Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0047

Open to Public Inspection

Ā	Fo	r the 2	005 calendar year, or tax year beginning	UL 1, 2005	and en	ding JUN 30	, 2006	
В		eck if	Please C Name of organization					identification number
	ар	plicable	use IRS					
[		Addres change	abel or ADOPTIONS FROM THE H	EART, INC.			23-2	372152
[		Name change	type Number and street (or P.O box if mail is n	ot delivered to street addres	s)	Room/suite	E Telephone	number
[		initial return	Specific 30 HAMPSTEAD CIRCLE				610-	642-7200
[		Final return	Instruc- tions City or town, state or country, and ZIP + 4				F Accounting m	ethod X Cash Accrual
[		Amend return	WINNEWOOD, PA 19090				Other (specify	) <b>&gt;</b>
[		Applica pendin	• Section 501(c)(3) organizations and 4947(a)		usts	H and I are not apple	cable to se	ction 527 organizations
			must attach a completed Schedule A (Form 9	•		H(a) Is this a group re	eturn for affil	
<u>G</u>			▶www.adoptionsfromthehea			H(b) If "Yes," enter nu		
J	01	ganıza	tion type (check only one) $\triangleright x 501(c) (3)$ (inse	rt no) 4947(a)(1) or _	527	H(c) Are all affiliates if		N/A LYes No
K			re 🕨 📖 if the organization's gross receipts are nori			H(d) is this a separate	return filed	by an or-
		•	ion need not file a return with the IRS; but if the organiz		, be	ganization cover		
_	Su	re to f	le a complete return. Some states require a complete r	eturn.		I Group Exemption		
							-	ation is <b>not</b> required to attach
上			ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	58406		Sch. B (Form 99	0, 990-EZ, o	r 990-PF).
L	Pa	rt I	Revenue, Expenses, and Changes in		Bala	nces	<del></del>	I
		1	Contributions, gifts, grants, and similar amounts received	ved:	1		<u>,                                    </u>	
	1	a	Direct public support	•	1a	787		
	- 1	b	Indirect public support		1b	756	01.	
		C	Government contributions (grants)	154226	<u> 1c</u>		<del>.  </del>	154226
	- 1	d	Total (add lines 1a through 1c) (cash \$	154336 noncash			) <u>1d</u>	154336. 5535332.
	- 1	2	Program service revenue including government fees a	nd contracts (from Part VII, I	ine 93)		2	3333334.
	-	3	Membership dues and assessments				3	123611.
		4	Interest on savings and temporary cash investments				5	123011.
		5	Dividends and interest from securities	Statement 1	6a	207		
	- 1	6 a		Statement 2	6b	255		
	- 1	b			_ 00	255	6c	-4760.
	-	, C	Net rental income or (loss) (subtract line 6b from line of the investment income (describe ►	oa)			) 7	47001
	<u>a</u>	7	Gross amount from sales of assets other	(A) Securities	T	(B) Other		
	Revenue	Оа	than inventory	(A) occurries	8a	(b) outer		
6	۾ ا	b	Less: cost or other basis and sales expenses		8b	-		
2006		C	Gain or (loss) (attach schedule)		8c			
		ď	Net gain or (loss) (combine line 8c, columns (A) and (	B))			8d	
2		9	Special events and activities (attach spredule). If any a Gross revenue (not provide to the control on line 15)	mount is from gaming, chec	k here	▶ □		
-		a	Gross revenue thought the form	of contributions				
			reported on line 18)		9a			
		b	Less: direct expenses other than fulfidials ind expenses	<b>;</b>	9b			
SCANNED		C	Net income of pss lifem special events (subtractline	9b from line 9a)	,	•	9c	
Z		10 a	Gross sales of inventory, less returns and allowances		10a			
Z		b	Less: cost orgoods son GDEN		10b			
N.	Î	C	Gross profit of (loss) from sales of inventory (attach s	chedule) (subtract line 10b fi	rom line	10a)	10c	
$\mathcal{S}$		11	Other revenue (from Part VII, line 103)				11_	6592.
_		12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	0c, and 11)		<del></del>	12	5815111.
	<u>"</u>	13	Program services (from line 44, column (B))				13	3619453.
	Se	14	Management and general (from line 44, column (C))				14	1652107.
	Expenses	15	Fundraising (from line 44, column (D))				15	
	ш	16	Payments to affiliates (attach schedule)				16	5054560
_	_	17	Total expenses (add lines 16 and 44, column (A))				17	<u>5271560.</u>
	S	18	Excess or (deficit) for the year (subtract line 17 from li				18	543551.
2	ssets	19	Net assets or fund balances at beginning of year (from				19	2535190.
4	As	20	Other changes in net assets or fund balances (attach e				20	2079741
=	2300	21	Net assets or fund balances at end of year (combine li			-	21	3078741.
ŏ	2300 2 <b>-</b> 03	08	LHA For Privacy Act and Paperwork Reduction Act	Notice, see the separate in	struction	S.		Form <b>990</b> (2005)

