

# Return of Organization Exempt From Income Tax

**2005**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2005 calendar year, or tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>PLEASE TOUCH MUSEUM</b>		<b>D</b> Employer identification number <b>23-2109376</b>
		Number and street (or P.O. box if mail is not delivered to street address) <b>210 NORTH 21ST STREET</b>	Room/suite	<b>E</b> Telephone number <b>(215) 963-0667</b>
		City or town, state or country, and ZIP + 4 <b>PHILADELPHIA, PA 19103</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number **N/A**

**G** Website: **WWW.PLEASETOUCHMUSEUM.ORG**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

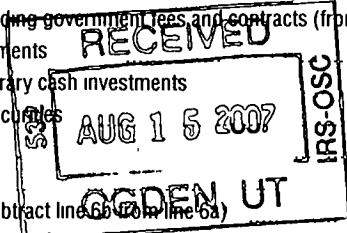
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **6,395,735.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received: <b>a</b> Direct public support <b>b</b> Indirect public support <b>c</b> Government contributions (grants) <b>d</b> Total (add lines 1a through 1c) (cash \$ <b>4,419,083.</b> noncash \$ _____)	<b>1a</b>	<b>1,723,107.</b>										
	<b>1b</b>											
	<b>1c</b>	<b>2,695,976.</b>										
	<b>1d</b>			<b>4,419,083.</b>								
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>1,369,435.</b>								
	<b>3</b> Membership dues and assessments			<b>241,469.</b>								
	<b>4</b> Interest on savings and temporary cash investments			<b>83,185.</b>								
	<b>5</b> Dividends and interest from securities											
	<b>6 a</b> Gross rents	<b>6a</b>										
	<b>b</b> Less: rental expenses	<b>6b</b>										
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>										
	<b>7</b> Other investment income (describe _____)	<b>7</b>										
<b>8 a</b> Gross amount from sales of assets other than inventory <b>b</b> Less: cost or other basis and sales expenses <b>c</b> Gain or (loss) (attach schedule) <b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<table border="1"> <tr> <th>(A) Securities</th> <th>(B) Other</th> </tr> <tr> <td><b>8a</b></td> <td></td> </tr> <tr> <td><b>8b</b></td> <td></td> </tr> <tr> <td><b>8c</b></td> <td></td> </tr> </table>		(A) Securities	(B) Other	<b>8a</b>		<b>8b</b>		<b>8c</b>			<b>8d</b>
	(A) Securities	(B) Other										
	<b>8a</b>											
	<b>8b</b>											
<b>8c</b>												
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> <b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a) <b>b</b> Less: direct expenses other than fundraising expenses <b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9a</b>			<b>9c</b>								
	<b>9b</b>											
	<b>9c</b>											
<b>10 a</b> Gross sales of inventory, less returns and allowances <b>b</b> Less: cost of goods sold <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10a</b>	<b>282,563.</b>		<b>10c</b>								
	<b>10b</b>	<b>153,283.</b>										
	<b>10c</b>	<b>STMT 1</b>	<b>129,280.</b>									
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>											
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>6,242,452.</b>								
<b>Expenses</b> <b>13</b> Program services (from line 44, column (B)) <b>14</b> Management and general (from line 44, column (C)) <b>15</b> Fundraising (from line 44, column (D)) <b>16</b> Payments to affiliates (attach schedule) <b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>13</b>			<b>3,107,225.</b>								
	<b>14</b>			<b>802,406.</b>								
	<b>15</b>			<b>449,350.</b>								
	<b>16</b>											
	<b>17</b>			<b>4,358,981.</b>								
<b>Net Assets</b> <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) <b>20</b> Other changes in net assets or fund balances (attach explanation) <b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>18</b>			<b>1,883,471.</b>								
	<b>19</b>			<b>17,676,070.</b>								
	<b>20</b>		<b>SEE STATEMENT 2</b>	<b>5,652.</b>								
	<b>21</b>			<b>19,565,193.</b>								



SCANNED REF ID: A23 2007

9-15 5

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

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) (cash \$ <u>0</u> , noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	180,251.	109,953.	45,063.	25,235.
26 Other salaries and wages	1,319,435.	804,855.	329,859.	184,721.
27 Pension plan contributions	76,692.	46,782.	19,173.	10,737.
28 Other employee benefits	203,043.	123,856.	50,761.	28,426.
29 Payroll taxes	226,543.	138,191.	56,636.	31,716.
30 Professional fundraising fees				
31 Accounting fees	21,200.	12,932.	5,300.	2,968.
32 Legal fees	178,465.	108,864.	44,616.	24,985.
33 Supplies				
34 Telephone	39,023.	23,804.	9,756.	5,463.
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	44,085.	26,892.	11,021.	6,172.
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest	11,557.	7,050.	2,889.	1,618.
42 Depreciation, depletion, etc. (attach schedule)	216,505.	132,072.	54,121.	30,312.
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>SEE STATEMENT 3</b>	1,842,182.	1,571,974.	173,211.	96,997.
44 <b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,358,981.	3,107,225.	802,406.	449,350.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ 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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
<b>a</b> <u>PROVIDE EDUCATIONAL EXHIBITS AND EVENTS AND OPERATE A PUBLIC MUSEUM TO ENHANCE CHILDREN'S DEVELOPMENT.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,107,225.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	3,107,225.

