Form	990
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Department of the Treasury Interval Revenue Service

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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



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

A F	or the 20	00 <u>5 calendar year, or tax year beginning</u> J	<u>UL 1, 2005</u>	and en	ding JUN 30	<u>2</u> 0	06	
B c	Check if ipplicable	Please C Name of organization	_			D Emple	oyer i	dentification number
<u> </u>	 		04	-2	564960			
	Name change	type Number and street (or P.O. box if mail is no			Room/suite	E Telep		
	Initial	See Specific 38 EDGE HILL ROAD			894-5330			
	Final	Instruc- tions City or town, state or country, and ZIP + 4	F Accoun					
	Amende						ther pecify)	
	Application pending	· Oconon oo n(o)(o) organizatione and vovn(a)(ts	H and I are not appi			tion 527 organizations.
		must attach a completed Schedule A (Form 99	90 or 990-EZ).		H(a) is this a group r	eturn for	affilia	tes? Yes X No
		WWW.WHFC.ORG			H(b) If "Yes," enter nu	umber of	affilia	tes <u>N/A</u>
-		tion type (check only one) \blacktriangleright X 501(c) (3) (inser		527	H(c) Are all affiliates	included	?]	N/A 🗌 Yes 🗌 No
		re 🕨 🛄 if the organization's gross receipts are norn			(If 'No,' attach a H(d) Is this a separat	e return t	filed b	y an or
		on need not file a return with the IRS; but if the organiza		e	ganization cover	red by a (group	ruling? Yes X No
	sure to file	e a complete return. Some states require a complete re	eturn.		I Group Exemptio			N/A
				~				tion is not required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 Revenue, Expenses, and Changes in	<u>7,735,54</u>		Sch. B (Form 99	JU, 990-E	.Z, or	990-PF)
Pa				Dala	nces			
	1	Contributions, gifts, grants, and similar amounts receiv	/ea:		627 2	~ 0		
	l a b	Direct public support Indirect public support		<u>1a</u> 1b	627,2	40.		
	c U	Government contributions (grants)		10	20,8	13		
1002	-		48,041. noncash\$	ιų.	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	1d	648,041.
R.		Program service revenue including government fees ar		P Q3)		·′ ⊢	2	6,922,266.
\$	1	Membership dues and assessments	10 00111 at 11, 111	,			3	0,522,200.
SP3		Interest on savings and temporary cash investments					4	37,036.
JUL	5	Dividends and interest from securities					5	53,105.
h	6 a	Gross rents		6a			_	
\bigcirc	b	Less: rental expenses		6b				
Ŵ	c	Net rental income or (loss) (subtract line 6b from line 6	ia)				6c	
So -	7	Other investment income (describe 🕨				_)	7	
Star	8 a	Gross amount from sales of assets other	(A) Securities		(B) Other			
Revenue Revenue		than inventory	1,718.	8a				
С¢ н	b	Less: cost or other basis and sales expenses	1,810.	8b				
	1	Gain or (loss) (attach schedule)	<92.	>8c				
-		Net gain or (loss) (combine line 8c, columns (A) and (E					8d	<u> <92.</u> >
		Special events and activities (attach schedule). If any an		here 🖡	▶]			
		Gross revenue (not including \$ 88,5	<u>95.</u> of contributions	.	6 0 0	<u>-</u>		
		reported on line 1a)	-	9a	63,9			
		Less: direct expenses other than fundraising expenses Net income or (loss) from special events (subtract line	(Dh from line Co	9b EE	<u>42,8</u>	-		01 000
		Gross sales of inventory, less returns and allowances		сс 10а	STATEMENT	_ ⊢	9c	21,082.
		Less: cost of goods sold		10a 10b		{		
		Gross profit or (loss) from sales of inventory (attach sc	L hedule) (subtract line 10b fror				10c	
		Other revenue (from Part VII, line 103)			100)		11	9,455.
		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	Dc. and 11)			-	12	7,690,893.
		Program services (from line 44, column (B))	BEACING		I CORRES		13	7,206,578.
Expenses		Management and general (from line 44, column (C))	KEUEIVE		C -532	Γ	14	464,532.
ben	15	Fundraising (from line 44, column (D))					15	176,237.
EX	16	Payments to affiliates (attach schedule)	A₽₽	30	2007		16	
		Total expenses (add lines 16 and 44, column (A))					17	7,847,347.
s	18	Excess or (deficit) for the year (subtract line 17 from lin		Pr not		_	18	<156,454.>
Net Assets	19	Net assets or fund balances at beginning of year (from					19	2,624,757.
As	20	Other changes in net assets or fund balances (attach ex		EE	STATEMENT	3 _	20	<u>76,848.</u>
52300	21 01	Net assets or fund balances at end of year (combine lin					21	<u>2,545,151.</u>
52300 02-03	3-06 L	HA For Privacy Act and Paperwork Reduction Act N		uction	8.			Form 990 (2005)
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								41/
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Part II Statement of All or	ganıza		n (A). Columns (B), (C), ar	04-25 d (D) are required for section le trusts but optional for other	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				STATEMENT 5	
(cash \$1096285.noncash \$0					
If this amount includes foreign grants, check here 🕨 🔀	22	1,096,285.	1,096,285.		
23 Specific assistance to individuals (attach					
schedule)	23	<u> </u>		-	
24 Benefits paid to or for members (attach					
schedule)	24				
25 Compensation of officers, directors, etc.	25	316,090.	12,194.		12,194.
26 Other salaries and wages	26	3,793,938.	3,678,397.	37,018.	<u> </u>
27 Pension plan contributions	27		001 750	07.105	0 601
28 Other employee benefits	28	318,525.	281,759.		9,601.
29 Payroll taxes	29	355,675.	318,564.	28,516.	8,595.
30 Professional fundraising fees	<u>30</u> 31	17,000.	· · ·	17,000.	
31 Accounting fees 32 Legal fees	31	17,000.		17,000.	
33 Supplies	33				
34 Telephone	34	77,297.	73,616.	2,298.	1,383.
35 Postage and shipping	35	132,338.	126,492		2,291.
36 Occupancy	36	338,270.	324,999.		4,813.
37 Equipment rental and maintenance	37	119,746.	101,791.		7,678.
38 Printing and publications	38	98,149.	78,098.		18,783.
39 Travel	39	125,712.	109,910.		13,106.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	81,050.	65,407.	9,969.	5,674.
43 Other expenses not covered above (itemize):					
8	43a				
b	<u>43b</u>				
C	43c				
d	<u>43d</u>				
e	<u>43e</u>				<u>_</u>
f	<u>43f</u>				
g <u>SEE STATEMENT 4</u>	43g	977,272.	939,066.	24,610.	13,596.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines					
13-15)	44	7,847,347.	7,206,578.	464,532.	176,237.
Joint Costs. Check 🕨 🔲 If you are following	3 SOF	P 98-2.			
Are any joint costs from a combined educational campa					Yes X No
If "Yes," enter (i) the aggregate amount of these joint co (iii) the amount allocated to Management and general S			(ii) the amount allocated to		<u>N/A</u> ;
(iii) the amount anocated to Management and general a		N/A ; and (iv) the amount allocated t	o runuraising p	<u>N/A</u>

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WIDE HORIZONS FOR CHILDREN, INC Part JII Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? PLACEMENT OF WAITING CHILDREN IN ADOPTIVE HOMES.	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a THE AGENCY PLACED 678 CHILDREN FROM MULTIPLE COUNTRIES AROUND THE WORLD WITH 630 ADOPTIVE FAMILIES LOCATED WITHIN THE UNITED STATES. THE AGENCY PROVIDED FAMILY SUPPORT IN THE FORM OF PREPARATION, POST-PLACEMENT SUPERVISION, AND POST-ADOPTION COUNSELING, AS WELL AS SOCIAL AND CULTURAL EVENTS. (Grants and allocations \$) If this amount includes foreign grants, check here ►	6,110,293.
b THE AGENCY COUNSELS BIRTHPARENTS IN THEIR CONSIDERATION OF AN ADOPTIVE PLAN.	
c THE AGENCY PROVIDES FINANCIAL ASSISTANCE IN THE FORM OF SERVICE FEE SUBSIDIES IN ORDER TO SUPPORT THE PLACEMENT OF WAITING CHILDREN OR TO HELP NEEDY FAMILIES WITH PART OF THEIR ADOPTIVE COSTS.	
(Grants and allocations \$ 87,560.) If this amount includes foreign grants, check here ► d THE AGENCY PROVIDES HUMANITARIAN AID OVERSEAS TO AID BOTH WAITING CHILDREN IN ORPHANAGE CARE AND UNADOPTABLE CHILDREN.	87,560.
(Grants and allocations \$ 1,008,725.) If this amount includes foreign grants, check here ▶ X e Other program services (attach schedule) (Grants and allocations \$)	1,008,725.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,206,578.
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WIDE HORIZONS FOR CHILDREN, INC.