Part II	Statement of Functional Expenses	All organization and (4) organi	ns must complete column zations and section 4947(a	(A). Columns (B), (C), and a)(1) nonexempt charitable	(D) are required for section trusts but optional for other	501(c)(3) rs.
	ot include amounts reported on lin 6b, 8b, 9b, 10b, or 16 of Part I.	e	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grant	s and allocations (attach schedule	)				·
(cash	\$ 0 • noncash \$	0.				
If this a	mount includes foreign grants, check here	22				
23 Spec	ific assistance to individuals (attac	า				
sched	dule)	23				
24 Bene	fits paid to or for members (attach					
sched	dule)	24				
25 Comp	pensation of officers, directors, etc	25	653242.	448516.	204726.	0.
26 Other	salaries and wages	26	1656503.	1137355.	519148.	
27 Pensi	on plan contributions	27				
28 Other	employee benefits	28	490836.	337008.	153828.	
29 Payro	oll taxes	. 29	193335.	132744.	60591.	
30 Profe	ssional fundraising fees	. 30				
31 Accou	unting fees	31				
32 Legal	fees	32				
33 Suppl	lies	33	125285.	86021.	39264.	
34 Telep	hone	34	65549.	45006.	20543.	
35 Posta	ige and shipping	35	58628.	40254.	18374.	
36 Occup	pancy .	36	108670.	74613.	34057.	
37 Equip	ment rental and maintenance .	37	160816.	110416.	50400.	<u>.</u>
38 Printir	ng and publications	38	32699.	22451.	10248.	· · · · · · · · · · · · · · · · · · ·
39 Trave	I	39	96232.	66073.	30159.	
40 Confe	erences, conventions, and meeting	1	6537.	4488.	2049.	
41 Intere		41	37107.	25478.	11629.	
	ciation, depletion, etc. (attach sched		81763.	56138.	25625.	WT
43 Other	expenses not covered above (item	nze)				
b						
e					·	<del></del>
f		43f	4504050	100000		····
	e Statement 3	43g	1504358.	1032892.	471466.	
	functional expenses. Add lines 22	2				
7	gh 43. (Organizations completing	i i				
	ins (B)-(D), carry these totals to line	1 1	5054560	2642452	4.5504.05	•
13-15)	<del></del>	44	5271560.	3619453.	1652107.	0.
	ts. Check Lif you are follo	-				] [ <del>••</del> ]
	nt costs from a combined educational c			* * *		Yes X No
	er (i) the aggregate amount of these jo			the amount allocated to P		<u>N/A</u> ;
(III) the am	ount allocated to Management and gen	erai o	N/A ; and (iv	) the amount allocated to F	unoraising \$	N/A

Part III 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.

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 charitable trusts must also enter the amount of grants and allocations to others )  a ADOPTION SERVICES, COUNSELING & EDUCATION IN THE STATES OF PENNSYLVANIA, NEW JERSEY, DELAWARE, VIRGINIA,  WEST VIRGINIA, CONNECTICUT & NEW YORK.		What is the organization's primary exe	Program Service Expenses
PENNSYLVANIA, NEW JERSEY, DELAWARE, VIRGINIA, WEST VIRGINIA, CONNECTICUT & NEW YORK.  Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here	pose achievements in a clear and concise manner. State the number achievements that are not measurable (Section 501(c)(3) and (4)	All organizations must describe their e	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
(Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   (Grants and allocations \$ ) If this amount includes foreign grants, check here   □	EY, DELAWARE, VIRGINIA,	PENNSYLVANIA, NEW	
C	) If this amount includes foreign grants, check here		3619453.
	) If this amount includes foreign grants, check here		_ 
	) If this amount includes foreign grants, check here		
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  e Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □		e Other program services (attach so	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) > 3619			3619453. Form <b>990</b> (2005)

5299796. Form 990 (2005)

2535190

4585116

74

column (A) must equal line 19; column (B) must equal line 21)

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

Form 990 (2005)