Form 990 (2005)

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	46,671.	45	32,784.
	46 Savings and temporary cash investments	1,234,716.	46	1,359,335.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	4,630,571.	49	4,320,882.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	44,272.	52	39,784.
	53 Prepaid expenses and deferred charges	6,000.	53	6,000.
	54 Investments - securities <b>STMT 5 STMT 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	460,210.	54	402,549.
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 7,692,046.			
b Less accumulated depreciation <b>STMT 7</b>	57b 4,356,468.	3,499,784.	57c 3,335,578.	
58 Other assets (describe <b>SEE STATEMENT 8</b> )	8,588,571.	58	14,201,660.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	18,510,795.	59	23,698,572.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	584,725.	60	1,451,379.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>LINE OF CREDIT</b> )	250,000.	65	2,682,000.
<b>66 Total liabilities.</b> Add lines 60 through 65)	834,725.	66	4,133,379.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	11,613,694.	67	13,812,277.
	68 Temporarily restricted	4,630,572.	68	4,320,882.
	69 Permanently restricted	1,431,804.	69	1,432,034.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	17,676,070.	73	19,565,193.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	18,510,795.	74	23,698,572.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	6,547,372.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>	5,652.	
2	Donated services and use of facilities	<b>b2</b>	145,985.	
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify): <u>COST OF GOODS SOLD</u>	<b>b4</b>	153,283.	
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> 304,920.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 6,242,452.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b> 0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>			<b>e</b> 6,242,452.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	4,658,249.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>	145,985.	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify) <u>COST OF GOODS SOLD</u>	<b>b4</b>	153,283.	
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b> 299,268.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b> 4,358,981.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b> 0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>			<b>e</b> 4,358,981.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NANCY KOLB 4003 MECHANICSVILLE ROAD STAR ROUTE # DOYLESTOWN, PA 18901 SEE ATTACHED STATEMENT	PRESIDENT & CEO 40.00	180,250.	3,108.	0.
	0.00	0.	0.	0.



Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially 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)	82b	145,985.
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?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
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/A
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
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	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? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>PA</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	66
91 a	The books are in care of <u>ORGANIZATION</u> Telephone no. <u>215-963-0667</u> Located at <u>210 NORTH 21 ST STREET, PHILADELPHIA, PA</u> ZIP + 4 <u>19103</u>		
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, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
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/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>MUSEUM ADMISSIONS</b>					931,281.
b <b>VAR MUSEUM PROGRAMS</b>					438,154.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					241,469.
95 Interest on savings and temporary cash investments			14	83,185.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					129,280.
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		83,185.	1,740,184.
105 Total (add line 104, columns (B), (D), and (E))					1,823,369.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
ALL	ALL FUNDS PROVIDE CONTINUED IMPROVEMENT OF EXHIBITS, FACILITY EXPANSION, OR CONTINUED BENEFITS TO THE GENERAL PUBLIC.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%	REAL ESTATE		
PTM II CORPORATION	100%	HOLDINGS	0.	0.
PTM III CORPORATION	100%	HOLDINGS	0.	0.

**Part X Information Regarding Transfers Associated With**

- (a) Did the organization, during the year, receive any funds, directly or indirectly,
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information furnished to him.

Signature of officer: *[Signature]* Date: 8/

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: ISDANER & COMPANY, LLC  
THREE BALA PLAZA, SUITE  
BALA CYNWYD, PA 19004

**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 **PLEASE TOUCH MUSEUM** Employer identification number **23 2109376**

**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
<u>LAURA H. FOSTER</u> <u>1815 CARLTON STREET, PHILA, PA 19103</u>	<u>SR. VP</u> <u>40.00</u>	<u>118,450.</u>	<u>1,765.</u>	
<u>ELAINE WIDEMAN-VAUGH</u> <u>2120 SPRING STREET, PHILA, PA 19103</u>	<u>VP</u> <u>40.00</u>	<u>77,250.</u>	<u>1,172.</u>	
<u>CONCETTA BENCIVENGA</u> <u>3432 TILDEN ST, PHILA, PA 19129</u>	<u>VP</u> <u>40.00</u>	<u>97,850.</u>	<u>1,549.</u>	
<u>JOHN T. MCDEVITT</u> <u>917 JUDIE LANE, AMBLER, PA 19002</u>	<u>SEN. VP</u> <u>40.00</u>	<u>90,177.</u>	<u>1,360.</u>	
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**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
<u>KISE STRAW &amp; KOLODNER</u> <u>123 SOUTH BROAD STREET, PHILADELPHIA, PA 19109</u>	<u>ARCHITECT</u>	<u>357,594.</u>
<u>NORTHSTAR ADVISOR</u> <u>233 E. LANCASTER AVE, STE 201, ARDMORE, PA 19003</u>	<u>CONSULTING</u>	<u>288,610.</u>
<u>BALA CONSULTING ENGINEERING INC</u> <u>443 SOUTH GULPH ROAD, KING OF PRUSSIA, PA 19406</u>	<u>ENGINEERING</u>	<u>255,109.</u>
<u>DESIGN &amp; COMMUNICATION, INC.</u> <u>4749 NOTRE-DAME W, MONTREAL(QUEBEC) H4C1S9, CANADA</u>	<u>CONSULTING</u>	<u>246,786.</u>
<u>STRADLEY, RONAN, STEVENS, LLP</u> <u>2600 ONE COMMERCE SQUARE, PHILADELPHIA, PA 19103</u>	<u>LEGAL</u>	<u>206,298.</u>
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**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
<u>NONE</u>		
Total number of other contractors receiving over \$50,000 for other services ▶	<b>0</b>	

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> 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 ► \$ _____ \$ <u>210,322.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <b>VI-A, LINE 38B</b> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>X</b>
<b>2</b> 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)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b> 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.)	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	<b>X</b>
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization 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 **Support Schedule** in Part IV-A.)
- 12**  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 described 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 describes 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) Line number from above