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Part I					
	here required, attached schedules and amounts will ould be for end-of-year amounts only.	thin the description column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing		17,922.	45	6,799
46	Savings and temporary cash investments	· · · ·	1,100,331.	46	1,278,585
47	a Accounts receivable	478 121,136.			
	b Less: allowance for doubtful accounts	47b 8,208.	157,547.	47c	112,928
48	a Pledges receivable	48a 25.			
40	b Less: allowance for doubtful accounts	48b	7,060.	1	25
49 50	Grants receivable Receivables from officers, directors, trustees,			49	
S .	and key employees			50	
Assets		<u>51a</u> <u>15,890.</u>			15 000
	b Less: allowance for doubtful accounts	51b	16,634.	1	15,890
52	Inventories for sale or use		103,478.	52	143,921
53	Prepaid expenses and deferred charges Investments - securite STMT 6	· ► Cost X FMV	1,920,675.	53 54	1,945,636
-	a investments land, buildings, and		1,520,075.	- 04	, <u>,,,,</u> ,,,,,,
	equipment: basis	55a			
	b Less: accumulated depreciation	55b		55c	
56	Investments - other			56	
57	a Land, buildings, and equipment: basis	578 1,559,131.			
	b Less. accumulated depreciation STMT 7	57b 708,516.	846,163.	57c	850,615
58	Other assets (describe DEPOSITS)	44,270.	58	43,270
59	Total assets (must equal line 74). Add lines 45	through 58	4,214,080.	59	4,397,669
60	Accounts payable and accrued expenses		63,895.	60	40,607
61	Grants payable			61	<u> </u>
ຜ 62	Deferred revenue			62	
63 63 64	Loans from officers, directors, trustees, and key	y employees		63	
lige 64	-			64a	
- 1	b Mortgages and other notes payable		1 525 420	64b	1 011 011
65	Other liabilities (describe 🕨SI	SE STATEMENT 8)	1,525,428.	65	1,811,911
66	Total liabilities. Add lines 60 through 65)		1,589,323.	66	1,852,518
Or	ganizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74.	and complete lines			
8 67	Unrestricted		2,246,792.	67	2,267,811
Net Assets or Fund Balances 1 0 0 0 6 9 29 2 2 1 0 10 6 9 29	Temporarily restricted	· ·	362,965.		262,340
8 69			15,000.		15,000
	ganizations that do not follow SFAS 117, check	here 🕨 🛄 and			
2 ···	complete lines 70 through 74.				
ຽ ທີ່ 70	Capital stock, trust principal, or current funds			70	
te 171	Paid in or capital surplus, or land, building, and	equipment fund		71	
° ₹ 72	Retained earnings, endowment, accumulated in	ncome, or other funds		72	
b 73	Total net assets or fund balances (add lines 67 throu	igh 69 or l ines 70 through 72;			
	column (A) must equal line 19; column (B) must equa		2,624,757.		2,545,151
74	Total liabilities and net assets/fund balances	. Add lines 66 and 73	4,214,080.	74	<u>4,397,669</u>

Form 990 (2005)

, For	m 990 (2005) WIDE HORIZONS FOR CHI			04-2	5640	50	Dece 5
_	art IV-A Reconciliation of Revenue per Audited Fina	incial Statements W	ith Revenue p	er Ret	um (S/	e the	Page 5
<u> </u>	instructions.)			01 1100	u nn (08	e me	
	Total revenue, gains, and other support per audited financial stateme	onto	·		7	802	377.
	Amounts included on line a but not on Part I, line 12:	5115		H	<u>a 7</u>	002,	5//.
D		1	b1 76,8	10			
1	Net unrealized gains on investments		b2 34,6				
2	Donated services and use of facilities						
3	Recoveries of prior year grants	· · ·	<u>b3</u>				
4	Other (specify):	L	<u>b4</u>				
	Add lines b1 through b4	• •			<u> </u>		484.
C	Subtract line b from line a			<u> </u>	<u>c 7,</u>	690,	893.
d	Amounts included on Part I, line 12, but not on line a:	1	1				
1	Investment expenses not included on Part I, line 6b		d1				
2	Other (specify):		d2				
	Add lines d1 and d2			Ļ	d		<u> </u>
Pa	Total revenue (Part I, line 12) Add lines c and d art IV-B Reconciliation of Expenses per Audited Fin	ancial Statements V	Vith Expenses	per R	<u>e 7,</u> eturn	<u>690</u> ,	893.
a	Total expenses and losses per audited financial statements				a 7,	881	983.
þ	Amounts included on line a but not on Part I, line 17.				-		
-1	Donated services and use of facilities	1	b1 34,6	36			
2	Prior year adjustments reported on Part I, line 20	F	b2				
3	Losses reported on Part I, line 20	h h	b3				
4	Other (specify):	F	b4				
4		L	V4	····· .	_	34	636.
•			•		b - 7		347.
G		• • •		-		04/,	547.
U	Amounts included on Part I, line 17, but not on line a:	I	ا مد				
1	Investment expenses not included on Part I, line 6b	F	d1				
2	Other (specify):	l	d2				•
	Add lines d1 and d2						
						0.47	0.
	Total expenses (Part I, line 17). Add lines c and d				e 7,		347.
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and K			s an offic	e 7,		347.
	Total expenses (Part I, line 17). Add lines c and d	ere not compensated.) (Se	e the instructions.)	s an offic	e 7, cer, dıre	ctor, tru	347. stee,
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and K	ere not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	s an offic	e 7, cer, dire	ctor, tru (E) E acco	347. stee, xpense unt and
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and K or key employee at any time during the year even if they w	ere not compensated.) (Se (B) Title and average hours	e the instructions.)	s an offic	e 7, cer, dıre	ctor, tru (E) E acco	347. stee,
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and K or key employee at any time during the year even if they w	ere not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	s an offic	e 7, cer, dire	ctor, tru (E) E acco	347. stee, xpense unt and
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	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and K or key employee at any time during the year even if they w	ere not compensated.) (Se (B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	(D) Contr employe plans & compense	e 7, cer, dire	ctor, tru (E) E acco other a	347. stee, xpense unt and
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	Total expenses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and K or key employee at any time during the year even if they w (A) Name and address	ere not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contr employe plans & compense	e 7, cer, dire	ctor, tru (E) E acco other a	xpense unt and llowances
	Total expenses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and K or key employee at any time during the year even if they w (A) Name and address	ere not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contr employe plans & compense	e 7, cer, dire	ctor, tru (E) E acco other a	xpense unt and llowances
	Total expenses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and K or key employee at any time during the year even if they w (A) Name and address	ere not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contr employe plans & compense	e 7, cer, dire	ctor, tru (E) E acco other a	xpense unt and llowances
	Total expenses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and K or key employee at any time during the year even if they w (A) Name and address	ere not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contr employe plans & compense	e 7, cer, dire	ctor, tru (E) E acco other a	xpense unt and llowances
	Total expenses (Part I, line 17). Add lines c and d Current Officers, Directors, Trustees, and K or key employee at any time during the year even if they w (A) Name and address	ere not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contr employe plans & compense	e 7, cer, dire	ctor, tru (E) E acco other a	xpense unt and llowances

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Form 990 (2005)

_	990 (2005) WIDE HORIZONS FOR CHI t V-A Current Officers, Directors, Trustees, and Ke			04-2564	960		age 6
				·		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board				
•	meetings		▶	<u> </u>			
b	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, related to each other through family or business rela the individuals and explains the relationship(s).	d other independent contr	actors listed in Scl	nedule A,	75b		<u>x</u>
C	Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, receive compensation from any other organizations, organization through common supervision or common control?	d other independent contr	actors listed in Scl	nedule A,	75c		x
	Note. Related organizations include section 509(a)(3) supporting org	anizations.		•]			
	If "Yes," attach a statement that identifies the individuals, explains the relation describes the compensation arrangements, including amounts paid to each in	ship between this organization		ization(s), and			
d	Does the organization have a written conflict of interest policy?				75d		х
Par	t V-B Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key er the year, list that person below and enter the amount of co	nployee received compens	sation or other ben	efits (described	r Ot belo	w) dur	ng
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions t employee benefit plans & deferred compensation plan	a	E) Expe	and
	· · · · · · · · · · · · · · · · · · ·						
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Dart VI	Other Information	2 (Coo the instructions)			·	·	

Pa	rt VI Other Information (See the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	76		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	_78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization N/A			1
	and check whether it is exempt or nonexempt			1
81 a	Enter direct or indirect political expenditures. (See line 81 instructions)			
<u> </u>	Did the organization file Form 1120-POL for this year?	81b		Х
52318	1/02-03-06	Form	n 990 ((2005)

, Form	990 (2005) WIDE HORIZONS FOR CHILDREN, INC. 04	-2564960		age 7
	t VI Other Information (continued)	2304900	Yes	
<u> </u>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substa	antially	1.22	<u> </u>
	less than fair rental value?	. 82a		x
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.)	A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	. 83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	<u>84</u> a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	not		
	tax deductible?	A. 84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/2	A 85a		
b	Did the organization make only in house lobbying expenditures of \$2,000 or less? N/A	A 85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received	a		
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures	-		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/2			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? \dots N/2	A. <u>85g</u>		<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	_		
	following tax year? N/2	A. 85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/2			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/2	3		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/2			
00				
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	,		
	If "Yes," complete Part IX	88		x
80 -	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under.			
05 a	section 4911 0 • ; section 4912 0 • ; section 4955	0.		
Ь	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		1	
	If "Yes," attach a statement explaining each transaction	896		x
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	. [000		
-	sections 4912, 4955, and 4958	•		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	•		0.
	List the states with which a copy of this return is filed CT , MA , NH , NJ , NY			
	Number of employees employed in the pay period that includes March 12, 2005 90b			103
		81-894-5	330	
	Located at > 38 EDGE_HILL ROAD, WALTHAM, MA	+4 > 0245	51	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, secunties account, or other financial		Yes	No
	account)?	91b		X
	If "Yes," enter the name of the foreign country N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
	If "Yes," enter the name of the foreign country N/A			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/		
		Form	1 990	(2005)