	990 (2005) ADOPTIONS FROM THE HE	CART, INC.	<del></del>	<u>23-2372</u>	<u> 152</u>		age 6
Pa	rt V-A Current Officers, Directors, Trustees, and Ke	ey Employees (contin	nued)			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted	to vote on organization b	usiness at board				
	meetings		▶	11			
b	Are any officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest	compensated emp	oloyees			i
	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	tionships? If "Yes," attac	h a statement that	identifies			
	the individuals and explains the relationship(s)				75b	-	X
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?	whether tax exempt or ta	ixable, that are rela	ted to this	75.		
	Note. Related organizations include section 509(a)(3) supporting organizations.	rangations.			75c		_X_
	If "Yes," attach a statement that identifies the individuals, explains the relations	•	on and the other organ	nration(e) and			
	describes the compensation arrangements, including amounts paid to each in			iization(s), and			
d	Does the organization have a written conflict of interest policy?	•			75d		x
	rt V-B Former Officers, Directors, Trustees, and Ke	v Employees That	Received Com	pensation of		her	1 22
L	Benefits (If any former officer, director, trustee, or key er						nng
	the year, list that person below and enter the amount of co	mpensation or other beni	efits in the appropri	ate column See	the in	nstructi	ons)
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions : employee benefit		E) Expe	
	(A) Hamo and address	(b) Louis und Advances	(o) compensation	plans & deferred compensation plan			
					_		
			1.		+		
				•			
			+		+		-
			İ				
			<del> </del>		1		
						_	
				1	1		
			<u> </u>	<u> </u>			
	t VI Other Information (See the instructions.)			г		Yes	No
76	Did the organization engage in any activity not previously reported to	the IRS? If "Yes," attacl	h a detailed				٠,
	description of each activity	·		-	76	_	X
77	Were any changes made in the organizing or governing documents to	out not reported to the IR			_ 77	<u> </u>	Х
70	If "Yes," attach a conformed copy of the changes	A			70-	- V	
	Did the organization have unrelated business gross income of \$1,00	or more during the year	covered by this re	turn?	78a	X	<b></b>
	If "Yes," has it filed a tax return on Form 990-T for this year?	antion dumns the ware 14	HVan II attach a -t-	tement	78b_		X
79 80 a	Was there a liquidation, dissolution, termination, or substantial contributions the organization related (other than by association with a statewid	• •			79		42
80 a				IVII	80a		Х
<b>.</b>	membership, governing bodies, trustees, officers, etc., to any other of the "Yes," enter the name of the organization N/A	evenibi or nonexembi oič	jailizatiUIII .	•	OUA	-	41
b	If "Yes," enter the name of the organization ► N/A	and check whether it is	exempt or	nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instruction	•	81a	0.1			
b. a	Did the organization file Form 1120-POL for this year?	<del>-</del> ,			81b		х
52316	1/02-03-08					990	(2005)