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning 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.)	4,966,858.	2,181,379.	1,903,227.	1,062,837.	10,114,301.
16 Membership fees received	229,214.	212,194.	193,948.	175,772.	811,128.
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	1,704,854.	1,466,139.	1,357,039.	1,670,429.	6,198,461.
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	50,161.	34,707.	55,781.	62,207.	202,856.
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 sale of capital assets					
23 Total of lines 15 through 22	6,951,087.	3,894,419.	3,509,995.	2,971,245.	17,326,746.
24 Line 23 minus line 17	5,246,233.	2,428,280.	2,152,956.	1,300,816.	11,128,285.
25 Enter 1% of line 23	69,511.	38,944.	35,100.	29,712.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 222,566.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 677,434.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 11,128,285.
d Add: Amounts from column (e) for lines: 18 202,856. 19 _____ 22 _____ 26b 677,434.					26d 880,290.
e Public support (line 26c minus line 26d total)					26e 10,247,995.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.0896%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2004)	(2003)	(2002)	(2001)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/>			
<hr/>			
32	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?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the 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	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		210,322.
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		210,322.
<b>39</b> Other exempt purpose expenditures	<b>39</b>		4,148,659.
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		4,358,981.
<b>41</b> Lobbying nontaxable amount. Enter the amount 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		
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		
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		
	<b>41</b>		367,949.
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		91,987.
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either 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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount	367,949.	385,555.	349,871.	342,904.	1,446,279.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					2,169,419.
<b>47</b> Total lobbying expenditures	210,322.	228,332.	190,453.	186,332.	815,439.
<b>48</b> Grassroots nontaxable amount	91,987.	96,389.	87,468.	85,726.	361,570.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					542,355.
<b>50</b> 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.)

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 c through h )

Yes	No	Amount
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
		0.

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



## Schedule A

Identification of Unusual Grants  
Described on Part IV-A, Line 28

2005

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Description of Grant	Date of Grant	Amount
		0/21/99	500,000.
		3/03/00	1,500,000.
		9/15/00	1,000,000.
		9/21/00	700,000.
		2/20/01	925,000.
		2/19/01	300,000.
		1/21/00	500,000.
		1/30/00	2,300,000.
		2/11/00	750,000.
		1/22/01	845,000.
		5/05/01	500,000.
		6/07/01	300,000.
		3/12/02	700,000.
		4/04/03	720,288.
		3/01/04	720,723.
Total Unusual Grants			12,261,011.

Total Unusual Grants

12,261,011.

523174/05-01-05

14.2



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
1	LAND BUILDING - 210 N. 21ST		L			270,348.			270,348.			0.
2	STREET BUILDING - 210 N. 21ST		VARIESVAR	.000	16	2367186.			2367186.	1430944.		0.
3	STREET BUILDING - 210 N. 21ST		VARIESVAR	.000	16	2350606.			2350606.	1033649.		0.
4	STREET		VARIESVAR	.000	16	854,605.			854,605.			0.
5	FURNITURE & FIXTURES		VARIESVAR	.000	16	198,023.			198,023.	198,023.		0.
6	AUTOMOBILE		VARIESVAR	.000	16	18,105.			18,105.	18,106.		0.
7	EQUIPMENT		VARIESVAR	.000	16	367,685.			367,685.	362,020.		0.
8	EXHIBITS		VARIESVAR	.000	16	1265488.			1265488.	1313726.		0.
	* TOTAL 990 PAGE 2 DEPR					7692046.		0.	7692046.	4356468.	0.	0.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS . . . . .	282,563	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		282,563
4. COST OF GOODS SOLD (LINE 13) . . . . .	153,283	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		129,280

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	153,283	
11. ADD LINES 6 THROUGH 10 . . . . .		153,283
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		153,283

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON SECURITIES	5,652.
TOTAL TO FORM 990, PART I, LINE 20	5,652.

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FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
EDUC., PROGRAM, & EXHIBITS	649,343.	649,343.		
CONSULTANT	89,843.	54,804.	22,461.	12,578.
INSURANCE	81,836.	49,920.	20,459.	11,457.
MAINTENANCE & SECURITY	127,722.	77,910.	31,931.	17,881.
OFFICE ADMINISTRATION	269,615.	164,465.	67,404.	37,746.
UTILITIES	104,232.	63,582.	26,058.	14,592.
UNCOLLECTIBLE PLEDGES	500,000.	500,000.		
MEMBERSHIPS	19,591.	11,950.	4,898.	2,743.
TOTAL TO FM 990, LN 43	1,842,182.	1,571,974.	173,211.	96,997.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
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EXPLANATION

PLEASE TOUCH MUSEUM IS ORGANIZED TO OPERATE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCATIONAL PURPOSES, INCLUDING THE FUTURE OF SUCH PURPOSES, THE OPERATION OF A PUBLIC MUSEUM FOR CHILDREN.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	5
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUND UBS S&P 500 INDEX FUND	FMV			106,212.	106,212.
TO FORM 990, LINE 54, COL B				106,212.	106,212.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	6
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. TREASURY FUND	FMV	296,337.		296,337.
TOTAL TO FORM 990, LINE 54, COL B		296,337.		296,337.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	270,348.	0.	270,348.
BUILDING - 210 N. 21ST STREET	2,367,186.	1,430,944.	936,242.
BUILDING - 210 N. 21ST STREET	2,350,606.	1,033,649.	1,316,957.
BUILDING - 210 N. 21ST STREET	854,605.	0.	854,605.
FURNITURE & FIXTURES	198,023.	198,023.	0.
AUTOMOBILE	18,105.	18,106.	-1.
EQUIPMENT	367,685.	362,020.	5,665.
EXHIBITS	1,265,488.	1,313,726.	-48,238.
TOTAL TO FORM 990, PART IV, LN 57		4,356,468.	3,335,578.

