	Form	990-T	E	xempt Org	anization and proxy ta	Bus	ines	s Inco	me Ta	ax Ret	turn	F	OMB No 1	545-0687		
			F	endar year 2018 or other ta		ix uniu	er Sec			1010	<i>†</i>		20	12		
		ment of the Treasury		•	ww.irs.gov/Form99	OT for in:	struction	and end and the late and the late	est informa	tion.	1(c)(3).		pen to Public	Inspection		
		Check box if address changed	Name of organization (Check box if name changed and see instructions.)								D Em			mployer identification number Employees' trust, see Instructions)		
	D Ev	empt under section	Print	BERKS COM	JRCTTONS/I	PR Rጥ፤	RTAT.	SERVI	CES		ļ	23	-1969	810		
		501(C)(3) ·	or		S CONNECTIONS/PRETRIAL SERVICES street, and room or suite no. If a P.O. box, see instructions.							E Unrelated business activity code (See instructions.)				
		408(e) 220(e)	Туре	19 N. 6TH							i	(See ins	uucuons)			
		408A 530(a) 529(a)		City or town, state or READING,	province, country, a					_						
∍,	C Boo	k value of all assets		F Group exemption r		tions.)	>									
	ate	nd of year 664,0	39.	G Check organization			oration	501	(c) trust		401(a) tr	ust	(Other tru	ıst	
3	H Ent			tion's unrelated trades					Describe t	the only (or	fırst) unre	lated				
j	trac	le or business here	_						only one,	complete Pa	arts I-V. If	more tl	han one,			
_	dca	cribe the first in the b	lank spa	ce at the end of the pr	ovious sontence, con	nplete Pa	rts I and	II, complete a	Schedule	M for each	additional	trade o	r			
		iness, then complete														
7				oration a subsidiary in			it-subsid	liary controlle	d group?			Yes	X	10		
T)				ifying number of the p					Talaaha	ne number	A 40	4 2	60 20	260	—	
SCHIEBURY SCHIEBURY	Jihe	books are in care of	d Trac	HE ORGANIZE OR BUSINESS	DCOMP		—т	(A) Inco			xpenses	4-2		Net	—	
Ĭ,				e or business	T			(A) IIICO	ille	(0)	Apenaea	\dashv	(0)	1101	i	
K.		Gross receipts or sale Less returns and allov			c Balance		1c		ŀ							
-		Cost of goods sold (S		A line 7)	v balance		2								一	
		Gross profit, Subtract					3									
8		Capital gain net incon														
₹ 20										REC	CEIVED					
0 6 2020	c	Capital loss deduction	n for trus	ts		•	4c			13				ω		
3	5	Income (loss) from a	partners	hip or an S corporatio	n (attach statement))	5			5	JUL-	7 2		8		
ร	6	Rent income (Schedu	le C)				6			8	002	. 0 2		. ! !		
_	7	Unrelated debt-financ	ed incon	ne (Schedule E)			7				225	_		8		
180 00000000000000000000000000000000000				nd rents from a control	8	-		<u>(a)</u>	OGDI	ΞŊ,	UT_					
3				n 501(c)(7), (9), or (1	7) organization (Sch	edule G)	9					\exists		<u> </u>		
		Exploited exempt acti	-	,			10					\dashv			—	
ĺ		Advertising income (S Other income (See in:		-			11 12	<u>-</u>				-				
•		Total. Combine lines		•			13		0.					-		
				t Taken Elsewi	nere (See instru	ctions fo		tions on ded								
٠.				itions, deductions n						income)						
€//	14	Compensation of off	icers, du	ectors, and trustees (Schedule K)						L	14				
	15.0	Salaries and wages									<u> </u>	15				
<i>?</i> ⊃	層	Repairs and mainter	nance								L	16				
_	7	Bad debts									F	17				
	12	Interest (attach sche	edule) (se	e instructions)							⊦	18				
	19_	Taxes and licenses			A IX						}-	19				
Ę.	5			e instructions for limita	ition rules)			ı	n4		-	20				
40 Batching Ögden	35	Depreciation (attach		162) I Schedule A and elsev	uboro on rotura		7		21 22a			22b				
Ę.	المرا	Depletion	aimeu oi	i Schedule A and eisev	viiere on return			L	224			23				
äg	225	Contributions to defe	erred coi	mnensation plans							F	24				
Ö,	24-1 250	Employee benefit pro		inpensation plans								25				
T /	28	Excess exempt expe		hedule I)								26				
	280	Excess readership c										27				
	26	Other deductions (at	ttach sch	edule)								28				
	29	Total deductions. A	dd lines	14 through 28							L	29			0.	
	\$			ncome before net oper	-						L	30			0.	
2	31			oss arising in tax yoar		ter Janua	ry 1, 201	18 (see instruc	tions)			31			<u></u>	
	32			come. Subtract line 3								32	C 00		0.	
	82370	1 01-09-19 LHA F	or Paper	work Reduction Act N	otice, see instructio	ns.							Form 99	ו -טי,	20 /4 /	