_		90 (2005)	ADOPTIONS	FROM	THE	HEART,	I	NC.		<u>23-237</u>	<u> 2152</u>		age 7
P	art \	VI Other Informa	ition (continued)									Yes	No
82 a	a D	id the organization rece	ive donated services	or the us	e of mat	enals, equipm	ment,	, or facilities at	no charge	e or at substantially			
	le	ss than fair rental value	?								82a		Х
ı	) if	"Yes," you may indicate	the value of these i	tems here	Do not	include this							
	ar	mount as revenue in Pai	rt I or as an expense	ın Part II.							1		
	(S	See instructions in Part I	11)					. L	82b	N/A	_	'	1
83 a	ı Dı	id the organization com	ply with the public in	spection r	equiren	nents for retur	rns a	and exemption :	applicatio	ns?	83a	X	
t	) Di	id the organization com	ply with the disclosu	re requirer	ments re	elating to quid	d pro	quo contributi	ons?		83b	X	
84 a	D	id the organization solic	it any contributions of	or gifts tha	it were r	not tax deduct	tible	? .			84a		X
t	) If	"Yes," did the organizat	tion include with ever	ry solicitat	ion an e	xpress staten	ment	t that such con	ributions	or gifts were not			
	ta	x deductible?								N/A	84b		
85	50	01(c)(4), (5), or (6) organi	zations a Were subs	stantially a	ıll dues ı	nondeductible	e by	members?		N/A	85a		
t	) Di	id the organization maki	e only in-house lobby	/ing expen	ditures	of \$2,000 or I	less?	? .		N/A	85b		
	lf	"Yes" was answered to	either 85a or 85b, de	o not com	plete 85	ic through 85	5h be	elow unless the	organizat	tion received a			
	W	aiver for proxy tax owed	I for the pnor year										ł
(	; Dı	ues, assessments, and	sımılar amounts from	nembers	6			L	85c	N/A	_		ĺ
(	l Se	ection 162(e) lobbying a	nd political expendit	ures				Ĺ	85d	N/A	_		
6	, Aç	ggregate nondeductible	amount of section 6	6033(e)(1)(	A) dues	notices		L	85e	N/A	_		1
f	Ta	axable amount of lobby	ng and political expe	enditures (l	lıne 85d	less 85e)		L	85f	N/A			ĺ
(	, Do	oes the organization ele	ct to pay the section	6033(e) t	ax on th	e amount on	line :	85f?		N/A	85g		<u> </u>
t	l If	section 6033(e)(1)(A) du	ies notices were sen	t, does the	e organı	zation agree t	to ad	dd the amount o	on line 85	f			
	to	its reasonable estimate	of dues allocable to	nondedu	ctible lo	bbying and po	olitic	cal expenditure:	s for the				ĺ
	fo	llowing tax year?								N/A	85h		
86	50	01(c)(7) organizations. Ei	nter: a Initiation fees	and capita	al contri	butions includ	ded (	on .			1		i
	lin	ne 12	•						86a	N/A	_		
t	G	ross receipts, included (	on line 12, for public	use of clu	b facılıtı	es		<u> </u>	86b	N/A	_		ĺ
87	50	01(c)(12) organizations	Enter: a Gross incom	e from me	embers o	or shareholde	ers	1	87a	<u> </u>	4		ĺ
t	Gı	ross income from other	sources (Do not net	amounts	due or p	oald to other s	sour	ces					
	aç	gainst amounts due or re	eceived from them.)					Ĺ	87Ь	<u> </u>	_		ĺ
88		t any time during the yea	· ·			-		•		•			
		an entity disregarded a	•	organizati	on unde	r Regulations	s sec	ctions 301.7701	-2 and 30	)1 7701-3?			
		"Yes," complete Part IX									88		X
89 a		01(c)(3) organizations Ei		•		•	•	•		_			}
		ction 4911						<u>     ;</u> section 4955	,	<u> </u>			
b		01(c)(3) and 501(c)(4) or		-									
		ansaction during the yea				benefit trans	sactio	on from a prior	year?				
		"Yes," attach a stateme									89b		<u> </u>
C		nter Amount of tax impo	_	tion mana	gers or	disqualified pe	erso	ons during the y	ear unde	r			•
		ections 4912, 4955, and								<b>▶</b>			0.
d		nter. Amount of tax on li				anization		•	-	▶			0.
90 a		st the states with which	• •										
b		umber of employees em			ncludes	March 12, 20	005			906	10 0		43
91 a		ne books are in care of			LEDD	TULIOOD			_ Telephor	ne no. ► <u>610 - 64</u>			
		ocated at > 30 HAM								ZIP + 4 ▶ <u>1</u>	1909	6	
b		any time during the cal	• •	-				_		•	ı	Yes	No
		er a financial account in	a foreign country (s	uch as a t	oank ac	count, secunti	ties a	account, or oth	er financia	al	$\overline{}$	163	
		count)?		_							91b		X
		"Yes," enter the name of				1/A		4.5				Ì	
		ee the instructions for ex	ceptions and filing r	equiremen	nts for F	orm TD F 90-	)-22.°	1, Report of Fo	eign Ban	ĸ			
		nd Financial Accounts.											77
C		any time during the cal			_	- • -	outsi	ide of the Unite	d States?	,	91c		<u> </u>
		"Yes," enter the name of	= -			I/A							_
92		ection 4947(a)(1) nonexe	•						-	ا موا		<b>▶</b> L	
	an	nd enter the amount of t	ax-exempt interest re	eceived or	accrue	a during the ta	ax ye	ear		92	<u>N/.</u>	<u>A</u> 990 (	20051