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	I Analysis of Income						
Note: En	nter gross amounts unless othe	rwise		ed business income	<u> </u>	d by section 512, 513, or 514	(E)
indicated	÷		(A)	(B)	Exclu-	(D)	Related or exempt
93 Prog	gram service revenue:		Business code	Amount	sion	Amount	function income
-	OPTION PROGRAM	Γ		6,922,266.			
с <u>—</u>						· · -	
d			-				
e							
f Med	licare/Medicaid payments						
g Fees	s and contracts from governme	nt agencies					
	nbership dues and assessmen						
95 Inter	est on savings and temporary cash	investments					37,03
	dends and interest from securi	Г					53,10
97 Net	rental income or (loss) from rea	· · · F					
a debt	t-financed property	[
b not d	debt-financed property						
98 Net	rental income or (loss) from pe	rsonal property					
	er investment income						
100 Gain	or (loss) from sales of assets	Γ					
	er than inventory						<9
101 Net	income or (loss) from special e	vents					21,08
	ss profit or (loss) from sales of	· r					
	er revenue:	- [
a MI	SCELLANEOUS INC	OME		9,455.	,		
	<u>.</u> .						
	- .						
d							
e							
104 Subi	total (add columns (B), (D), and	(E))		6,931,721.		0.	111,13
105 Tota	al (add line 104, columns (B), (I), and (E))					7,042,85
				•			//044/05
	e 105 plus line 1d, Part I, shou	d equal the amou				•	
	e 105 plus line 1d, Part I, shou III Relationship of Act	d equal the amou			ot Purp	OSES (See the instruct	
		d equal the amou ivities to the J	Accompli	ishment of Exemp			ions)
Part V	III Relationship of Act	Id equal the amou ivities to the A nich income is repor	Accompli ted in column	shment of Exemp (E) of Part VII contributed			ions)
Part V	III Relationship of Act Explain how each activity for wi	Id equal the amou ivities to the A nich income is repor y providing funds fo	Accompli ted in column	shment of Exemp (E) of Part VII contributed			ions)
Part V	III Relationship of Act Explain how each activity for will exempt purposes (other than b	Id equal the amou ivities to the A nich income is repor y providing funds fo	Accompli ted in column	shment of Exemp (E) of Part VII contributed			ions)
Part V	III Relationship of Act Explain how each activity for will exempt purposes (other than b	Id equal the amou ivities to the A nich income is repor y providing funds fo	Accompli ted in column	shment of Exemp (E) of Part VII contributed			ions)
Part V Line No.	III Relationship of Act Explain how each activity for wi exempt purposes (other than b SEE STATEMENT	Id equal the amound equal to the amount of the	Accompli ted in column r such purpos	ishment of Exemp (E) of Part VII contributed ses).	d importa	ntly to the accomplishment	ions) of the organization's
Part V	III Relationship of Act Explain how each activity for wl exempt purposes (other than b SEE STATEMENT	Id equal the amount ivities to the A such income is report providing funds for 10 ing Taxable S	Accompli ted in column r such purpos	ishment of Exemp (E) of Part VII contributed ses). ies and Disregard	d importa	ntly to the accomplishment	ions) of the organization's
Part V Line No. V Part IX	III Relationship of Act Explain how each activity for wl exempt purposes (other than b SEE STATEMENT	ivities to the amount ivities to the amount ivities to the amount income is reported and the providing funds for a state of the state o	Accompli ted in column r such purpos	ishment of Exemp (E) of Part VII contributed ses). ies and Disregard (C)	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
Part V Line No. V Part IX Name, a	III Relationship of Act Explain how each activity for wl exempt purposes (other than b SEE STATEMENT	Id equal the amount ivities to the A such income is report providing funds for 10 ing Taxable S	Accompli ted in column r such purpos	ishment of Exemp (E) of Part VII contributed ses). ies and Disregard	d importa	ntly to the accomplishment	ions) of the organization's ons.)
Part V Line No. V Part IX Name, a	III Relationship of Act Explain how each activity for wl exempt purposes (other than b SEE STATEMENT (Information Regard (A) address, and EIN of corporation.	ivities to the amount ivities to the amount ivities to the amount providing funds for 10 ing Taxable S (B) Percentage of	Accompli ted in column r such purpos	ishment of Exemp (E) of Part VII contributed ses). ies and Disregard (C)	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
Part V Line No. V Part IX Name, a	III Relationship of Act Explain how each activity for wl exempt purposes (other than b SEE STATEMENT (Information Regard (A) address, and EIN of corporation.	ivities to the amount ivities to the amount inch income is report providing funds fo 10 ing Taxable S (B) Percentage of ownership interest	Accompli ted in column r such purpos Subsidiari	ishment of Exemp (E) of Part VII contributed ses). ies and Disregard (C)	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
Part V Line No. V Part IX Name, a	III Relationship of Act Explain how each activity for wlexempt purposes (other than b SEE STATEMENT Information Regard (A) address, and EIN of corporation, nership, or disregarded entity	ind equal the amound equal the amound equal the amound in the second sec	Accompli ted in column r such purpos	ishment of Exemp (E) of Part VII contributed ses). ies and Disregard (C)	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
Part V Line No. V Part IX Name, a	III Relationship of Act Explain how each activity for wl exempt purposes (other than b SEE STATEMENT Address, and EIN of corporation, nership, or disregarded entity N/A	ind equal the amount invities to the amount income is reported by providing funds for a second state of the second state of th	Accompli ted in column r such purpos Subsidiari	ishment of Exemp n (E) of Part VII contributed ses). ies and Disregard (C) Nature of activities	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
Part V Line No. V Part IX Name, a	III Relationship of Act Explain how each activity for wl exempt purposes (other than b SEE STATEMENT Address, and EIN of corporation, nership, or disregarded entity N/A	ind equal the amount invities to the amount income is reported by providing funds for a second state of the second state of th	Accompli ted in column r such purpos Subsidiari	ishment of Exemp n (E) of Part VII contributed ses). ies and Disregard (C) Nature of activities	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
Part V Line No. V Part IX Name, a part	III Relationship of Act Explain how each activity for wl exempt purposes (other than b SEE STATEMENT Address, and EIN of corporation, nership, or disregarded entity N/A	ind equal the amount indices to the function of the function of the function of the function of the function o	Accompli ted in column r such purpos	ishment of Exemp (E) of Part VII contributed ses). ies and Disregard (C) Nature of activities	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
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Part V Line No. V Part IX Name, a parts Part X (a) Did (b) Did	III Relationship of Act Explain how each activity for will exempt purposes (other than b SEE STATEMENT SEE STATEMENT (Information Regard (A) (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, it the organization, during the year, if "Yes" to (b), file Form 8870 and 1000 and 10000 and 10000 and 1000 and 10000 and 1000 and 1000 and	ind equal the amound equal the amound equal the amound in the second sec	Accompli ted in column r such purpos	ishment of Exemp (E) of Part VII contributed ses). ies and Disregard (C) Nature of activities ted w rectly, to ly, on a s).	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
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Part V Line No. V Part IX Name, a part Name, a part Name, a part Name, a f Dart IX (a) Did (b) Did Note: // Please Sign	III Relationship of Act Explain how each activity for will exempt purposes (other than b SEE STATEMENT SEE STATEMENT (Information Regard (A) (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, it the organization, during the year, if "Yes" to (b), file Form 8870 and 1000 and 10000 and 10000 and 1000 and 10000 and 1000 and 1000 and	ind equal the amound equal the amound equal the amound in the second sec	Accompli ted in column r such purpos	ishment of Exemp (E) of Part VII contributed ses). ies and Disregard (C) Nature of activities ted w rectly, to ly, on a s).	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
Part V Line No. V Part IX Name, a part Name, a part Name, a part Name, a part Name, a part Plast Sign Here	III Relationship of Act Explain how each activity for will exempt purposes (other than b SEE STATEMENT SEE STATEMENT Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, if 'Yes" to (b), file Form 8870 ar Under penalities of perfury, I declare for correct, and complete Declaration for the correct, and complete Declaration for the correct of other correct.	ind equal the amound equal the amound equal the amound in the second sec	Accompli ted in column r such purpos	ishment of Exemp ishment of Exemp ies of Part VII contributed ies and Disregard (C) Nature of activities ted w rectly, to ly, on a s). accomp all interm	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
Part V Line No. V Part IX Name, a part Name, a part Name, a part V Name, a part Name, a part Name, a part Part X (a) Did (b) Did Note: // Please Sign Here Paid	III Relationship of Act Explain how each activity for will exempt purposes (other than b SEE STATEMENT SEE STATEMENT (A) Information Regard address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, it the organization, during the year, if "Yes" to (b), file Form 8870 are correct, and complete Declarations Under penalties of perfury, I declare for correct, and complete Declarations Signature	ind equal the amound equal the amound equal the amound in the second sec	Accompli ted in column r such purpos	ishment of Exemp ishment of Exemp ies of Part VII contributed ies and Disregard (C) Nature of activities ted w rectly, to ly, on a s). accomp all interm	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
Part V Line No. V Part IX Name, a part Name, a part Nat Nat Nat Nat Nat Nat Nat Nat Nat Na	III Relationship of Act Explain how each activity for will exempt purposes (other than b SEE STATEMENT SEE STATEMENT (Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, it the organization, during the year, it the organization, during the year, if "Yes" to (b), file Form 8870 ar Under penalties of perfury, I declare for correct, and complete Declarations Signature Preparer's signature Firm's name (or	d equal the amou ivities to the A inch income is repor y providing funds fo 10 ing Taxable S (B) Percentage of ownership interest 9 9 9 10 9 9 9 10 9 9 10 9 9 9 9 9 9 10 9 9 10 9 9 10 9 9 10 9 9 9 9 9 9 9 9 9 9 9 9 9	Accomplie ted in column r such purpos Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari	ishment of Exemp ishment of Exemp ies of Part VII contributed ies and Disregard (C) Nature of activities ted w rectly, to ly, on a s). accomp all interm	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's
Part V Line No. V Part IX Name, a part Name,	III Relationship of Act Explain how each activity for will exempt purposes (other than b SEE STATEMENT SEE STATEMENT Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, it the organization, during the year, if "Yes" to (b), file Form 8870 ar Under penalties of priving I declaration for the Occlaration of the Occlaration	ind equal the amound equal the amound equal the amound in the second sec	Accomplie ted in column r such purpos Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari	ishment of Exemp (E) of Part VII contributed ses). ies and Disregard (C) Nature of activities ted w ectly, to ly, on a s). accomp all interm Date	d importa	ntly to the accomplishment tities (See the instruction (D)	of the organization's