FORM 990	OTHER ASSETS	STATEMENT	8
DESCRIPTION			AMOUNT
DEFERRED PROJECT COSTS LEASE ESCROW			13,990,616. 211,044.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B			14,201,660.

a

**Board of Directors  
Please Touch Museum  
2006**

<b>Business Contact</b>	<b>Home Contact</b>	<b>Committee</b>
<p><b>David J. Adelman</b> President and CEO Campus Apartments 4043 Walnut Street Philadelphia, PA 19104 <b>Phone:</b> 215-387-1300 <b>Fax:</b> 215-387-8285 <b>Email:</b> <a href="mailto:dadelman@campusapts.com">dadelman@campusapts.com</a> <b>Assistant:</b> Veronica Marino <b>Phone:</b> 215-243-7045 <b>Email:</b> <a href="mailto:vmarino@campusapts.com">vmarino@campusapts.com</a> <b>1st term expires 2007</b></p>	<p>503 Waldron Park Drive Haverford, PA 19041 <b>Phone:</b> 610-256-0815</p>	<p>Property Development Committee</p>
<p><b>Mary Stengel Austen</b> President &amp; CEO Tierney Communications 200 S. Broad St., 10<sup>th</sup> floor Philadelphia., PA 19102 <b>Phone:</b> 215-790-4406 <b>Fax:</b> 215-790-4299 <b>Mobile:</b> 215-280-4199 <b>Email:</b> <a href="mailto:Mausten@tierneyagency.com">Mausten@tierneyagency.com</a> <b>Assistant:</b> Keith Petrowski <b>Assistant Phone:</b> 215 790 4126 <b>Assistant Fax:</b> 215 790 4299 <b>Assistant Mobile:</b> (215) 756-2908 <b>Assistant email:</b> <a href="mailto:kpetrowski@tierneyagency.com">kpetrowski@tierneyagency.com</a> <b>1<sup>st</sup> term expires 2008</b></p>	<p>11 Highview Drive Radnor, PA 19087 <b>Phone:</b> 610-688-7792 <b>Fax</b> 610-642-4141</p>	<p>Marketing Committee Steering Committee</p>
<p><b>Fritz Bittenbender</b> Senior Director, Corporate Affairs Cephalon, Inc. 41 Moores Road P.O. Box 4011 Frazer, PA 19355</p>	<p>630 Richards Road Wayne, PA 19087 <b>Phone:</b> (610) 783-7008</p>	<p>Finance Committee</p>

<p><b>Phone:</b> (610) 883-5855  <b>Fax:</b> (610) 344-0981  <b>Mobile:</b> (610) 457-7041  <b>Email:</b>  fbittenbender@cephalon.com  <b>Assistant:</b> Susan Goldberg  <b>Assistant phone:</b> (610) 738-6316  <b>email:</b> sgoldberg@cephalon.com  <b>1<sup>st</sup> term expires 2009</b></p>		
<p><b>Michele D. Box</b>  Senior Vice President  Tax Exempt Advisory Group  Wachovia Bank, N.A.  123 South Broad Street  1st floor PA4846  Philadelphia, PA 19109  <b>Phone:</b> (215) 670-6553  <b>Fax:</b> (215) 670-4480-4481  <b>Email:</b>  Michele.Box@Wachovia.com  <b>1<sup>st</sup> term expires 2007</b></p>	<p>1121 Secane Avenue  Secane, PA 19018  <b>Phone:</b> 610-626-9190  <b>Email:</b> ambox@comcast.net</p>	<p>Finance  Committee</p>
<p><b>Blondell Reynolds Brown</b>  Councilwoman-At-Large  Room 580, City Hall  Philadelphia, PA 19107  <b>Phone:</b> 215-686-3438 or 3439  <b>Fax:</b> 215-686-1926  <b>Cell:</b> 215-906-8920  <b>Email:</b>  Blondell.reynolds.brown@phila.gov  <b>Scheduler:</b> Leslie K. Carter  <b>Cell:</b> 215-906-1579  Leslie.k.carter@phila.gov  <b>1<sup>st</sup> term expires 2007</b></p>	<p>2408 N. 52<sup>nd</sup> St.  Philadelphia, PA 19131  <b>Phone:</b> 215-877-0409</p>	<p>City Liaison  Program  Committee</p>
<p><b>Dave Buck</b>  VP Advertising Sales  The Philadelphia Phillies  Citizens Bank Park  One Citizens Bank Way  Philadelphia, PA 19148  <b>Cell Phone:</b> 215-808-8406  <b>Phone:</b> 215-463-6000  <b>Fax:</b> 463-2065</p>	<p>33 Meade Rd.  Broad Axe, PA 19002  <b>Phone:</b> 215-283-3191</p>	<p>Marketing  Committee</p>

<p>dbuck@phillies.com  <b>Assistant:</b> Shannon Ruefly  <b>Assistant Email:</b>  sruefly@phillies.com  <b>Assistant Phone:</b> 215-218-5258  <b>2<sup>nd</sup> term expires 2008</b></p>		
<p><b>Rick Buck</b>  Vice President  Corporate Communications  Keystone Mercy Health Plan  200 Stevens Drive  Philadelphia, PA 19113  <b>Phone:</b> (215) 863-5102  <b>Fax:</b> (215) 937-8015  <b>Mobile:</b> (267) 226-8636  <b>Email:</b> rick.buck@kmhp.com  <b>Assistant:</b> Liz Reed  <b>Assistant Phone:</b> (215) 937-8648  <b>Assistant Email:</b>  liz.reed@kmhp.com  <b>1<sup>st</sup> term expires 2009</b></p>	<p>11 Keatley Drive  Marlton, NJ 08053  <b>Phone:</b> (856) 983-8748  <b>Mobile:</b> (267)226-8636  <b>Email:</b> rbuck89@aol.com</p>	<p><b>Chair,  Marketing  Committee</b></p>
<p><b>Elizabeth Cartmell</b>  Group President  Sports and Entertainment  Aramark  1101 Market Street  Philadelphia, PA 19107  <b>Phone:</b> (215) 238-3424  <b>Fax:</b> (215) 238-8149  <b>Email:</b> <u>Cartmell-  liza@ARAMARK.com</u>  <b>Assistant's Name:</b> Gina  <b>Assistant's Phone:</b> (215) 238-3431  <b>1<sup>st</sup> term expires 2009</b></p>	<p>120 Upland Way  Haddonfield, NJ 08033  <b>Phone:</b> 856-795-7285  <b>Mobile:</b> 609-707-9636  <b>Fax:</b> 856-795-2231  <b>Email:</b> <u>ebcartmell@aol.com</u>   <b>Prefers we use work email  only</b></p>	<p><b>Board Chair</b>  Ex-Officio on  all Committees</p>
<p><b>Armando L. Chardiet</b>  Chief Advancement Officer  PENN Medicine Development &amp;  Alumni Relations  3535 Market St., Suite 750  Phila., PA 19104  <b>Phone:</b> 215-898-9488  <b>Fax:</b> 215-573-2186  <b>Mobile:</b> 215/240-0563</p>	<p>290 Stonegate Dr.  Devon, PA 19333  <b>Phone:</b> 610-995-9696</p>	<p>Marketing  Committee</p>

