TO COVID-19 RESTRICTIONS THE COUNTY REINTRY GROUP SESSIONS IN THE JAIL. GROUP INSTRU		Check if Schedule O contains a response or note to any line in this Part III
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(Expenses \$ 57,403. including grants of \$) (Revenue \$ 10,220.)		
(Expenses \$ 57,403. including grants of \$) (Revenue \$ 10,220.)		Other program services (Describe on Schedule O.)
	-ru	
	4e	

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
4	Section 501(c)(3) organizations. 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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
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		X
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2021) BERKS CONNECTIONS/PRETRIAL SERVICES
Part IV | Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	s No
	1
Part IX. column (A), line 2? If "Yes." complete Schedule I. Parts Land III.	X
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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? If "Yes," complete	
Schedule J23	x
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? If "Yes," answer lines 24b through 24d and complete	
Schedule K. If "No," go to line 25a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	
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?	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u> </u>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	3,7
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u> </u>
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? If "Yes," complete	x
Schedule L, Part I 25b Schedule L, Part I	+
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	X
controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	+
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	
instructions for applicable filing thresholds, conditions, and exceptions):	
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	
"Yes," complete Schedule L, Part IV	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	
"Yes," complete Schedule L, Part IV	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<u> </u>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	
contributions? If "Yes," complete Schedule M	<u> </u>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	x
Schedule N, Part II	+^
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes " complete Schedule R. Part I. 33	x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	+**
	x
Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a	X
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)? If "Yes," complete Schedule R, Part V, line 2	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	
If "Yes," complete Schedule R, Part V, line 2	X
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? If "Yes," complete Schedule R, Part VI	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	
Note: All Form 990 filers are required to complete Schedule O	
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	_
Ye	s No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 46 b Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	
(contribute of contribute of c	
(gambling) winnings to prize winners? 132004 12-09-21 Form 99	

BERKS CONNECTIONS/PRETRIAL SERVICES
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	J 1 7 1	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		, v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
а	Did the conservation association and a section to the distribution and the contract of the con	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	OD.		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management						21
	action in a continuity and a management				V	-	No
1a	Enter the number of voting members of the governing body at the end of the tax year	l 1a	1	3			
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?			2	2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?			. 🗀	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?				<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	;		X_
6	Did the organization have members or stockholders?			6	;	_	<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or	point o	one or				
	more members of the governing body?			7	а	4	<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or				
	persons other than the governing body?			7	b	_	<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ır by the	following:				
а	The governing body?			8	_	-	
b	Each committee with authority to act on behalf of the governing body?			. 8	b 2	4	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9)		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				<u></u>
10-	Did the expenientian have level chanters branches as effiliates?			10		s	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such ch			· - •	a	+	
b				10	h		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	11		7	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 20.0.	5g	•			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	a Y		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")					T	
	on Schedule O how this was done	,		12	c Z	۱ کا	
13	Did the organization have a written whistleblower policy?			1	3 2		
14	Did the organization have a written document retention and destruction policy?			_ 1	4 Z	Σ	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent				
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$						
	The organization's CEO, Executive Director, or top management official				ia 🛚 🕽	[]	
b	Other officers or key employees of the organization			15	b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						37
	taxable entity during the year?			16	ia		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial and the organization to evaluate the initial work was a supposed to the organization to evaluate the initial work was a supposed to the organization to evaluate the organization that the organization the organization to evaluate the organization to evaluate the organization that the or	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			40	·L		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16	ן מו		
17	List the states with which a copy of this Form 990 is required to be filed ▶PA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501(c)(3)s on	v) ava	ilahl	le
	for public inspection. Indicate how you made these available. Check all that apply.	500	. (3333.311 33 1(0)(2,0 011	,,		
	Own website Another's website X Upon request Other (explain	on Sc	hedule (O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	ınd fin	ancial		
	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 boo	ks and	records				
	THE ORGANIZATION - 484-260-3860 19 N. 6TH STREET, 4TH FLOOR, READING, PA 19601						
	TO NA ULE OLDEDI. HIE PUNNA, REAULNG, PA 19001						