823711 01-09-19

Phone no. (610) 378-1175

2763 CENTURY BOULEVARD

Firm's address ► READING, PA 19610

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation > N/A					
1 Inventory at beginning of year 1				Inventory at end of yea		6			
2 Purchases				Cost of goods sold. Su	ne 6				
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		_	
4 a Additional section 263A costs			1	line 2		_7_	<u> </u>		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to				_	Yes	No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income ((see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty	·)	
1. Description of property									
(1)								_	
(2)	·- 								
(3)		_							
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	3(a) Deductions directly columns 2(a) a	rectly connected with the income in 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)					
			2	2. Gross income from		3. Deductions directly cor to debt-finan			
1. Description of debt-fin		or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)									
(2)									
(3)									
(4)				-					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	•	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%_					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				>		0			0.
Total dividends-received deductions in			•		0.				
								Form 990-T	(2018)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)													
					Controlled O								
Name of controlled organization		2. Emj identific num	ation	3. Net unrelated income (loss) (see instructions)		4. Tot	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)													_
(1)		ļ		 				 - -				·	_
(2)										-	-	-	
(3)			-	-							•		
(4) Nonexempt Controlled Organi		L	-	L				<u> </u>					_
			- 0	1			40 5 4 4 4						_
7. Taxable Income		nrelated incom ee instructions		y, lotal	of specified payr made	nents	in the controllingross	mn 9 tna ing orgar s income	nzation's			ions directly connected ome in column 10	3
(1)			***			Ì							_
(2)				<u> </u>									_
(3)													
(4)													_
			,				Add colum Enter here and line 8, c		1, Part I,		r here a	olumns 6 and 11 and on page 1, Part I, 8, column (B)	_
Totals									0.			0	
Schedule G - Investme	nt Incon	ne of a S	ection	501(c)(7). (9). or (17) Org	anization		<u> </u>	L		•	Ť
(see insti		0. 4 0		00.(0)(.	,, (0), 0. (, ৩. 5	,						ſ
<u>····</u>	ription of incor	me			2. Amount of	income	3. Deduction directly conne- (attach sched	cted	4. Set-	asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)	_
(1)									,				_
(2)						T T							_
(3)		··········											_
(4)		_									\neg		_
				_	Enter here and		·····		<u> </u>			nter here and on page	
					Part I, line 9, co	lumn (A)					١	art I, line 9, column (B)	1
Totals	•			•		0.1						0	_
Schedule I - Exploited (see instru	-	Activity	Income	, Other	Than Adv		g Income					*****	<u> </u>
Description of exploited activity	2. G unrelated income trade or t	business e from	directly c	elated	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity to is not unrelat business inco	hat ed	6. Exp attribut colur	able to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						i					丁		_
(2)	Ī										\neg		_
(3)						Ť							_
(4)				_									_
Totals -	Enter her page 1, line 10,	Part I,	Enter her page 1 line 10,	, Part I,		-						Enter here and on page 1, Part II, line 26	
Schedule J - Advertision	na Incon		struction		l., ,								<u>-</u>
Part I Income From I					olidated	Basis							_
1. Name of periodical		2. Gross advertising income		3. Direct artising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat		6. Reade cost		c	7. Excess readership osts (column 6 minus olumn 5, but not more than column 4)	
(1)												 _	1
(2)]		-
(3)					7]		}
(4)					7						1		1
							1						
Totals (carry to Part II, line (5))	>).	0	.		1		1 11,		Fo	0 orm 990-T (201	

Form 990-T (2018) BERKS CONNECTIONS/PRETRIAL SERVICES 23-19698 [Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				_		
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensatio	n of Officers, I	Directors, and	Trustees (see in	structions)		

Scriedule R - Compensation of Officers, Directors, and Trustees (see instructions)										
1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business							
(1)		%								
(2)		%								
(3)		%								
(4)		0/								

Form 990-T (2018)

0.

Total. Enter here and on page 1, Part II, line 14

Form 990-T, Amended Form

Berks Connections/Pretrial Services

EIN: 23-1969810

Lines 34, 36, 38, 39, 44, 48, and 53 were changed to \$0.

The original 2018 Form 990-T was filed to report the amount paid for disallowed fringes. With the repeal of Section 512(a)(7), the organization is now reporting \$0 for the amount and is filing an amended return for a refund of the tax paid.

We also paid estimated tax payments for 2019 in the amount of \$5,680. We are reporting this amount on line 50b in order to request a refund for this amount in addition to the tax paid for 2018.