<p><b>Email:</b> chardiet@ben.dev.upenn.edu <b>Assistant:</b> Ann Webb <b>Assistant's Email:</b> acwebb@ben.dev.upenn.edu <b>*email assistant when emailing or scheduling appointments</b></p> <p><b>1<sup>st</sup> term expires 2008</b></p>		
<p><b>Sharon Coghlan, Esquire</b> PNC Bank, NA 1600 Market St., 28<sup>th</sup> Floor Philadelphia, PA 19103 <b>Phone:</b> 215-585-5618 <b>Fax:</b> 215-585-8713 <b>Email:</b> Sharon.coghlan@pnc.com <b>Assistant - Lynne Poritsky</b> <b>1<sup>st</sup> term expires 2007</b></p>	<p>100 Matthew Circle Richboro, PA 18954 <b>Phone:</b> 215-953-0831 <b>Fax:</b> 215-953-0781 <b>Email:</b> <a href="mailto:scgoody11@aol.com">scgoody11@aol.com</a></p>	<p><b>Board Treasurer Chair, Finance Committee</b></p>
<p><b>Kathy Galarneau</b> Independence Blue Cross 1901 Market Street Philadelphia, PA 19103 <b>Phone:</b> (215) 241-9096 <b>Mobile:</b> (484) 574-0275 <b>Assistant:</b> Jean Montinez <b>Phone:</b> 215-241-3902 <b>Email:</b> <a href="mailto:Kathryn.galarneau@ibx.com">Kathryn.galarneau@ibx.com</a> <b>1st term expires 2009</b></p>	<p>1014 Brick House Farm Lane Newton Square, PA 19073 <b>Phone:</b> (610) 358-1495</p>	<p>Financing Investment Sub-Committee</p>
<p><b>Dixon Gillis</b> AG Administrators P.O. Box 979 Valley Forge, PA 19428 <b>Phone:</b> (610) 933-0800 <b>Fax:</b> (610) 935-2860 <b>Email:</b> <a href="mailto:dgillis@agadmin.com">dgillis@agadmin.com</a> <b>1<sup>st</sup> term expires 2009</b></p>	<p>161 Matsons Ford Road West Conshohocken, PA 19428 <b>Phone:</b> (610) 291-1468</p>	
<p><b>Phil Goldsmith</b> Principal GoldsmithKahn Associates <b>1<sup>st</sup> term expires 2009</b></p>	<p>312 Old Forrest Rd Wynnewood, PA 19096 <b>Phone:</b> (610) 896-6911 <b>Mobile:</b> (215) 901-6405 <b>Email:</b> <a href="mailto:pgold4110@aol.com">pgold4110@aol.com</a></p>	

<p><b>Carole Haas Gravagno</b>  1830 Rittenhouse Square, #16-B  Philadelphia, PA 19103  <b>Phone:</b> 215-545-8902  <b>Fax:</b> 215-545-9247  <b>Assistant:</b> Ellen DiPinto  <b>1<sup>st</sup> term expires 2007</b></p>	<p>560 Maplewood Road  Wayne, PA 19087  <b>Email:</b> CPFH98@aol.com</p>	<p>Committee On  Directors</p>
<p><b>Marla Green</b>  Radnor Trust Company  Radnor Financial Center  150 North Radnor-Chester Road  Radnor, PA 19087  <b>Phone:</b> 610-687-2700  <b>1<sup>st</sup> term expires 2008</b></p>	<p>1320 Monk Road  Gladwyne, PA 19035  <b>Phone:</b> 610-527-5673  <b>Cell:</b> 215-520-9906  <b>Email:</b> mgreen@radnortrust.com</p>	<p>Great Friend to  Kids</p>
<p><b>Anne Hamilton</b>   <b>1<sup>st</sup> term expires 2009</b></p>	<p>1001 Rock Creek Road  Bryn Mawr, PA 19010  <b>Phone:</b> 610-525-3050  <b>Mobile:</b> 610-745-6200  <b>Fax:</b> 610-520-5183  <b>Email:</b> <a href="mailto:mtmama24@aol.com">mtmama24@aol.com</a></p>	<p>Executive  Committee  Steering  Committee  Committee on  Directors</p>
<p><b>Lorna D. Horsey</b>  Principal  Joseph Leidy Elementary School  1301 Belmont Ave.  Philadelphia, PA 19104  <b>Phone:</b> 215-581-5500  <b>Fax:</b> 215-581-5926  <b>Email:</b> <a href="mailto:lhorsey@phila.k12.pa.us">lhorsey@phila.k12.pa.us</a>  <b>1<sup>st</sup> term expires 2007</b></p>	<p>612 Cristina Place  Philadelphia, PA 19139  <b>Phone:</b> 215-877-8539</p>	<p><b>Community  Liaison  Program  Committee</b></p>
<p><b>Rena Kopelman</b>   <b>2<sup>nd</sup> term expires 2008</b></p>	<p>775 Mill Creek Road  Gladwyne, PA 19035  <b>Phone:</b> 610-896-9032  <b>Fax:</b> 610-896-9033  <a href="mailto:rena@kopelman.com">rena@kopelman.com</a></p>	<p><b>Board  Secretary  Executive  Committee  Marketing  Committee</b></p>
<p><b>L. Gie Liem</b>  Principal  Growth Properties  1329 Bristol Pike, Suite 182  Bensalem, PA 19020</p>	<p>248 Cheswold Lane  Haverford, PA 19041  <b>Phone:</b> 610-642-3209</p>	<p><b>Immediate  Past Chair  Executive  Committee  Chair,</b></p>