132006 12-09-21

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)				<u></u>			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior) than o	ano.	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)		and related
	below	/idual	tutior	er	Key employee	loyee	Jer.			organizations
	line)	lndi	Insti	Officer	Key	High	Former			
(1) PEGGY KERSHNER	40.00								_	
CO-EXECUTIVE DIRECTOR				Х				101,338.	0.	3,448.
(2) NIKKI SCHNOVEL	40.00	1								
CO-EXECUTIVE DIRECTOR				Х				100,161.	0.	3,417.
(3) THOMAS RENTSCHLER, ESQ.	2.00	1								_
PRESIDENT AS OF JANUARY		Х		Х				0.	0.	0.
(4) SHANE REMP	2.00									
VICE PRESIDENT THROUGH APRIL		Х		Х				0.	0.	0.
(5) BRIAN PINTO	1.00	ļ								
BOARD MEMBER; VP AS OF APRIL		Х		Х				0.	0.	0.
(6) LAWRENCE SNOW	2.00	ļ								
TREASURER	1 00	Х		Х				0.	0.	0.
(7) ALEXIA PURSLEY	1.00								_	
SECRETARY	1 00	Х		Х				0.	0.	0.
(8) ABHI AMATYA	1.00	3,7							_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) SHARON MAST	1.00	. ,							_	_
BOARD MEMBER (10) SAMIR NABER	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) KARISSA RODRIGUEZ, ESQ.	1.00	Δ						0.	0.	· ·
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) YAMIL SANCHEZ RIVERA, ED.D.	1.00	72						0.	0.	<u> </u>
BOARD MEMBER AS OF APRIL	1.00	х						0.	0.	0.
(13) JEANNIE SAVAGE	1.00	22							<u> </u>	· ·
BOARD MEMBER	1.00	х						0.	0.	0.
(14) MATT SPEZIALETTI, CFA, CFP	1.00							•	•	•
BOARD MEMBER		х						0.	0.	0.
(15) PETER TERRANOVA	1.00	<u> </u>								
BOARD MEMBER		Х						0.	0.	0.
(16) RONALD L. VELEZ	1.00								-	
BOARD MEMBER		Х						0.	0.	0.
						1				

23-1969810

Section	A. Officers, Directors, Trus		JiOye	ees,	and	ı mıç	Jues	ı	This area Employee	s (continuea)			
	(A)	(B))) Doc				(D)	(E)		(F)	
Nai	me and title	1		not cl	heck i	more	than c			•			
		week							· '	•			
		(list any	ector						the	organizations			
		1	or dire	e e			ated		organization	,	- 1		
		1	rustee	l truste		99	npens		,	1099-NEC)		•	
		below	dual tr	utional	Ji.	mploy	st con	er	1099-NEO)		- 1		
		line)	Indivi	Instit	Office	Key e	Highe empl	Form					
									201 400		-		
	(list any hours for related organizations below line) The properties of the prope												
												6 8	
								o re	•		<u> </u>		,,,,
	·						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2
												Yes	No
3 Did the organiz	zation list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
											3		X
													v
and related org	ganizations greater than \$150 histed on line 1a receive or a	J,000 ? If "Yes,	" CO	mple on fr	ete S	iche anv	dule	J to	for such individual	lual for services	4		A
											5		x
		picte ochedate	2010	<i>) </i>	CIL	<i>JC13</i> 1	<u> </u>			•			•
1 Complete this	table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	nsation	from	
the organization	on. Report compensation for t	the calendar ye	ear e	ndin	ıg w	ith c	or wit	thin		ear.			
		addroce	NT/	NTT.						ervices	Com		on
	Name and business	<u>add1033</u>	INC)IV E	<u>. </u>				Description of s	CIVICCS	00111	Jerisati	011
								\dashv					
2 Total number of	of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than			
						_							
											For	m 990	(2021)