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SCHEDULE A

(Form	990	or	990-	EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k),

OMB No 1545-0047

2005

501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization

Employer	identification	number

WIDE HORIZONS FOR CHILDREN, INC. 04 2564960 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SHENG LIN	PGM CRD/TRANS			
WALTHAM, MA	40.00	78,253.	3,975.	
J_MILLER	DIR-NY REGION	[
GLEN COVE, NY	40.00	65,034.	5,003.	
E DULLEA	HR DIRECTOR			
CAMBRIDGE, MA	40.00	68,981.	3,975.	
R_DISCIPIO	IT DIRECTOR			
AUBURN, MA	40.00	85,874.	0.	
S MRAZ	PROGRAM DIR.			
ABINGTON, MA	37.00	63,916.	3,975.	
Total number of other employees paid				
over \$50,000	▶ 9			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

	(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of	of others receiving over		

0

\$50,000 for professional services

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or

firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HOLT CHILDREN'S SERVICES		
SEOUL, KOREA	ADOPTION SERVICES	1443050.
ANA MARIE GIRON RIECKOF		
GUATEMALA CITY, GUATEMALA	ADOPTION SERVICES	481,000.
DR. TSEGAYE BERHE		
ADDIS ABABA, ETHIOPIA	ADOPTION SERVICES	430,139.
ALMA BEATRIZ VALLE FLORES DE MEJIA		
GUATEMALA CITY, GUATEMALA	ADOPTION SERVICES	<u>429,000.</u>
ROSA MARIA VIDES ESTRADA GUATEMALA CITY, GUATEMALA	ADOPTION SERVICES	333,500.
Total number of other contractors receiving over \$50,000 for other services 8		

Part III Statements About Activities (See page 2 of the instructions.)		Yes	N
During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$\$			
lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)			
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			<u>X</u>
checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	28		x
b Lending of money or other extension of credit?	2b		x
c Furnishing of goods, services, or facilities?	2c		x
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		x
e Transfer of any part of its income or assets?	2e		x
Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
you determine that recipients qualify to receive payments.)	3a		X
Do you have a section 403(b) annuity plan for your employees?	3b		X
During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		x
Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
e organization is not a private foundation because it is: (Please check only ONE applicable box.)			<u></u>
5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state			
An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descri	bed in:		
(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that described and the test of section 509(a)(2).	bes		
the type of supporting organization: Type 1 Type 2 Type 3			
Provide the following information about the supported organizations. (See page 6 of the instructions.)			
(a) Name(s) of supported organization(s)	(b) Lin fro	e numi om abo	

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Schedule A (Form 990 or 990-EZ) 2005 WIDE HORIZONS FOR CHILDREN, INC.

04-2564960 Page 2

、 Sche	dule A (Form 990 or 990-EZ) 2005 W	IDE HORIZON	S'FOR CHILD	REN. INC.	04-	2564960 Page 3
Pa	rt IV-A Support Schedule (C Note: You may use the		ecked a box on line 10). 11. or 12.) Use cash	method of accounting	<u>na.</u>
	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Totai
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	578,496.	497,051.		274,376.	1,656,403.
16	Membership fees received		<u> </u>	500,400.		<u> </u>
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,041,080.	5,713,034.	4,579,785.	4,090,397.	20,424,296.
18	Gross income from interest, dividends, amounts received from payments on securities loans (sec- tion 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		65,524.	64,203.	85,590.	274,791.
19	Net income from unrelated business					
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either					
	paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	300.	670.	SEE STATEME 96.	NT 11 108,033.	109,099.
23	Total of lines 15 through 22	6,679,350.	6,276,279.		4,558,396.	22,464,589.
24	Line 23 minus line 17	638,270.	563,245.		467,999.	2,040,293.
25	Enter 1% of line 23	66,794.	62,763.	49,506.	45,584.	
26	Organizations described on lines 1	Oor 11: a Enter 2% of a	amount in column (e), lin	ie 24	► <u>26a</u>	N/A
b	Prepare a list for your records to sho		• •	· ·		
	unit or publicly supported organization	,	• • • • •	ded the amount shown in		/ -
_	Do not file this list with your return.				► <u>26b</u>	
	Total support for section 509(a)(1) t				► <u>26c</u>	N/A
d	Add: Amounts from column (e) for li	ines: 18 22	19 26b		≥ 6d	N/A
е	Public support (line 26c minus line 2		200		≥00 ► 26e	N/A
f	Public support percentage (line 26)	,	line 26c (denominator)))	► 26f	N/A %
27	Organizations described on line 12	: a For amounts included	in lines 15, 16, and 17 th	at were received from a "c	lisqualified person," prep	are a list for your
	records to show the name of, and to	tal amounts received in ea	ach year from, each "disq	ualified person." Do not fi	le this list with your retu	rn . Enter the sum of
	such amounts for each year: (2004) 23, 429	• (2003)	44,000. (2	.002) 24	,960. (2001)	29,011.
b	For any amount included in line 17 tl	hat was received from eac	h person (other than "dis	qualified persons"), prepa	ire a list for your records	
	and amount received for each year, t	that was more than the la	rger of (1) the amount o	on line 25 for the year or (2	2) \$5,000. (Include in the	list organizations
	described in lines 5 through 11b, as					amount received and
	the larger amount described in (1) o (2004) 0	. (2003)	0. (2	002)	0 . (2001)	0.
C		ines: 15	1,656,403.	16		
		24,296. 20 21,400. an	d line 27b total	21		<u>22,080,699.</u> 121,400.
d e	• · · · · · · · · · · · · · · · · · · ·				<u>0.</u> ► <u>27d</u> ► 27e	21,959,299.
f	Total support for section 509(a)(2) to	-	23. column (e)	▶ 27f 22.	464,589.	<u>41,737,437.</u>
g					<u>↓0↓, 505.</u> ▶ 27g	97.7507%
h	Investment income percentage					1.2232%
28	Unusual Grants: For an organization	n described in line 10, 11,	or 12 that received any u	unusual grants during 200)1 through 2004, prepare	a list for your records to
	show, for each year, the name of the co return. Do not include these grants in l 21 02-03-06	line 15.	Nount of the grant, and a	i oner description of the h	-	tile this list with your ule A (Form 990 or 990-EZ) 2005

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Schedule A (Form 990 or 990-EZ) 2005

	t V Private School Questionnaire (See page 7 of the instructions.)	N/	Ά	
`	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			ı —
•	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	·	Yes	N
	instrument, or in a resolution of its governing body?	29		
}	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			i i
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		-		
		_		
2	Does the organization maintain the following:	-		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<u>32b</u>		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	320		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
3	Does the organization discriminate by race in any way with respect to:	-		
8	Students' rights or privileges?	33a		
b	Admissions policies?	<u>33b</u>		
C	Employment of faculty or administrative staff?	330		<u> </u>
d	Scholarships or other financial assistance?	<u>33d</u>		<u> </u>
e	Educational policies?	<u>33e</u>		<u> </u>
f	Use of facilities?	<u>33f</u>		
	Athletic programs?	<u>33g</u>	_	
y	Other extracurricular activities?	<u>33h</u>		
y h	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
9 h		-		
y h			1	
	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?			
4 a	• • • • • • • • • • • • • • • • • • • •			
4 a	Has the organization's right to such aid ever been revoked or suspended?			