<b>Phone:</b> 215-546-5980 Ext. 101 <b>Fax:</b> 215-546-8925 <b>Email:</b> <a href="mailto:gie_liem@gpim.net">gie_liem@gpim.net</a>		<b>Program Committee</b>
<b>Ruth Hirshey Lincoln</b> Director of Public Relations Four Seasons Hotel One Logan Square Philadelphia, PA 19103 <b>Phone:</b> 215-963-2746 <b>Email:</b> <a href="mailto:Ruth.hirshey@fourseasons.com">Ruth.hirshey@fourseasons.com</a> <b>1<sup>st</sup> term expires 2009</b>	400 Helen Circle Penn Valley, PA 19072 <b>Phone:</b> (610) 006-0727 <b>Email:</b> <a href="mailto:linchir@comcast.net">linchir@comcast.net</a> <b>*Use personal email address</b>	
<b>William Loftus</b> President & CEO Gestalt 680 American Avenue Suite 302 King of Prussia, PA 19406 <b>Phone:</b> 610-768-0800 ext 278 <b>Mobile:</b> 610-909-3032 <b>Fax:</b> 610-658-9918 <b>Email:</b> <a href="mailto:wloftus@gestalt-llc.com">wloftus@gestalt-llc.com</a> <b>Assistant:</b> Alicia Harris <b>Assistant Email:</b> <a href="mailto:aharris@gestalt-llc.com">aharris@gestalt-llc.com</a> <b>1<sup>st</sup> term expires 2009</b>	342 Grays Lane Haverford, PA 19041 <b>Phone:</b> 610-668-3964	<b>Board Assistant Treasurer Executive Committee Finance Committee Steering Committee</b>
<b>John W. Lord, IV</b> Director of Independents Northeast Region The Coca Cola Company <b>Phone:</b> 215-427-3268 <b>Fax:</b> 215-427-3267 <b>Mobile:</b> 610-304-5738 <b>Email:</b> <a href="mailto:jlord@na.ko.com">jlord@na.ko.com</a> <b>Assistant:</b> Karen <b>1<sup>st</sup> term expires 2007</b>	211 Upland Way Wayne, PA 19087 <b>Phone:</b> 610-688-1885 <b>Fax:</b> 610-688-3338	Steering Committee Marketing Committee
<b>Sondra Maddox</b>  <b>1<sup>st</sup> term expires 2008</b>	312 Wynne Lane Penn Valley, PA 19072 <b>Phone:</b> 610-664-0344 <b>Fax:</b> 610-664-5407 <b>Cell:</b> 215-913-4494 <b>Email:</b> <a href="mailto:Sehm31@comcast.net">Sehm31@comcast.net</a>	Program Committee

<p><b>Andrea McCoy, MD</b>  Associate Professor, Medical Director  Temple Children's Medical Center  3509 N. Broad St.  Philadelphia, PA 19140  <b>Phone:</b> 215-707-5437 or 6481  <b>Cell Phone:</b> 267-577-4272  <b>Fax:</b> 215-707-5180  <b>Email:</b> <a href="mailto:mccoyac@tuhs.temple.edu">mccoyac@tuhs.temple.edu</a>  <b>1<sup>st</sup> term expires 2007</b></p>	<p>52 Crestview Ave.  Langhorne, PA 19047  <b>Phone:</b> 215-574-4484  <b>Email:</b> <a href="mailto:acsmccoy@earthlink.net">acsmccoy@earthlink.net</a></p> <p><b>Prefers that mailings are sent to home address but that phone and email contact comes to work.</b></p>	<p>Program Committee</p>
<p><b>Elizabeth Murphy</b>  Chief Operating Officer  Delaware River Port Authority  One Port Center  Box 1949  Camden, NJ 08101  <b>Phone:</b> 856-968-2287  <b>Fax:</b> 856-261-5347  <b>Fax:</b> 856-968-2283  <b>Email:</b> <a href="mailto:eamurphy@DRPA.org">eamurphy@DRPA.org</a>  <b>Assistant – Irene</b>  <b>1<sup>st</sup> term expires 2009</b></p>	<p>100 Rolling Road  Wynnewood, PA 19096  <b>Phone:</b> 610-645-0791</p>	<p><b>Board Assistant Secretary Committee on Directors, Chair Executive Committee</b></p>
<p><b>Marianne Raphaely</b>  <b>1<sup>st</sup> term expires 2009</b></p>	<p>300 Sawmill Road  Cherry Hill, NJ 08034  <b>Phone:</b> (856) 428-0388  <a href="mailto:Rraphaely68260@comcast.net">Rraphaely68260@comcast.net</a></p>	
<p><b>James J. Reynolds</b>  Partner  Coleman Kennedy Reynolds LLC  409 South 13<sup>th</sup> Street  Philadelphia, PA 19147  <b>Phone:</b> (215) 696-5026  <b>Primary email:</b>  <a href="mailto:jjreynolds3@gmail.com">jjreynolds3@gmail.com</a>  <b>Secondary email:</b>  <a href="mailto:Reynolds@ckrdevelopment.com">Reynolds@ckrdevelopment.com</a>  <b>1<sup>st</sup> term expires 2009</b></p>	<p>409 South 13<sup>th</sup> Street  Philadelphia, PA 19147  <b>Phone:</b> (215) 546-1224</p>	
<p><b>Pat Sanford</b>  President and CEO  Alexander Perry, Inc.</p>	<p>6425 Drexel Road  Philadelphia, PA 19151  <b>Phone:</b> (215) 878-9466</p>	<p>Property Development Committee</p>