Form 990 (2021) BERKS C
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any lir	e in this Part VIII			
		Officer if Schedule O contains a response of	Thole to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	a Federated campaigns 1a 1	<u> 161,559.</u>				
ran	k	Membership dues 1b					
Ω, E		Fundraising events 1c	6,600.				
ifts		d Related organizations 1d	•				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e 1,4	130,253.	-			
ons Sir	ì	All other contributions, gifts, grants, and					
e të	'		101,771.				
e j				-			
ont	Ç	Noncash contributions included in lines 1a-1f		1 700 102			
O B	ŀ	Total. Add lines 1a-1f	•	1,700,183.			
		<u> </u>	Business Code	222 122			
e c	2 8		624100	660,129.	660,129.		
e <u>č</u>	k	FEE FOR SERVICE CONTRA	624100	154,108.	154,108.		
Program Service Revenue	(PROFESSIONAL TRAINING	624100	10,220.	10,220.		
am	(t l					
ogr R	•						
Pro	f	All other program service revenue					
		g Total. Add lines 2a-2f	•	824,457.			
	3	Investment income (including dividends, interes		02272070			
	Ü	other similar amounts)		4,064.			4,064.
	4	Income from investment of tax-exempt bond pro		4,004.			1,001.
	4		oceeds				
	5	Royalties(i) Real	(ii) Personal				
			(II) Personal	-			
	6 a						
	k	Less: rental expenses 6b		_			
	(Rental income or (loss) 6c					
	(Net rental income or (loss)	<u></u>				
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory $\begin{bmatrix} 7a & 1,711. \end{bmatrix}$					
	k	Less: cost or other basis					
ē		and sales expenses					
en		Gain or (loss) 7c 1,711.					
Revenue		Net gain or (loss)	•	1,711.			1,711.
erF		a Gross income from fundraising events (not		,			,
Other I	•	including \$ 6,600. of					
0		contributions reported on line 1c). See					
			7,019.				
		,	391.	-			
			391.	6,628.			6,628.
		Net income or (loss) from fundraising events	·····	0,040.			0,020.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses9b					
	(Net income or (loss) from gaming activities	<u></u>				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold 10b					
	(Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a	, 1					
nec							
Miscellaneous Revenue	,						
Sce				1			
Ξ	(All other revenue					
		Total. Add lines 11a-11d		2 527 042	924 457	^	12 402
	12	Total revenue. See instructions	<u></u>	2,537,043.	824,457.	0.	12,403.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	Section 5	01(c)(3) and 501(c	4) organizations must cor	mplete all columns. All oti	ther organizations must com	olete column (A).
--	-----------	--------------------	---------------------------	-----------------------------	-----------------------------	-------------------

_	Check if Schedule O contains a respons	se or note to any line in t	(B)	(C)	<u>L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	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				
Ŭ	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	208,364.	146,321.	51,564.	10,479
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	1,058,596.	968,189.	12,336.	78,071
8	Pension plan accruals and contributions (include		,		•
	section 401(k) and 403(b) employer contributions)	15,567.	14,040.		1,527
9	Other employee benefits	15,567. 71,866.	14,040. 65,373.	48.	6,445
10	Payroll taxes	102,145.	89,887.	5,107.	1,527 6,445 7,151
11	Fees for services (nonemployees):		-	-	-
а	Management				
b	Legal				
С	Accounting	27,509.		27,509.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,165.		4,165.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	23,800.		23,800.	
12	Advertising and promotion	22,044.	4,630.	3,527.	13,887
13	Office expenses	51,010.	49,253.		1,757
14	Information technology	81,086.	67,237.	8,049.	5,800
15	Royalties				
16	Occupancy	90,955.	86,407.	4,548.	
17	Travel	22,710.	21,806.	67.	837
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,478.	14,826.	503.	149
20	Interest	1,584.		1,584.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	42,449.	37,354.	2,123.	2,972
23	Insurance	21,450.	18,810.	2,640.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CONTRACTUAL AGREEMENTS	127,347.	127,347.		
b	REENTRY EXPENSES	46,437.	46,437.		
С	REPAIRS AND MAINTENANCE	38,595.		38,595.	
d	COMMUNITY OUTREACH	8,640.	8,640.		
е	All other expenses	13,315.	4,990.	8,325.	
25	Total functional expenses. Add lines 1 through 24e	2,095,112.	1,771,547.	194,490.	129,075
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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			300.	1	300
	2	Savings and temporary cash investments	551,984.	2	585,179		
	3	Pledges and grants receivable, net	126,650.	3	140,391		
	4	Accounts receivable, net	5,695.	4	22,056		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified pers	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in secti	ion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B			11,885.	9	12,447
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	276,412.			
	b	Less: accumulated depreciation	10b	139,821.	110,245.	10c	136,591
1	11	Investments - publicly traded securities			351,807.	11	377,877
1	12	Investments - other securities. See Part IV, line	11			12	
1	13	Investments - program-related. See Part IV, line	e 11			13	
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11	5,196.	15	11,978		
-	16	Total assets. Add lines 1 through 15 (must eq	ual line 33	3)	1,163,762.	16	1,286,819
1	17	Accounts payable and accrued expenses	35,503.	17	34,902		
1	18	Grants payable		18			
1	19	Deferred revenue	Deferred revenue				
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	e Part IV o	of Schedule D		21	
S 2	22	Loans and other payables to any current or for	mer office	er, director,			
≝│		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ns		22	
- 2	23	Secured mortgages and notes payable to unre			35,201.	23	0.
2	24	Unsecured notes and loans payable to unrelat	ed third p	arties	308,994.	24	0 .
2	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24).	Complete Part X			
		of Schedule D			250 600	25	24 000
- 2	26	Total liabilities. Add lines 17 through 25			379,698.	26	34,902
ا ي		Organizations that follow FASB ASC 958, ch	neck here	X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			701 061		1 251 017
alar	27	Net assets without donor restrictions			784,064.	27	1,251,917
<u>8</u> 2	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC	958, ched	ck here L			
<u>ا</u> ۾		and complete lines 29 through 33.					
) st	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
¥ 3	31	Retained earnings, endowment, accumulated			784,064.	31	1 251 017
	32	Total net assets or fund balances			1,163,762.	32	1,251,917
3	33	Total liabilities and net assets/fund balances			1,103,704.	33	1,286,819. Form 990 (2021