Schedule A (Form 990 or 990-EZ) 2005

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Scł	edule A (Form 990 or 990-EZ) 2005 WI	DE HORIZONS FOR CHILDRE	N,	INC	•	04-2564960 Page 5
Ρ	art VI-A Lobbying Expendit	ures by Electing Public Charities (See pag	ge 9 of	the instructions.)	N/A
	(To be completed ONLY by	an eligible organization that filed Form 5768)				
Che	ick 🕨 a 🛄 if the organization belong	s to an affiliated groupCheck 🕨 b [you che	cked "a" and "limited co	ontrol provisions apply.
		Lobbying Expenditures			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		ures" means amounts paid or incurred.)				
					N/A	
36	Total lobbying expenditures to influence p			_36		
37	Total lobbying expenditures to influence a	• • • • •,		37		
38	Total lobbying expenditures (add lines 36	and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add	lines 38 and 39)		40		
41	Lobbying nontaxable amount. Enter the a	mount from the following table -				
	If the amount on line 40 is -	The lobbying nontaxable amount is -				
	Not over \$500,000	20% of the amount on line 40	٦			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000	J			
42	Grassroots nontaxable amount (enter 259	% of line 41)		42		
43	Subtract line 42 from line 36. Enter -0- if	line 42 is more than line 36		43		
44	Subtract line 41 from line 38. Enter -0- if	line 41 is more than line 38		44		
	Caution: If there is an amount on eith	ner line 43 or line 44, you must file Form 4720.				

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Exp	enditures During 4-Year A	veraging Period		N/A
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount (150% of line 45(e))						0.
47 Total lobbying expenditures						0.
48 Grassroots nontaxable amount						0.
49 Grassroots ceiling amount (150% of line 48(e))						0.
50 Grassroots lobbying expenditures						_0.
	Activity by Nonelec only by organizations that did	-		ons.)		N/A
During the year, did the organizat influence public opinion on a legi	•	, .	n, including any attempt to	Yes	No	Amount
 a Volunteers b Paid staff or management (In c Media advertisements) 	nclude compensation in expe	nses reported on lines c thr	oughh.)			
 d Mailings to members, legisla e Publications, or published of 						
f Grants to other organizations g Direct contact with legislator	s for lobbying purposes	ficials, or a legislative body				
h Rallies, demonstrations, sen i Total lobbying expenditures		· · ·				0.

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Sched Par	t VII Information Reg	WIDE HORIZONS F parding Transfers To and rations (See page 12 of the instri	Transactions and	INC. Relationships With	04-2564960 Page 6 Noncharitable
51.	Did the reporting organization di	rectly or indirectly engage in any of the ection 501(c)(3) organizations) or in	the following with any other	-	ction
a		anization to a noncharitable exempt		-	Yes No
	(i) Cash				51a(i) X
	(ii) Other assets				8(ii) <u>X</u>
b	Other transactions:				
	••	is with a noncharitable exempt organ	nization		b(i) X
	(iii) Purchases of assets from a (iii) Rental of facilities, equipment	noncharitable exempt organization			b(ii) X b(iii) X
	(iv) Reimbursement arrangement	•			b(iv) X
	(v) Loans or loan guarantees			b(v) X	
		membership or fundraising solicitati		b(vi) X	
C	Sharing of facilities, equipment,	mailing lists, other assets, or paid er	nployees		c X
d	goods, other assets, or services	e is "Yes," complete the following sch given by the reporting organization.	If the organization received	less than fair market value in	any
		ent, show in column (d) the value of	r the goods, other assets, or	r services received;	<u> </u>
(a) Line i		(c) Name of noncharitable exc	empt organization	Description of transfers, tra	(d) Insactions, and sharing arrangements
					•
	_				· <u> </u>
			<u> </u>		
		directly officiated with or related to a	no or more toy everat or		a 501/a) of the
	Code (other than section 501(c) If "Yes," complete the following s		me of more tax-exempt org	anizations described in sectio	► Yes X No
	(a) Name of org	ganization	(b) Type of organization	Descrip	(c) tion of relationship
		· · · · · · · · · · · · · · · · · · ·			
	·				
		<u>.</u>			
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04-2564960

Schedule A

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Payments from Disqualified Persons Included on Part IV-A, Line 27a

2005

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2004 Amount	2003 Amount	2002 Amount	2001 Amount
	23,429.	44,000.	24,960.	29,011
				_
al to Schedule A, Line 27a	23,429.	44,000.	24,960.	29,01:

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FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Lıfe	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	PROGRAM SERVICES											
1	LAND	091694	L	.000		110,000.			110,000.			ο.
2	BUILDING	091694	SL	39.00	17	620,158.			620,158.	178,853.		15,644.
3	LAND IMPROVEMENTS	080895	SL	15.00	16	15,000.			15,000.	10,417.		1,000.
4	LAND IMPROVEMENTS	082595	SL	15.00	16	15,000.			15,000.	10,333.		1,000.
5	LAND IMPROVEMENTS	100695	SL	15.00	16	7,550.			7,550.	5,157.		503.
6	LAND IMPROVEMENTS	090197	SL	15.00	16	39,212.			39,212.	20,259.		2,614.
7	LAND IMPROVEMENTS	090197	SL	15.00	16	2,950.			2,950.	1,526.		197.
8	BUILDING IMPROVEMENTS	091694	SL	39.00	17	134,318.			134,318.	37,150.		3,445.
9	BUILDING IMPROVEMENTS	080295	SL	39.00	17	13,169.			13,169.	3,350.		337.
10	BUILDING IMPROVEMENTS	091295	SL	39.00	17	3,187.			3,187.	806.		82.
11	BUILDING IMPROVEMENTS	091595	SL	39.00	17	2,521.			2,521.	637.		65.
12	BUILDING IMPROVEMENTS	092995	SL	39.00	17	13,169.			13,169.	3,295.		338.
13	BUILDING IMPROVEMENTS	032996	SL	39.00	17	975.			975.	231.		25.
14	BUILDING IMPROVEMENTS	063096	SL	39.00	17	6,000.			6,000.	1,399.		154.
15	BUILDING IMPROVEMENTS	063097	SL	39.00	17	21,185.			21,185.	4,602.		536.
16	BUILDING IMPROVEMENTS	063097	SL	39.00	17	1,500.			1,500.	323.		38.
17	FURNITURE & FIXTURES	063089	200DB	5.00	17	130,116.			130,116.	130,116.		0.

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(D) - Asset disposed

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FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
18	FURNITURE & FIXTURES	063090	200DB	5.00	17	1,407.			1,407.	1,407.		0.
19	FURNITURE & FIXTURES	063091	200DB	5.00	17	569.			569.	569.		0.
20	FURNITURE & FIXTURES	063092	200DB	5.00	17	12,000.			12,000.	12,000.		0.
21	SIGNS	092995	200DB	5.00	17	1,690.			1,690.	1,690.		0.
1		081204	200DB	5.00	17	2,586.			2,586.	517.		828.
	WIRING, NEW WALTHAM OFFICE	081904	ADS	3.00	17	9,827.			9,827.	2,866.		3,276.
24	KITCHEN IMPROVEMENTS	082604	ADS	3.00	17	16,000.			16,000.	4,667.		5,333.
25	ELECTRONIC SCALE	063094	200DB	7.00	17	1,725.			1,725.	1,725.		0.
26	DOMAIN CONTROLLER	091404	200DB	5.00	17	2,656.			2,656.	531.		850.
27	FURNITURE & FIXTURES	063094	200DB	7.00	17	682.			682.	682.		0.
28	CISCO ROUTERS	121504	200DB	5.00	17	6,846.			6,846.	1,369.		2,191.
29	SOFTWARE	022305	200DB	5.00	17	2,500.			2,500.	500.		800.
30	3 NEW CITRIX SERVERS	031505	200DB	5.00	17	6,501.			6,501.	1,300.		2,080.
31	PROJECTOR FOR MRO	042006	200DB	7.00	190	1,074.			1,074.			153.
	DATA BASE SYSTEM	063094				7,600.			7,600.	7,600.		0.
	LAPTOP, PS DEPARTMENT	102405				-			978.			408.
	LASER PRINTER, 2ND FLOOR	061206							1,717.			143.
	PHOTO PRINTERS	062206							744.			62.

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(D) · Asset disposed

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Asset No	Description	Date Acquired	Method	Lıfe	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
36	BARRACUDA SOFTWARE	072605	200DB	3.00	19A	2,548.			2,548.			1,486.
37	FIRE EXTINGUISHERS	063095	200DB	7.00	17	102.			102.	102.		0.
38	THIN CLINTS/KEYBOARDS	072605	200DB	3.00	19A	787.			787.			459.
39	FURNITURE & FIXTURES	063095	200DB	7.00	17	452.			452.	452.		0.
40	FURNITURE	063095	200DB	7.00	17	6,264.			6,264.	6,264.		0.
41	3 CITRIX SERVERS	081905	200DB	3.00	19A	6,501.			6,501.			3,792.
42	WORKSTATION GRAPHICS	081905	200DB	3.00	19A	851.			851.			496.
43	FURNITURE	063095	200DB	7.00	17	1,441.			1,441.	1,441.		0.
	2 LASER PRINTERS	081905	200DB	3.00	19A	3,410.			3,410.			1,989.
	HP LASER JET 1022 PRINTER	081905	200DB	3.00	19A	300.			300.			175.
46	FLAT PANEL MONITORS	091505	200DB	3.00	19A	1,710.			1,710.			998.
	FURNITURE	063095	200DB	7.00	17	850.			850.	850.		0.
	ELT LAPTOP, EPSON PRINTER	101705	200DB	3.00	19A	1,409.			1,409.			587.
49	FURNITURE	063095	200DB	7.00	17	1,907.			1,907.	1,907.		0.
50	PEACHTREE UPGRADE	121305	200DB	3.00	19A	710.			710.			296.
51	FURNITURE	101195	200DB	7.00	17	1,023.			1,023.	1,023.		0.
		122795	200DB	7.00	17	1,050.			1,050.	1,050.		0.
	NEW PAYROLL WORKSTATION	122105	200DB	3.00	19A	603.			603.			251.