<p>100 South Broad Street, #1950 Philadelphia, PA 19110 <b>Phone:</b> (215) 636-4420 <b>Fax:</b> (215) 636-0504 <b>Email:</b> <a href="mailto:psanford@alexanderperryinc.com">psanford@alexanderperryinc.com</a> <b>1<sup>st</sup> term expires 2009</b></p>		
<p><b>Julie Savitch</b>  <b>1<sup>st</sup> term expires 2009</b></p>	<p>490 Glenmary Lane Radnor, PA 19087 <b>Home:</b> (610) 964-2500 <b>Mobile:</b> (610) 256-0969 <b>Email:</b> <a href="mailto:jksavitch@yahoo.com">jksavitch@yahoo.com</a></p>	<p>Program Committee</p>
<p><b>Jay H. Shah</b> CEO Hersha Hospitality Trust Penn Mutual Towers 510 Walnut St., 9<sup>th</sup> Floor Philadelphia, PA 19106 <b>Mobile:</b> 215-498-4668 <b>Phone:</b> 215-238-1046 <b>Fax:</b> 215-238-0157 <b>Email:</b> <a href="mailto:jay.shah@hersha.com">jay.shah@hersha.com</a> <b>Assistant :</b> Jan Thornton <b>Assistant Email:</b> <a href="mailto:jan.thornton@hersha.com">jan.thornton@hersha.com</a> <b>1<sup>st</sup> term expires 2008</b></p>	<p>330 Gypsy Lane Wynnewood, PA 19096 <b>Phone:</b> 610-649-1998</p>	<p>Executive Committee <b>Chair,</b> <b>Property Development Committee</b></p>
<p><b>Sue Shea</b>  <b>1<sup>st</sup> term expires 2009</b></p>	<p>1290 Farm Lane Berwyn, PA 19312 <b>Phone:</b> 610-725-0842 <b>Mobile:</b> 610-212-9466 <b>Fax:</b> 610-725-0843 <a href="mailto:siouxchez@comcast.net">siouxchez@comcast.net</a></p>	<p>Program Committee</p>
<p><b>Norborne Gee Smith, III</b> <b>Goldman Sachs-DE (Primary)</b> 601 Delaware Avenue Wilmington, DE 19801 <b>Goldman Sachs-NY (Secondary)</b> One New York Plaza 40th Floor New York, NY 10292</p>	<p>810 Waverly Road Bryn Mawr, PA 19010 <b>Phone:</b> 610-581-7016</p>	<p><b>Board Vice</b> <b>Chair</b> Executive Committee Finance Committee</p>

<p>Gee.Smith@gs.com  <b>Phone:</b> (302) 830-1878  <b>Assistant:</b> Stephanie Clopton  <b>Assistant Email:</b>  Stephanie.Clopton@gs.com  <b>Assistant Phone:</b> (212) 357-2060  <b>1<sup>st</sup> term expires 2007</b></p>		
<p><b>Sally W. Stetson</b>  Salveson Stetson Group, Inc.  150 N. Radnor Chester Road Suite  F100  Radnor, PA 19087  <b>Fax:</b> 610-341-9025  <b>Phone:</b> 610-341-9020, ext.224  <b>Email:</b> Stetson@ssgsearch.com  <b>Assistant:</b> Pearl  <b>1<sup>st</sup> term expires 2008</b></p>	<p>23 Sleepy Hollow Drive  Newtown Square, PA 19073  <b>Phone:</b> 610-353-6506</p>	<p>Marketing and  HR/ Succession  Planning  Committee</p>
<p><b>Stephen A. Stumpf</b>  Professor  Villanova School of Business  Villanova University  800 Lancaster Ave.  Villanova, PA 19085  <b>Phone:</b> 610-519-5639  <b>Email:</b>  Steve.stumpf@villanova.edu  <b>1<sup>st</sup> term expires 2007</b></p>	<p>309 S. 22<sup>nd</sup> St.  Philadelphia, PA 19103  <b>Phone:</b> 215-545-1980  <b>Fax:</b> 215-545-2097   <b>prefers being contacted at  home</b></p>	<p>Program  Committee</p>
<p><b>Michael J. Tierney</b>  Partner, Corporate Department  Dilworth Paxson LLP  3200 Mellon Bank Center  1735 Market Street  Philadelphia, PA 19103  <b>Phone:</b> 215.575.7292  <b>Cell:</b> 610.212.9551  <b>Fax:</b> 215.575.7200  <b>Email:</b> mtierney@dilworthlaw.com  <b>Assistant:</b> Donna Kears  <b>Assistant Email:</b>  dkearse@dilworthlaw.com  www.dilworthlaw.com  <b>1<sup>st</sup> term expires 2007</b></p>	<p>320 Strafford Ave.  Strafford, PA 19087  <b>Phone:</b> 610-687-0908</p>	<p>Property  Development  Committee</p>

<p><b>Kristen Vieira Traynor</b>  Partner  PricewaterhouseCoopers LLP  Two Commerce Square, Suite 1700  2001 Market Street  Philadelphia, PA 19103  <b>Phone:</b> 267 330 2530  <b>Mobile:</b> 610 213 6217  <b>Fax:</b> 813 741 4284  <b>Email:</b>  kristen.vieira.traynor@us.pwc.com  <b>Assistant's Name:</b> Linda Moore  <b>Assistant's Phone:</b> (267)-330-3002  <b>Assistant's Email:</b>  linda.m.moore@us.pwc.com  <b>1<sup>st</sup> term expires 2008</b></p>	<p>1629 Old Gulph Road  Villanova, PA 19085  <b>Please use cell phone to contact at home.</b></p>	<p>Finance  Committee</p>
<p><b>Stephen Todd Walker</b>  Senior Vice President, Investments  Morgan Stanley  Two Logan Square  14th Floor  Philadelphia, PA 19103  <b>Phone:</b> (215) 963-3869  <b>Fax:</b> (215) 972-0179  <b>Email:</b> stw@comcast.net  <b>Assistant:</b> Allison  <b>1<sup>st</sup> term expires 2009</b></p>	<p>611 Rose Lane  Bryn Mawr, PA 19010</p>	<p>Finance  Committee</p>
<p><b>Joseph Waterman</b>  Chief Financial Officer  Gestalt, LLC  680 American Avenue  Suite 302  King of Prussia, PA 19406  <b>Phone:</b> 610-994-2870  <b>Fax:</b> 610-768-0864  jwaterman@gestalt-llc.com  <b>Assistant:</b> Alicia Harris  <b>Assistant Email:</b> aharris@gestalt-llc.com  <b>Assistant Phone:</b> (610) 994-2830  <b>1<sup>st</sup> term expires 2009</b></p>	<p>1278 Farm Road  Berwyn, PA 19312  <b>Phone:</b> (610) 640-0464  <b>Mobile:</b> (610) 724-2776  <b>Email:</b> jh2oman1@comcast.net</p>	<p>Finance  Committee</p>
<p><b>Sandy Wax</b>  President</p>	<p>306 Righters Mill Road  Penn Valley, PA19072</p>	<p>Marketing  Committee</p>