Part VII Analysis of Income			<del> </del>	1		
Note: Enter gross amounts unless other indicated.		(A) usiness	business income (B) Amount	(C) Exclu- sion	(D) Amount	(E) Related or exempt
93 Program service revenue	_	code	741100111	code	7 Wildelik	function income
a ADOPTION SERVICES				+		5535332.
b				1 1-		
d						· <del>- · · · · · · · · · · · · · · · · · ·</del>
e						
f Medicare/Medicaid payments						
g Fees and contracts from governm	-			ļ. [		
94 Membership dues and assessmen					100611	
95 Interest on savings and temporary cas				14	123611.	
<ul><li>96 Dividends and interest from securi</li><li>97 Net rental income or (loss) from re.</li></ul>		<del></del>	<del></del>			
a debt-financed property	ai estate			<del>                                     </del>		
b not debt-financed property				16	-4760.	
98 Net rental income or (loss) from pe	ersonal property					
99 Other investment income						
00 Gain or (loss) from sales of assets						<del></del>
other than inventory				1 -		
01 Net income or (loss) from special e						·
102 Gross profit or (loss) from sales of	inventory					
103 Other revenue a MISCELLANEOUS				01	6592.	
	<del></del>			101	0592.	
b	į.		·			
d		·				_
e						
04 Subtotal (add columns (B), (D), and	d (E))		0		125443.	5535332.
105 Total (add line 104, columns (B), (I	D), and (E))				▶_	5660775.
Note: Line 105 plus line 1d, Part I, shou				<del></del>	<del></del>	<del></del>
Part VIII Relationship of Act		•				
Line No Explain how each activity for w exempt purposes (other than b				ed important	ly to the accomplishment of	the organization's
93 FEES ALLOW THE	ORGANIZATI	ON TO	PROVIDE A	DOPTIC	ONS AND RELAT	ED
EDUCATIONAL ANI	COUNSELIN	G SERV	VICE WHICH	ARE 1	THE ENTITIES	PRIMARY
EXEMPT MISSION	•					<del></del>
	r =		ID:	1		<del> </del>
Part IX Information Regard	ing Taxable Sui			ied Entil	(D)	·
Name, address, and EIN of corporation,	Percentage of	N	(C) ature of activities		Total income	<b>(E)</b> End-of-year
partnership, or disregarded entity	ownership interest %					assets
N/A	%					<del></del>
	%				-	
	%					
Part X Information Regard	ling Transfers A	ssociate	d with Persona	l Benefit	t Contracts (See the I	nstructions )
(a) Did the organization, during the year,	receive any funds, direc	tly or indirect	ly, to pay premiums o	n a personal	benefit contract?	Yes X No
(b) Did the organization, during the year,	pay premiums, directly	or indirectly, (	on a personal benefit o	ontract?		Yes X No
Note: If "Yes" to (b), file Form 8870 a						
Under penalties of perjury, I declar the correct per complete Declaration of	nat I have examined this return preparer (p her than officer) i		companying schedules an information of which prepa	d statements, er has any kno	and the best of my knowledge owledge	and belief, it is the,
ign Diea	$m \sim$	<b>IO</b>	TINGOD :	-KIW	1 Journey "	VI, NOU JU ST
lere Signature of officer		Da	<del></del>	ype or print ate	name and title.	reparer's SSN or PTIN
Preparer's	11 11/10	.//.	i	0.9.6	self-	
Preparer's Firm's name of ZELENE	KOFSKE AXEL	ROD LI	I	1.12	employed  EIN	
log Only   yours if	YORK ROAD,				CIN	
23163 address, and					Phone no ► 2.1	5-918-2277
12-03-06   ZIP + 4   JAMI SC		-			1.1101101101. P 212	Form <b>990</b> (2005)

## **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization				Employer identi	fication number
ADOPTIONS FROM THE HEAR				23 2372	
Part I Compensation of the Five Highest Paid I	-	<del>-</del>	Officers, Dire	ctors, and T	rustees
(See page 1 of the instructions. List each one. If there are no	ne, er			I/d) Contributions to	
(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 t employee benefit plans & deferred compensation	<ul> <li>(e) Expense account and other allowances</li> </ul>
MAXINE CHALKER		EXECUTIVE DIR			
		40.00	239581.	44000	•
MARY DAILY		DIR. OF SOCIA	I		
		40.00	101014.	19806	•
IRINA SPRISHEN		DIR OF BUS SE	l .	20054	
DODEDEN ENLYMENCE		40.00	146214.	30954	•
ROBERTA EVANTASH	<b>-</b> -	FOR PROG COOR	1	16001	
HEIDT CONTAIRS		40.00 DIR OF COMM	83779.	16231	•
HEIDI GONZALEZ		40.00	96682.	20422	
Table with a stable contains and		40.00	90002.	20422	<u>•</u>
Total number of other employees paid over \$50,000		0			
Part II-A Compensation of the Five Highest Paid I	nde		rs for Profess	ional Servic	
(See page 2 of the instructions. List each one (whether indivi-		•		ional octivio	<b>C</b> 3
					4.20
(a) Name and address of each independent contractor paid mo	re tna	in \$50,000	<b>(b)</b> Type of :	service	(c) Compensation
None				·	
				-	
				<u> </u>	
Total number of others receiving over					
\$50,000 for professional services	<u> </u>	0		•	
Part II-B Compensation of the Five Highest Paid I				ervices	
(List each contractor who performed services other than prof			ials or		
firms. If there are none, enter "None." See page 2 of the instru	CTION	S.)			
(a) Name and address of each independent contractor paid mo	re tha	an \$50,000	(b) Type of	service	(c) Compensation
None					
None		<del></del>			
					<u> </u>
	<del>-</del> -				
Total number of other contractors receiving over					<del></del>
\$50,000 for other services	<b>•</b>	0			
A CONTRACTOR OF THE CONTRACTOR		<del></del>			