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(D) · Asset disposed

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Asset No	Description	Date Acquired	Method	Lıfe	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basıs For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
54	NY OFFICE WORKSTATION	011906	200DB	3.00	19A	573.			573.			143.
	NEW ISA SERVER	032206	200DB	3.00	19A	1,982.			1,982.			496.
	25 REPLACEMENT MONITORS	062306	200DB	3.00	19A	4,129.			4,129.			344.
57	SIGN	022096	200DB	5.00	17	438.			438.	438.		0.
58	PHONE SYSTEM	040596	200DB	5.00	17	500.			500.	500.		0.
	SIGN	053096	200DB	7.00	17	450.			450.	450.		0.
60	NEW SCANNER AND SOFTWARE	063006	200DB	3.00	19A	14,574.			14,574.			1,215.
	CARPETING - EDGE HILL BLDG	062906	200DB	7.00	19C	9,225.			9,225.			329.
62	2 CHAIRS FOR PS STAFF	062206	200DB	7.00	19C	328.			328.			47.
63	CABLE	053196	200DB	7.00	17	1,342.			1,342.	1,342.		0.
64	NEW ROOF	081905	SL	39.00	191	31,350.			31,350.			703.
65	SIGN	053096	200DB	7.00	17	544.			544.	544.		0.
66	DATABASE	062896	200DB	5.00	17	10,000.			10,000.	10,000.		0.
67	CABLE	062896	200DB	7.00	17	507.			507.	507.		0.
68	ALARM	072195	200DB	7.00	17	1,990.			1,990.	1,990.		0.
69	SIGN	072195	200DB	7.00	17	1,557.			1,557.	1,557.		0.
70	FENCE	082295	200DB	7.00	17	5,015.			5,015.	5,015.		0.
71	SIGN	091395	200DB	7.00	17	2,422.			2,422.	2,422.		0.

528102 01-06-08

(D) · Asset disposed

FORM 990 PAGE 2

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.

Asset No	Description	Date Acquired	Method	Lıfe	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
72	GUARDRAIL	092195	200DB	7.00	17	1,900.			1,900.	1,900.		0.
73	RESOURCE LIBRARY	063097	200DB	5.00	17	11,737.			11,737.	11,737.		0.
74	COPIER	063097	200DB	5.00	17	9,000.			9,000.	9,000.		0.
75	FURNITURE	063097	200DB	5.00	17	1,350.			1,350.	1,350.		0.
76	FURNITURE	123197	200DB	7.00	17	4,506.			4,506.	4,506.		0.
77	FAX MACHINE	091498	200DB	7.00	17	1,000.			1,000.	971.		29.
78	SHREDDER	053199	200DB	7.00	17	2,111.			2,111.	2,004.		107.
79	OFFICE EQUIPMENT	123100	200DB	7.00	17	9,005.			9,005.	6,995.		804.
80	OFFICE EQUIPMENT	090101	200DB	7.00	17	79,515.			79,515.	54,678.		7,096.
81	DELL SERVER	072502	200DB	5.00	17	2,730.			2,730.	1,944.		314.
82	LAPTOP	091902	200DB	5.00	17	2,461.			2,461.	1,752.		284.
83	E-MAIL SERVER	122302	200DB	5.00	17	5,278.			5,278.	3,758.		608.
84	I.P. PHONE CARD	032603	200DB	5.00	17	1,600.			1,600.	1,139.		184.
85	LCD PROJECTOR	061003	200DB	5.00	17	1,802.			1,802.	1,283.		208.
86	NH OFFICE	050704	SL	39.00	16	3,000.			3,000.	90.		77.
87	NH OFFICE	031204	SL	39.00	16	1,000.			1,000.	35.		26.
88	3RD FLOOR CARPET	072303	200DB	7.00	17	5,100.			5,100.	2,368.		781.
89	CITRIX SERVER	071803	200DB	5.00	17	6,474.			6,474.	3,949.		1,010.

528102 01-06-08

(D) - Asset disposed

FORM 990 PAGE 2

990

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Asset No	Description	Date Acquired	Method	Lıfe	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MULTIMEDIA STATION EXCHANGE SERVER	081303	200DB	5.00	17	1,408.			1,408.	859.		220.
		082103	200DB	3.00	17	1,310.			1,310.	1,128.		162.
92	BACK UP SOFTWARE	012704	200DB	5.00	17	2,252.			2,252.	1,104.		459.
93	PHONE SYSTEM - NY	032604	200DB	7.00	17	3,802.			3,802.	1,377.		693.
	PHONE SYSTEM - WALTHAM		200DB	7.00	17	16,745.			16,745.	5,211.		3,295.
95		041504	200DB	7.00	17	14,229.			14,229.	4,428.		2,800.
96		061704	200DB	5.00	17	2,998.			2,998.	1,289.		684.
97	LAPTOP & PROJECTOR - NJ	061704	200DB	5.00	17	2,998.			2,998.	1,289.		684.
98	DOC MAN SERVER	062104	200DB	5.00	17	8,274.			8,274.	3,558.		1,886.
99		063004	200DB	7.00	17	13,877.			13,877.	4,319.		2,731.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES					1549418.		0.	1549418.	617,752.	0.	81,050.
	* GRAND TOTAL 990 PAGE 2 DEPR		1			1549418.		0.	1549418.	617,752.	ο.	81,050.

04-2564960

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FORM 990 GAIN (LOSS)	FROM PUB	LICLY T	RADED	SECURIT	IES	S S	TATEMENT	1
DESCRIPTION		OSS PRICE		ST OR R BASIS		IPENSE 5 SALE	NET GAII OR (LOS:	
3 GANNETT CO 120 EL PASO CORP	<u></u>	162. 1,556.	142. 1,668.		0.0.		2 <11	
TO FORM 990, PART I, LINE 8	3	1,718.		1,810.		0.	</td <td>92.:</td>	92.:
FORM 990 SI	PECIAL EVE	NTS AND	ACTI	VITIES		S	TATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRI INCLU		GROSS REVENUE		DIRECT EXPENSE		E
GOLF TOURNAMENT/AUCTION	63,925.			63,92	5.	42,843	. 21,0	82.
TO FM 990, PART I, LINE 9 =	63,925.			63,92	5.	42,843	. 21,0	82.
FORM 990 OTHER CHANC	GES IN NET	ASSETS	OR F	UND BALA	NCE	S S	TATEMENT	3
DESCRIPTION							AMOUNT	
UNREALIZED GAINS AND LOSSES UNREALIZED GAINS AND LOSSES							75,04 1,80	
TOTAL TO FORM 990, PART I,	LINE 20						76,84	48.
FORM 990	ОТН	ER EXPE	NSES			S	TATEMENT	4
	(A)	(в)	(C)		(D)	

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DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
EMPLOYEE TRAINING	27,197.	27,197.		
OFFICE EXPENSE	61,936.	52,103.	7,669.	2,164.
INVESTMENT AND BANK				
FEES	30,054.	17,681.	6,171.	6,202.
EVENTS FOR FAMILIES	38,771.	38,771.		
PROFESSIONAL FEES	72,947.	68,996.	2,851.	1,100.
INSURANCE	142,135.	134,277.	6,966.	892.
DUES AND				
SUBSCRIPTIONS	5,301.	5,241.	0.	60.

• WIDE HORIZONS FOR CHII	LDREN, I	INC.			04-256496
ADVERTISING PROGRAM DEVELOPMENT MISCELLANEOUS		,728. ,090.	147,687 431,090		2,088
EXPENSE BAD DEBTS		,465. ,648.	6,375 9,648		1,090
- TOTAL TO FM 990, LN 43 =	977	,272.	939,066	. 24,610.	13,596
FORM 990	CASH GR	ANTS AND	ALLOCATIO	NS	STATEMENT
CLASSIFICATION DONEE'S	NAME	DONE	E'S ADDRES	DONEE'S S RELATIONSH	IIP AMOUNT
				NONE	1096285
TOTAL INCLUDED ON FORM S	990, PAR	RT II, LI	NE 22		1096285
FORM 990	NON-GO	VERNMENT	SECURITIE	S	STATEMENT
SECURITY DESCRIPTION COS	ST/FMV	CORPORAT STOCKS	E CORPOR BOND		TOTAL NON-GOV'I SECURITIES
INVESTMENTS I	FMV			1,945,636	1,945,636
TO FORM 990, LINE 54, CO	OL B =			1,945,636	1,945,636
FORM 990 DEPRECIATI	ION OF A	SSETS NO	T HELD FOR	INVESTMENT	STATEMENT
DESCRIPTION			ST OR R BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND BUILDING LAND IMPROVEMENTS			110,000. 620,158. 15,000. 15,000.	0. 194,497. 11,417. 11,333.	110,000 425,661 3,583 3,667