Forn	1990 (2021) BERKS CONNECTIONS/PRETRIAL SERVICES	∠3-1	ADADIO	Pa	ge IZ
Pa	rt 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	2,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,09		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>31.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			64.
5	Net unrealized gains (losses) on investments	5	2.	5,9	22.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,25	<u>1,9</u>	<u>17.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			l
	Act and OMB Circular A-133?		3a		X
h	If "Ves " did the organization undergo the required audit or audits? If the organization did not undergo the required	tibus be			I

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

BERKS CONNECTIONS/PRETRIAL SERVICES 23-1969810 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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.						
Sec	ction B. Total Support		_		_	_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						>
Sec	tion C. Computation of Publi	c Support Per	centage			т т	
	Public support percentage for 2021 (li		•	* * * * * * * * * * * * * * * * * * * *		14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts					VI how the organiz	zation
_	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	_				•	10% or
	more, and if the organization meets the						. —
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 1/k	o, check this box a		(Form 000) 2001

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support	now, picase comp	ctc r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	223,593.	204,545.	253,189.	1,070,898.	6,600.	1,758,825.
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	1,712,954.	2,063,511.	2,299,925.	756,679.	831,476.	7,664,545.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	1,936,547.	2,268,056.	2,553,114.	1,827,577.	838,076.	9,423,370.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	33,282.	20,214.	19,815.	44,874.	27,500.	145,685.
t	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						0.
c	Add lines 7a and 7b	33,282.	20,214.	19,815.	44,874.	27,500.	145,685.
	Public support. (Subtract line 7c from line 6.)						9,277,685.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1,936,547.	2,268,056.	2,553,114.	1,827,577.	838,076.	9,423,370.
10a	dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,681.	5,637.	6,995.	5,753.	4,064.	32,130.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	9,681.	5,637.	6,995.	5,753.	4,064.	32,130.
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.)	1,946,228.	2,273,693.	2,560,109.	1,833,330.	842,140.	9,455,500.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organization	n,
_	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2021 (lin		•	olumn (f))		15	98.12 %
	Public support percentage from 2020 ction D. Computation of Investigation					16	98.21 %
	•			- 10 l (f)		47	34 0/
	Investment income percentage for 20					17	.34 %
	Investment income percentage from 2 a 33 1/3% support tests - 2021. If the			in line 14, and line			
	more than 33 1/3%, check this box and 33 1/3% support tests - 2020. If the	d stop here. The	organization qualif	ies as a publicly su	ipported organizat	ion	_ X
	line 18 is not more than 33 1/3%, chec	k this box and sto	op here. The organ	nization qualifies as	s a publicly suppor	ted organization	▶□
20	Private foundation. If the organization	n did not check a h	ov on line 1/1 10a	or 19h check thi	s hav and see inst	ructions	

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- 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 Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **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.)