	rt·III	Statements About Activities (See page 2 of the instructions.)	<u> </u>	Yes	No.
1 [	Ouring th	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
ŗ	ublic op	inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
i	obbying	activities 🕨 \$ (Must equal amounts on line 38, Part VI-A, or			
ı	ne i of P	art VI-B.)	1		х
(	)rganizat	ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	•	"Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		
		e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,	İ		
t	rustees,	directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
		detailed statement explaining the transactions)			
a 9	Sale, exc	nange, or leasing of property?	2a		X
<b>b</b> l	ending (	of money or other extension of credit?	2b	_	х
c F	urnishin	g of goods, services, or facilities?	20		x
đ F	ayment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
e 1	ransfer	of any part of its income or assets?	2e		Х
3 a [	)o you m	ake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
}	ou deter	mine that recipients qualify to receive payments.)	_3a		X
b [	)o you h	ave a section 403(b) annuity plan for your employees?	3b		Х
		e year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
1 a [	)ıd you r	naintain any separate account for participating donors where donors have the right to provide advice			
C	n the us	e or distribution of funds?	4a		Х
<b>b</b> [	o you p	ovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The c	rganızat	on is not a private foundation because it is: (Please check only ONE applicable box.)			·
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III). Enter the hospital's name, city,			
		and state			
10		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.)			
11a		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.)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
12	$\mathbf{x}$	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its 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.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descri	ibed 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 descri			
		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)		e num om abo	
				_	
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
52311 02-03	า ∙08	Schedule A (Form	990 or	990-EZ	) 2005

Ра	Support Schedule (C Note: You may use th	complete only if you ch the worksheet in the inst	ecked a box on line 10 ructions for converting	), 11, or 12.) <b>Use cash</b> I from the accrual to th	method of ace	counting of accord	j. Intina
Cale begi	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	151204.	123648.	142137.	986	33.	515622.
16	Membership fees received		1230101	242137		,,,,,	
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	4967065.	4798061.	4193218.	39062	298.	17864642.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	118032.	86841.	88141.		108.	381422.
19	Net income from unrelated business						
	activities not included in line 18						
20	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			See Stateme	nt 7		
	sale of capital assets	6039.	5094.	147338.	1548		313283.
23	Total of lines 15 through 22	5242340.	5013644.	4570834.	42481		19074969.
24	Line 23 minus line 17	275275.	215583.	377616.	3418		1210327.
25	Enter 1% of line 23	52423.	50136.	45708.	424	82.	NT / 3
	Organizations described on lines 10 Prepare a list for your records to sho				amontol .	26a	N/A
U	unit or publicly supported organization		• .	•			
	Do not file this list with your return.	•	-	ada tilo alliodik ollowii ili	III0 20a.	26b	N/A
C	Total support for section 509(a)(1) to				•	26c	N/A
d		•	19		•		<u>=================================</u>
	, ,	22	26b	· -		26d	N/A
е	Public support (line 26c minus line 2	e6d total)				26e	N/A
f	Public support percentage (line 26	e (numerator) divided by	line 26c (denominator))			26f	N/A %
27	Organizations described on line 12: records to show the name of, and to such amounts for each year:						<u>-</u>
	_	• (2003)	0. (20	002)	0. (200	)1)	0.
b	For any amount included in line 17 th	, ,	•	•	•	•	
	and amount received for each year, t described in lines 5 through 11b, as the larger amount described in (1) or	well as individuals.) Do no	ot file this list with your r	eturn. After computing th	ie difference betw		<del>-</del>
		• (2003)	0. (20	•	0. (200	11)	0.
C	Add: Amounts from column (e) for li	<b>864642.</b> 20	515622.	16 21		27c	18380264.
d	Add: Line 27a total	0 <u> </u>	d line 27b total		<u>0.</u>	27d	0.
е	Public support (line 27c total minus	•		.	<b>●</b>	27e	18380264.
f	Total support for section 509(a)(2) to		* *		9074969.	_	06 0500
9	Public support percentage (line	•	-	• • • • • • • • • • • • • • • • • • • •		27g	96.3580%
	Investment income percentage					27h	1.9996%
S	Jnusual Grants: For an organization how, for each year, the name of the co eturn Do not include these grants in l	intributor, the date and an	or 12 that received any unnount of the grant, and a	brief description of the na	ture of the grant.	Do not fil	e this list with your