04-2564960

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BUILDING IMPROVEMENTS	2,521.	702.	1,819.
BUILDING IMPROVEMENTS	13,169.	3,633.	9,536.
BUILDING IMPROVEMENTS	975.	256.	719.
BUILDING IMPROVEMENTS	6,000.	1,553.	4,447.
BUILDING IMPROVEMENTS	21,185.	5,138.	16,047.
BUILDING IMPROVEMENTS	1,500.	361.	1,139.
FURNITURE & FIXTURES	130,116.	130,116.	0.
FURNITURE & FIXTURES	1,407.	1,407.	0.
FURNITURE & FIXTURES	569.	569.	0.
FURNITURE & FIXTURES	12,000.	12,000.	0.
SIGNS	1,690.	1,690.	0.
CITRIX SOFTWARE	2,586.	1,345.	1,241.
WIRING, NEW WALTHAM OFFICE	9,827.	6,142.	3,685.
KITCHEN IMPROVEMENTS	16,000.	10,000.	6,000.
ELECTRONIC SCALE	1,725.	1,725.	0.
DOMAIN CONTROLLER	2,656.	1,381.	1,275.
FURNITURE & FIXTURES	682.	682.	0.
CISCO ROUTERS	6,846.	3,560.	3,286.
SOFTWARE	2,500.	1,300.	1,200.
3 NEW CITRIX SERVERS	6,501.	3,380.	3,121.
PROJECTOR FOR MRO	1,074.	153.	921.
DATA BASE SYSTEM	7,600.	7,600.	0.
LAPTOP, PS DEPARTMENT	978.	408.	570.
LASER PRINTER, 2ND FLOOR	1,717.	143.	1,574.
PHOTO PRINTERS	744.	62.	682.
BARRACUDA SOFTWARE	2,548.	1,486.	1,062.
FIRE EXTINGUISHERS	102.	102.	0.
THIN CLINTS/KEYBOARDS	787.	459.	328.
FURNITURE & FIXTURES	452.	452.	Ο.
FURNITURE	6,264.	6,264.	0.
3 CITRIX SERVERS	6,501.	3,792.	2,709.
WORKSTATION GRAPHICS	851.	496.	355.
FURNITURE	1,441.	1,441.	0.
2 LASER PRINTERS	3,410.	1,989.	1,421.
HP LASER JET 1022 PRINTER	300.	175.	125.
FLAT PANEL MONITORS	1,710.	998.	712.
FURNITURE	850.	850.	0.
ELT LAPTOP, EPSON PRINTER	1,409.	587.	822.
FURNITURE	1,907.	1,907.	0.
PEACHTREE UPGRADE	710.	296.	414.
FURNITURE	1,023.	1,023.	0.
FURNITURE	1,050.	1,050.	0.
NEW PAYROLL WORKSTATION	603.	251.	352.
NY OFFICE WORKSTATION	573.	143.	430.
NEW ISA SERVER	1,982.	496.	1,486.
25 REPLACEMENT MONITORS	4,129.	344.	3,785.
SIGN	438.	438.	0.
PHONE SYSTEM	500.	500.	0.
SIGN	450.	450.	0.
NEW SCANNER AND SOFTWARE	14,574.	1,215.	13,359.
CARPETING - EDGE HILL BLDG	9,225.	329.	8,896.
2 CHAIRS FOR PS STAFF	328.	47.	281.
CABLE	1,342.	1,342.	0.
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04-2564960

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NEW ROOF	31,350.	703.	30,647.
SIGN .	544.	544.	0.
DATABASE	10,000.	10,000.	0.
CABLE	507.	507.	0.
ALARM	1,990.	1,990.	0.
SIGN	1,557.	1,557.	0.
FENCE	5,015.	5,015.	0.
SIGN	2,422.	2,422.	0.
GUARDRAIL	1,900.	1,900.	0.
RESOURCE LIBRARY	11,737.	11,737.	0.
COPIER	9,000.	9,000.	0.
FURNITURE	1,350.	1,350.	0.
FURNITURE	4,506.	4,506.	0.
FAX MACHINE	1,000.	1,000.	0.
SHREDDER	2,111.	2,111.	0.
OFFICE EQUIPMENT	9,005.	7,799.	1,206.
OFFICE EQUIPMENT	79,515.	61,774.	17,741.
DELL SERVER	2,730.	2,258.	472.
LAPTOP	2,461.	2,036.	425.
E-MAIL SERVER	5,278.	4,366.	912.
I.P. PHONE CARD	1,600.	1,323.	277.
LCD PROJECTOR	1,802.	1,491.	311.
NH OFFICE	3,000.	167.	2,833.
NH OFFICE	1,000.	61.	939.
3RD FLOOR CARPET	5,100.	3,149.	1,951.
CITRIX SERVER	6,474.	4,959.	1,515.
MULTIMEDIA STATION	1,408.	1,079.	329.
EXCHANGE SERVER SOFTWARE	1,310.	1,290.	20.
BACK UP SOFTWARE	2,252.	1,563.	689.
PHONE SYSTEM - NY	3,802.	2,070.	1,732.
PHONE SYSTEM - WALTHAM	16,745.	8,506.	8,239.
MULTIFUNCTIONAL COPIER - MA	14,229.	7,228.	7,001.
LAPTOP & PROJECTOR - W MA	2,998.	1,973.	1,025.
LAPTOP & PROJECTOR - NJ	2,998.	1,973.	1,025.
DOC MAN SERVER	8,274.	5,444.	2,830.
OFFICE COPIER - MA	13,877.	7,050.	6,827.
TOTAL TO FORM 990, PART IV, LN 57	1,549,418.	698,802.	850,616.

OTHER LIABILITIES

STATEMENT 8

DESCRIPTION	AMOUNT
ACCRUED TAXES ACCRUED ITEMS DEFERRED INCOME RESTRICTED FUNDS	11,202. 234,905. 324,760. 1,241,044.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,811,911.

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FORM	1.990	PART V-A - LIS	Г

04-2564960

FORM 990 PART	V-A - LIST OF TRUSTEES AND	OFFICERS, DIF KEY EMPLOYEES		STAT	ement 9
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
VICKI PETERSON 501 LEXINGTON ST WALTHAM, MA	-	EXECUTIVE DIRE 0.00	ECTOR 100,241.	3,975.	0.
LUCY HULSE 67 FERN AVENUE AMESBURY, MA		TREASURER 0.00	76,312.	5,269.	0.
STEPHEN MURTAGH 69 Marbury Avenue Pawtucket, ri		CLERK 0.00	0.	0.	0.
AYIS ANTONIOU 723 BLUE HILL AVENUE MILTON, MA		CHAIRMAN OF BO 0.00	OARD 0.	0.	0.
GARY D. CIAVOLA 109 CROSS LANE BEVERLY, MA		VICE-CHAIR 0.00	0.	0.	0.
WILLIAM CADIGAN 81 ARNOLD ROAD WELLESLEY, MA	:	MEMBER 0.00	0.	0.	0.
JEROME CASEY 1 AUTUMN LANE NATICK, MA	:	MEMBER 0.00	0.	0.	0.
DAVID DILULIS 284 CANTON STREET WESTWOOD, MA		MEMBER 0.00	0.	0.	0.
BRUCE CERULLO 29 PERKINS AVE READING, MA	:	MEMBER 0.00	0.	0.	0.
JANICE HOFFMAN BELMONT, MA		COO 0.00	81,292.	5,269.	0.
STEPHEN JONAS 60 STATE ST BOSTON, MA		MEMBER 0.00	0.	0.	0.

• WIDE HORIZONS	FOR CHILDREN,	INC.			04-25	64960
DAN GROSS 2 MONROE RD WELLESLEY HILLS	, МА	MEMBER 0.0	0	0.	0.	0.
KAREN CHOI 55 PILLINGS PON LYNNFIELD, MA	D RD	MEMBER 0.0	0	0.	0.	0.
PETER LEPPANEN DUXBURY, MA		CEO 0.0	0	0.	0.	0.
DAVID CLAY 26 EVERGREEN WA MEDFIELD, MA	Y	MEMBER 0.0	D	0.	0.	0.
DONNA HEUCHLING 22 MASON ST LEXINGTON, MA		MEMBER 0.0	0	0.	0.	0.
TOTALS INCLUDED	ON FORM 990, F	PART V-A	25	7,845.	14,513.	0.
FORM 990	PART VIII - RE ACCOMPLISE	LATIONSHIP O MENT OF EXEM		то	STATEMEN	T 10
LINE EXPLANAT	ION OF RELATION	ISHIP OF ACTI	VITIES			
TO RELATING 103 WAITING PLACEMEN NEW COUN ALREADY	RAM SERVICE REV TO THE ORGANIZ CHILDREN IN ADO T SERVICES. TO TRIES AS WELL A DEVELOPED AND T IDE HELP AND AS	ATIONS EXEMP OPTIVE HOMES, O HELP PROVID AS PROGRAM MA O PROVIDE IN	T PURPOSE, N PROVIDING H E WITH NEW P INTENANCE IN FORMATION AN	AMELY I OME STU ROGRAM EXISTI	THE PLACEMENT IDIES AND POS DEVELOPMENT ING COUNTRIES	OF T IN
SCHEDULE A		OTHER IN	COME		STATEMEN	T 11
DECORTOMION		2004	2003	200		

DESCRIPTION	2004 Amount	2003 Amount	2002 2001 AMOUNT AMOUNT	
	300.	670.	96.	108,033.
TOTAL TO SCHEDULE A, LINE 22	300.	670.	96.	108,033.