	Yes	No
1		
2		
3a		
Sa		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
le A (Forn	n 990)	2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion 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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's			
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		ations)		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction projection satisfied the Activities Test. Or work to line 2 to June 2	ctions).		
b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	laca instruction	201	
	Activities Test. Answer lines 2a and 2b below.	(see mstruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain 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		
	Did the activities described on line 2a, above, 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			
	Part VI 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" 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.

1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Current Year

Section C - Distributable Amount

Schedule A (Form 990) 2021

e Excess from 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

BERKS CONNECTIONS/PRETRIAL SERVICES

Employer identification number 23-1969810

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Sillilai Fulius	oi Accoun	Lo. Complete if t	ne
		(a) Donor advis	sed funds	(b) Fund	ds and other acco	unts
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 w	riting that the assets h	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's ex	xclusive legal control?)		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that g	grant funds can be u	used only		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	any other purpose o	conferring		
	impermissible private benefit?				Yes	☐ No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Y	es" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)).			
	Preservation of land for public use (for example, recreation	on or education)	Preservation of	a historically i	mportant land are	a
	Protection of natural habitat		Preservation of	a certified his	toric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	bution in the form o	of a conservat	ion easement on t	he last
	day of the tax year.				Held at the End of t	he Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic struc					
d	Number of conservation easements included in (c) acquired aff					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release				during the tax	
	year ▶					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it h	nolds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, has	andling of violations, a	and enforcing cons	ervation easer	nents during the y	/ear
	>					
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and e	enforcing conservat	ion easement	s during the year	
	> \$					
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	nts of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	enue and expense	statement and	İ	
	balance sheet, and include, if applicable, the text of the footno	te to the organization	's financial stateme	nts that desci	ribes the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Tr	easures, or Otl	her Similar	Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its re	venue statement ar	nd balance sh	eet works	
	of art, historical treasures, or other similar assets held for publi	ic exhibition, educatio	n, or research in fu	rtherance of p	ublic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	escribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its reveni	ue statement and b	alance sheet	works of	
	art, historical treasures, or other similar assets held for public e	exhibition, education,	or research in furth	erance of pub	lic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	S	
					3	
2	If the organization received or held works of art, historical treas					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1			> 9	S	
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Forn	n 990) 2021

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contin	ued)	<u> </u>
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	t make sig	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
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 o	r receive donations o	of art, his	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par			_							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	contribution	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance						1f				
	Did the organization include an amount on Fo						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back ((d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1c	ı. column (a)) held as:						
а	Board designated or quasi-endowment		%	,, ()	•						
b	Permanent endowment										
		 %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that	t are held ar	nd administer	red for the	e organiza	tion			
	by:	J					Ü			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investn			or other (other)	` '	cumulate reciation	d	(d) Book	valu	e
	Land	- · · · · · · · · · · · · · · · · · · 	•		•						
	Buildings	I									
	Leasehold improvements			6	4,111.		14,48	3.	49	, 6	28.
	Equipment	I			2,301.	1	25,33			, 9	
	Other				-		,				
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (B) line 1	0c.)				136	, 5	91.
	3 (Solutini (d) musi C	com 550, r art	JUIGIT	,—,, 11110 1							

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	CTIONS/PRETRI		-1969810 Pag
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
I) Financial derivatives			•
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