None

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

N/A

29 Does th	e organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	ent, or in a resolution of its governing body?	29		
O Does th	e organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
and oth	er written communications with the public dealing with student admissions, programs, and scholarships?	30		
1 Has the	organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	tion for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
to all pa	irts 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 th	e organization maintain the following:	_		
a Record	s indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records	s documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies	of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
admiss	ions, programs, and scholarships?	32c		
d Copies	of all material used by the organization or on its behalf to solicit contributions?	32d		
If you a	nswered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
	e organization discriminate by race in any way with respect to:			
	ts' rights or privileges?	33a	-	
	ions policies?	33b		
	ment of faculty or administrative staff?	33c	_	
=	ships or other financial assistance?	33d		
-	onal policies?	33e		
	facilities?	33f		
•	programs?	33g		
	xtracurricular activities?	33h		
If you a	nswered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
		-		
	e organization receive any financial aid or assistance from a governmental agency?	34a		
	organization's right to such aid ever been revoked or suspended?	34b		
	nswered "Yes" to either 34a or b, please explain using an attached statement.			
	e organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
1975-2	C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2005

		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

## Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines  ${\bf c}$  through  ${\bf h}$ .)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying a	ctivities
---	-----------

- 1	163	140	Amount
ſ			
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Γ	Ť		
			0.
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Schedule A (Form 990 or 990-EZ) 2005

	VII Information Reg	5 ADOPTIONS FROM garding Transfers To and zations (See page 12 of the insti	d Transactions and	NC . 23-23 I Relationships With Noncharit		2	Page 6	
51 D		rectly or indirectly engage in any of		organization described in section				
5	501(c) of the Code (other than s	section 501(c)(3) organizations) or i	n section 527, relating to po	litical organizations?		Yes		
	a Transfers from the reporting organization to a noncharitable exempt organization of:							
	(i) Cash							
•	(ii) Other assets				a(ii)		X	
	Other transactions:	to with a panchagitable assemble asse	t		b/ii		v	
	• • • • • • • • • • • • • • • • • • • •	ts with a noncharitable exempt orga	nization		b(ii)		X	
•	•	noncharitable exempt organization			b(iii)	-	X	
•	<ul><li>iii) Rental of facilities, equipme</li><li>iv) Reimbursement arrangeme</li></ul>				b(iv)		X	
•	(v) Loans or loan guarantees	IIIS			b(v)		X	
	• •	membership or fundraising solicitat	hone		b(vi)		X	
•	•	mailing lists, other assets, or paid e			c c		X	
		• • •	• •	lways show the fair market value of the			- 21	
		given by the reporting organization.						
		nent, show in column (d) the value o				N/A		
(a) Line no	(b)	(c) Name of noncharitable ex		(d) Description of transfers, transactions, and s	and sharing arrangements		nents	
					•			
		1						
C	s the organization directly or in Code (other than section 501(c) f "Yes," complete the following s	(3)) or in section 527?	one or more tax-exempt org:	anizations described in section 501(c) of the	Yes	(X	] No	
C	Code (other than section 501(c)	(3)) or in section 527? schedule: N/A	one or more tax-exempt orga (b) Type of organization	anizations described in section 501(c) of the  (c)  Description of relationsh		(X	] No	
C	Code (other than section 501(c) f "Yes," complete the following s	(3)) or in section 527? schedule: N/A	(b)	(c)		(X	] No	

b	If "Yes," complete the following schedule:	N/A				
	(a) Name of organization		(b) pe of organization	Description	(c) of relationship	
			· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			
					<u> </u>	
					<del></del>	
			<del></del>			

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Schedule A (Form 990 or 990-EZ) 2005

Form 990	Rental	Income		Statement 1
Kind and Location of Pr	roperty		Activity Number	Gross Rental Income
WYNNEWOOD ADMIN			1 2	19790.
Total to Form 990, Part	I, line 6a			20790.
Form 990	Rental	Expenses		Statement 2
Description		Activity Number	Amount	Total
MAINTENANCE REAL ESTATE TAX INTEREST UTILITIES	- SubTotal -	1	2431. 4235. 1586. 1293.	9545.
DEPRECIATION INTEREST UTILITIES TELEPHONE	- SubTotal -	2	7110. 3474. 2832. 2589.	16005.
Total to Form 990, Part		2		25550.
Form 990	Other	Expenses		Statement 3
	(A)	(B) Program	(C) Management	(D)
Description	Tota1	Services	and General	Fundraising
WEB DEVELOPEMENT INTERNET ACCESS CONSULTANT ADVERTISING AUTO EXPENSE BANK CHARGES INSURANCE OFFICE SUPPLIES EQUIPMENT RENTAL	175. 13960. 148453. 773729. 8702. 3011. 114448. 78485. 10537.	120. 9585. 101928. 531242. 5975. 2067. 78580. 53888. 7235.	55. 4375. 46525. 242487. 2727. 944. 35868. 24597. 3302.	
EMPLOYEE RECRUITMENT PAYROLL SERVICES	31943. 4882.	21932. 3352.	10011. 1530.	