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45662			iation and A)	OMB No 1545-0172
Department of the Treasury	► Se	(Including) e separate inst	Information on		o your tax i			Attachment
Internal Revenue Service Name(s) shown on return		e separate insu				hich this form relate	BS	Sequence No 67 Identifying number
WIDE HORIZONS	FOR CHIL	DREN, IN	IC. 1	FORM	990 I	PAGE 2		04-2564960
Part I Election To Expe	nse Certain Propert	y Under Section 1	79 Note: If you have a	ny listed	d property,	complete Part	V before yo	ou complete Part I.
1 Maximum amount. Se	e the instructions	for a higher limit	for certain businesse	S			1	105,000.
2 Total cost of section 1	79 property place	d in service (see	instructions)		•		2	· · · · · · · · · · · · · · · · · · ·
3 Threshold cost of sect	tion 179 property I	before reduction	in limitation				3	420,000.
4 Reduction in limitation	. Subtract line 3 fr	om line 2. If zero	o or less, enter -0-		•		4	
5 Dollar limitation for tax year S							5	
6	(a) Description of prop	perty	(b) Cost	(business	use only)	(c) Electe	d cost	
	<u></u>		 					
7 Listed property. Enter			, un antiumen (n), lun an (• • • • • •	7			
8 Total elected cost of s		-	s in column (c), lines c	sano /			8	
 9 Tentative deduction E 10 Carryover of disallower 			004 Earm 4562				9	
10 Carryover of disallowe11 Business income limits		•			or lino 5	•	10	
12 Section 179 expense						•	11	
13 Carryover of disallowe		•			▶ 13	•	12	
Note: Do not use Part II o								······································
		•••••	Pepreciation (Do not	include	listed proc	ertv.)		
14 Special allowance for cer			· ·			* /		· ·
property (other than liste							14	
15 Property subject to se		-	· ···· , · -·		•		15	
16 Other depreciation (in			• •		•	·	16	5,417.
		include listed pi	roperty) (See instruct	tions)	•			
			Section A			÷		_
17 MACRS deductions for	or assets placed in	service in tax ye	ears beginning before	2005		•	17	61,061.
18 If you are electing to group ar	y assets placed in servi	ce during the tax year	nto one or more general ass	set accour	ts, check here	►		
Se	ction B - Assets	Placed in Servic	ce During 2005 Tax Y	<u>ear Us</u>	ing the Ge	neral Depreci	ation Syste	m
(a) Classification of	property	(b) Month and year placed in service	(c) Basis for depreciati (business/investment u only - see instruction	use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property			43,5	26.	3 YRS	MQ	200DB	13,340.
b 5-year property								
c 7-year property			10,6	27.	7 YRS	<u>MQ</u>	200DB	529.
d 10-year property				. -				
e 15-year property		-						· · • • • • • • • • • • • • • • • • • •
f 20-year property		1					ļ	··· - ··
g 25-year property	·				25 yrs.		S/L	
h Residential rental	property	/			27 5 yrs.	MM	S/L	
		/	·	_	27 5 yrs	MM	S/L	
i Nonresidential rea	l property	08/05	31,3	<u>50.</u>	39 yrs.	MM	S/L	703.
		/				MM	S/L	
Sec	tion C - Assets Pl	laced in Service	During 2005 Tax Ye	ar Usin	ig the Alte	rnative Depre		tem
20a Class life							<u>S/L</u>	
<u>b</u> 12-year					12 yrs.		S/L	
c 40-year		/			40 yrs.	MM	S/L	
	ee instructions)		<u> </u>				- I I	
21 Listed property Enter					• •		21	
22 Total. Add amounts fi		-						01 050
Enter here and on the	••••	•	•	•	ns - see ins	str.	22	81,050.
23 For assets shown abo			e current year, enter t	tne				
portion of the basis at 516251 01-05-06 LHA For Pape			separate instruction		23		E	4560 (2005) /Dov. 1 2006)
	I WOIN NOUGUUN	~~	ooparate instructio	113.			FOILIT	4562 (2005) (Rev. 1-2006)

Form 4562 (2005) (Rev. 1-2006)

 ection A - De 4a Do you have (a) Type of p (list vehicles) 5 Special allow property plates (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	epreciation an ve evidence to s property les first) wance for certail aced in service d used more than used 50% or le unts in column ants in column is section for ve d vehicles to y	nd Other Ind upport the bu (b) Date placed in service n aircraft, cert luring the tax n 50% in a quality ess in a quality (h), lines 25 (i), line 26. E hicles used our employee	by a sole propi ees, first answe luring the	ution: S nt use cla de ot h a long p ore than ess use: 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	e and on 7, page 1 3 - Infor a rtner, o a (d) Cost or her basis production 50% in a - - - - - - - - - -	Bass (bus) period, qualified	page 1 on C to s	No ciation stment fied NY s use of Veh an 5% see if y	24b If "Y (f) Recovery period 'L or GO Zo 'L O CO 'L O	es," is th ((Met Conve ne S/L - S/L - S/L - S/L - S/L -	e evider g) hod/ ention 25 25 25 1 person tion to control of the second	nce writt Depre dedu	h) cciation iction 29 ng this s e))
 (a) Type of p (list vehicl 5 Special allow property pla 6 Property u 7 Property u 7 Property u 8 Add amou 9 Add amou 9 Add amou 20 Complete this you provided hose vehicles 40 Total busine year (do not year (do not) 	aced in service d used 50% or le used 50% or le used 50% or le used 50% or le unts in column ats in column section for ve d vehicles to y s.	(b) Date placed in service n aircraft, cert luring the tax n 50% in a q ess in a qualit ess in a qualit (h), lines 25 (i), line 26. E hicles used our employee	(c) Business/ investment use percentag tain property with year and used m ualified busines (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	e ot h a long j lore than ess use: 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	(d) Cost or her basis production 50% in a 50% in a 20% in	Bas (bus) period, qualified 	(e) is for depre- uness/inves- use only and quali- business business page 1 on Use from the on C to s	of Veh an 5%	(f) Recovery period 'L or GO Zo 'L icles owner," o you meet a (c)	S/L - S/L - S/L - S/L - S/L -	g) hod/ ention 25 25 25 25 25 25 25 25 25 25 25 25 25	(Depredent dedu	h) cciation iction 29 ng this s e)	Electric cc	(i) cted n 179 sst
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vou provideo nose vehicles o Total busine year (do no 1 Total comi	d vehicles to y s. ess/investment i	our employe	by a sole propi ees, first answe luring the	netor, p er the qu	artner, o Jestions a)	r other ' In Secti	'more the on C to s b)	an 5% see if y	owner," o you meet a (c)	an excep	tion to c	completi	e)	(1)
year (do no 1 Total comi			-		-	(-	v			-		-		
year (do no 1 Total comi			-	Vel	مام		Nolo	V V	a huala		1 .			Veh	icle
1 Total com	ot include comr	nuting miles)				Vel	licie	v	ehicle	Veh	icie	Vet	nicle	+ ••••	
		nuting nines)													
	imuting miles o	driven during	; the year												
2 Total other	er personal (no	ncommuting	g) miles							1					
driven															
3 Total miles	s driven during	g the year													
Add lines :	30 through 32						r								
-	vehicle availabl	le for person	nal use	Yes	No	Yes	No	Yes	No	Yes	<u>No</u>	Yes	No	Yes	N
-	duty hours?									· ·		<u> </u>			
	vehicle used pr		more												
	owner or relate												<u> </u>		
	r vehicle availa	ble for perso	onal												
use?		0	0				 					1			
Answer these whers or rela			- Questions for you meet an ex	-	-					-			re not m	ore than	5%
7 Do you ma	aintain a writte	n policy stat	tement that pro	ohibits a	all persor	al use o	of vehicle	es, incl	luding cor	nmuting,	by you	r		Yes	N
employees	s?														
8 Do you ma	aintain a writte	en policy stat	tement that pro	ohibits p	personal	use of v	ehicles,	excep	t commut	ing, by y	our				
employees	s? See the ins	tructions for	r vehicles used	by com	porate of	ficers, c	lirectors,	or 1%	or more	owners					
9 Do you tre	eat all use of ve	ehicles by er	mployees as pe	ersonal	use?										
0 Do you pro	ovide more that	an five vehic	les to your em	ployees	, obtain i	nformat	ion from	your e	employee	s about					
the use of	f the vehicles, a	and retain th	ne information i	received	17				•						
•	•		eming qualified						-						
		37, 38, 39, 4	40, or 41 is "Ye	es," do r	ot comp	lete Se	ction B fe	or the	covered v	ehicles.					
Part VI Ar	mortization			(1.)	r	(-)									
	(a) Description of	costs		(b) amortization	1	(C) Amortizal			(d) Code		(e) Amortiza		A	(f) mortization	
				begins	<u> </u>	amoun			section		period or per		fc	or this year	
2 Amortizati	ion of costs th	at begins du	uring your 2005	o tax yea	ar:	=		1					<u> </u>		
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2 Amort		at becas 5 -		. tow	L										
		-	fore your 2005 ee the instructi	-	•	ranort	• •					43			

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