(6) (7) (8)

	dule D (Form 990) 2021 BERKS CONNECTIONS/PRETRIAL				L969810 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		т. т	2 550 000
				1	2,558,800.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	25 022		
	Net unrealized gains (losses) on investments		25,922.	-	
	Donated services and use of facilities			-	
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)			١	25,922.
	Add lines 2a through 2d			2e	2,532,878.
	Subtract line 2e from line 1			3	2,332,070.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-1	1 165		
	Investment expenses not included on Form 990, Part VIII, line 7b		4,165.	-	
	Other (Describe in Part XIII.)			1.	1 165
	Add lines 4a and 4b			4c	4,165. 2,537,043.
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) † XII Reconciliation of Expenses per Audited Financial Statem	ante With	Evnansas nar I	5 Return	
ıaı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Expenses per i	ictuii	•
				ТаТ	2,090,947.
	Total expenses and losses per audited financial statements			1	2,030,347.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا			
	Donated services and use of facilities			-	
	Prior year adjustments	1 - 1		-	
_	Other losses			-	
d	Other (Describe in Part XIII.)			١	0
	Add lines 2a through 2d			2e	2,090,947.
	Subtract line 2e from line 1			3	2,030,347.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	1 165		
	Investment expenses not included on Form 990, Part VIII, line 7b		4,165.	-	
	Other (Describe in Part XIII.)			1.	4,165.
	Add lines 4a and 4b			4c	2,095,112.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	2,093,112.
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	•		↓; Part X	X, line 2; Part XI,
ines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional informa	ation.		
PAR	RT X, LINE 2:				
IN	ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNT	TING PR	INCIPLES,	THE	
ORG	SANIZATION ACCOUNTS FOR UNCERTAIN TAX POSI	TIONS,	IF ANY, AS	REÇ	QUIRED.

Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

BERKS CONNECTIONS/PRETRIAL SERVICES

Employer identification number 23-1969810

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO WORKSHEET FORMAT AND CLIENTS RECEIVED PACKETS TO COMPLETE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SUCCESSFULLY COMPLETED THE PROGRAM. GRADUATES OF THE PROGRAM HAVE

PROVEN HIGH LEVELS OF SUCCESS: 59.46% ARE CURRENTLY EMPLOYED AND 92.27%

HAVE NOT RECIDIVATED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY OUTREACH: THE COMMUNITY OUTREACH TEAM (COT) IS RESPONSIBLE FOR THREE AREAS: VOLUNTEERS: THE TEAM MANAGES THE RECRUITMENT AND OVERSIGHT OF ALL AGENCY VOLUNTEERS THAT SUPPORT OUR VARIOUS PROGRAMS AND REENTRY INITIATIVES, INCLUDING OUR FAMILY CONNECTIONS EVENTS, HOLIDAY GIFT PROJECT, MOTHER'S/FATHER'S VOICE PROGRAM, RETURNING CITIZENS CAREER FAIRS, AND MOCK INTERVIEWING. 2. MARKETING: THEY ARE RESPONSIBLE FOR THE OVERSIGHT AND PRODUCTION OF OUR AGENCY'S MARKETING MATERIAL INCLUDING SOCIAL MEDIA, NEWSLETTERS, AND APPEALS. 3. EVENTS: THE TEAM OVERSEES BCPS EVENTS AND INITIATIVES INCLUDING THE ANNUAL AWARDS BREAKFAST, TWO CAREER FAIRS, FRIENDS OF BCPS SOCIAL, RAFFLES AND OUTSIDE AGENCY SPONSORED EVENTS. IN 2021, OUR VOLUNTEERS HELPED US SERVE NEARLY 800 CHILDREN IN OUR HOLIDAY GIFT PROJECT, AND ASSISTED OVER 250 JOB SEEKERS AT OUR RETURNING CITIZENS CAREER FAIRS. EXPENSES \$56,130.INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990 AND BCO-10 IS EMAILED TO THE CO-EXECUTIVE DIRECTORS AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization

BERKS CONNECTIONS/PRETRIAL SERVICES

Employer identification number 23-1969810

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.

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION PROCESS FOR TOP OFFICIAL 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.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, 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.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print BERKS CONNECTIONS/PRETRIAL SERVICES 23-1969810 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 19 N. 6TH STREET, 4TH FLOOR return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. READING, PA 19601 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION • The books are in the care of ▶ 19 N. 6TH STREET, 4TH FLOOR - READING, PA 19601 Telephone No. ► 484-260-3860 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)