ADODUTONO EDOM DITE TIEST					
ADOPTIONS FROM THE HEAD	RT, IN	ic.			23-2372152
PROFESSIONAL FEES	1	.28491.	88222.	40269.	-
STAFF DEVELOPMENT		4932.	3386.	1546.	
ENTERTAINMENT		60837.	41771.	19066.	
BIRTH MOTHERS					
EXPENSE		52026.	35721.	16305.	
SMALL OFFICE					
EQUIPMENT		51209.	35160.	16049.	
MISCELLANEOUS		6451.	4429.	2022.	
REAL ESTATE TAX DUES AND		1488.	1022.	466.	
SUBSCRIPTION		10599.	7277.	3322.	
Total to Fm 990, ln 43	15	04358.	1032892.	471466.	
				Other	
Security Description Cost	-/FMV	Corporate Stocks	Corporate Bonds	Publicly Traded Securities	Total Non-Gov't Securities
		Stocks		Publicly Traded	Non-Gov't Securities
STOCKS FN	-/FMV  4V 4V			Publicly Traded Securities	Non-Gov't
	AV AV	Stocks	Bonds	Publicly Traded Securities	Non-Gov't Securities 3288.
STOCKS FN BONDS FN	AV AV	Stocks 3288.	Bonds 8946	Publicly Traded Securities	Non-Gov't Securities 3288. 8946.
STOCKS FN BONDS FN To Form 990, line 54, Col	AV AV L B	Stocks 3288.	8946 8946	Publicly Traded Securities	Non-Gov't Securities 3288. 8946.
STOCKS FN BONDS FN	AV AV L B	3288. 3288.	Bonds 8946 8946 cments	Publicly Traded Securities	Non-Gov't Securities 3288. 8946.

2551759.

Total to Form 990, Part IV, line 56, Column B

	of Officers, Dire and Key Employees	of Officers, Directors, and Key Employees			
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
MICHAEL OFFORD 30 CLEMENTS BRIDGE RD BARRINGTON, NJ 08007	CHAIRMAN 5.00	0.	0.	0.	
MAXINE G. CHALKER 30-31 HAMPSTEAD CIRCLE WYNNEWOOD, PA 19096	PRESIDENT 5.00	0.	0.	0.	
FRANK MORGAN, ESQ 30-10 HAMPSTEAD CIRCLE WYNNEWOOD, PA 19096	SECRETARY 5.00	0.	0.	0.	
JERRY MCCREADY 985 BERKSHIRE BLVD WYOMISSING, PA 19610	TREASURER 5.00	0.	0.	0.	
JOSEPH D. GLICIA 337 EVERGREEN DRIVE NORTH WALES, PA 19454-2701	DIRECTOR 5.00	0.	0.	0.	
DANIEL CLIFFORD 325 SWEDE STREET NORRISTOWN, PA 19404	DIRECTOR 5.00	0.	0.	0.	
AURTHUR STOCK, ESQ 1622 LOCUST ST PHILADELPHIA, PA 19103	DIRECTOR 5.00	0.	0.	0.	
SHARON ARNOLD 101 N. COLLEGE AVE ANNVILLE, PA 17003	DIRECTOR 5.00	0.	0.	0.	
E. JEFF JOHNSON 1650 MARKET ST, SUITE 1000 PHILADELPHIA, PA 19103	DIRECTOR 5.00	0.	0.	0.	
SHARI SHAW LEIBERT 1735 MARKET STREET PHILADELPHIA, PA 19003	DIRECTOR 5.00	0.	0.	0.	
PATRICIA O'KANE UNIVERSITY AND WOODLAND AVES PHILADELPHIA, PA 19104	DIRECTOR 5.00	0.	0.	0.	
Totals Included on Form 990, Pa	rt V	0.	0.	0.	

Schedule A	Other Inc	ome	St	Statement	
Description	2004 Amount	2003 Amount	2002 Amount	2001 Amount	
MISCELLANEOUS	6039.	5094.	147338.	15481	.2.
Total to Schedule A, line 22	6039.	5094.	147338.	15481	2.