<p>PBS Kids Sprout  2000 Market Street  20th Floor  Philadelphia, PA 19103  <b>Phone:</b> (215) 667-2701  <b>Cell:</b> (215) 738-0485  <b>Fax:</b> (215)-667-2701  <b>Email:</b> sandy_wax@comcast.com  <b>Assistant:</b> Rebecca Owens  <b>Assistant's Phone Number:</b> (215) 320-8894  <b>1<sup>st</sup> term expires 2009</b></p>	<p><b>Phone:</b> (610) 664-2610</p>	
<p><b>Jay Weber</b>  Vice President  Meridian Venture Partners  201 King of Prussia Rd.  Radnor, PA 19087  <b>Phone:</b> 610-254-2999 ext. 625  <b>Fax:</b> 610-254-2996  <b>Cell:</b> 610-283-2086  <b>Email:</b> jweber@meridian-venture.com  <b>1<sup>st</sup> term expires 2007</b></p>	<p>840 Harriton Road  Bryn Mawr, PA 19010  <b>Phone:</b> 610-527-8062</p>	<p>Finance Committee</p>
<p><b>Andrew Wheeler</b>  Managing Director  Diversified Search  One Commerce Square  Suite 3300  Philadelphia, PA 19103  <b>Phone:</b> (215) 656-3548  <b>Fax:</b> (215) 568-8399  <b>Cell:</b> (267) 257-1910  <b>Email:</b>  Andrew.wheeler@divsearch.com  <b>1<sup>st</sup> term expires 2009</b></p>	<p>1025 South Farragut Terrace  Philadelphia, PA 19143  <b>Phone:</b> 215-222-1610</p>	<p>Steering Committee</p>
<p><b>William L. Wilson</b>  Principal  Synterra, Ltd. &amp; Synterra Partners  628 West Rittenhouse Street  Philadelphia, PA 19144  <b>Phone:</b> (215) 843-0700  <b>Fax:</b> (215) 843-6593  <b>Mobile:</b> 267-312-4458</p>	<p>7611 St. Martins Lane  Philadelphia, PA 19118  <b>Phone:</b> 215-247-9279  <i>*prefers we use office phone number.</i></p>	<p>Committee on Directors</p>

<p><b>Email:</b> <a href="mailto:synterra@aol.com">synterra@aol.com</a>  <a href="mailto:rellzy@synterrald.com">rellzy@synterrald.com</a>  <b>Assistant:</b> Regina Ellzy  <b>2nd term expires 2008</b></p>		
<p><b>Brent L. Wyatt</b>  Director of Human Resources  McDonald's Corporation  3025 Chemical Road, Suite 100  Plymouth Meeting, PA 19462  <b>Cell Phone:</b> 215-266-2849  <b>Phone:</b> 484-530-6754  <b>Fax:</b> 484-530-6742  <b>Email:</b> <a href="mailto:Brent.wyatt@mcd.com">Brent.wyatt@mcd.com</a>  <b>1<sup>st</sup> term expires 2008</b></p>	<p>560 Pewter Drive  Exton, Pa 19341  <b>Phone:</b> 610-594-7631</p>	<p>Human  Resources</p>

## Ex-Officio Members

<p><b>The Honorable Vincent Fumo</b>                  Pennsylvania Senate                  1208 Tasker St.                  Philadelphia, PA 19148  <b>Phone:</b> 215-3866  <b>Fax:</b> 215-385-1096</p>	<p><b>The Honorable Babette Josephs</b>                  Pennsylvania House of Representatives                  1528 Walnut St., Ste. 1901                  Philadelphia, PA 19102  <b>Phone:</b> 215-893-1515  <b>Fax:</b> 215-580-5816</p>
<p><b>Nancy D. Kolb</b>                  President &amp; CEO                  Please Touch Museum                  210 N. 21<sup>st</sup> St.                  Philadelphia, PA 19103  <b>Phone:</b> 215-963-0667  <b>Email:</b> ceo@pleasetouchmuseum.org</p>	<p><b>Robert N.C. Nix, III, Esquire</b>  <b>President</b>                  Fairmount Park Commission                  7105 Wissahickon Ave.                  Philadelphia, PA 19119  <b>Phone:</b> 215-686-4340  <b>Fax:</b> 215-686-4336  <b>Cell:</b> 267-784-4082  <b>Email:</b> robert.nixIII@phila.gov</p>
<p><b>The Honorable John F. Street</b>                  Mayor, City of Philadelphia                  City Hall, Room 215                  Philadelphia, PA 19103  <b>Phone:</b> 215-686-2181  <b>Fax:</b> 215-686-2170</p>	<p><b>Paul Vallas, PhD</b>                  Chief Executive Officer                  School District of Philadelphia                  21<sup>st</sup> &amp; The Parkway                  Philadelphia, PA 19103  <b>Assistant:</b> Cozette M. Buckney, EdD  <b>Phone:</b> 215-299-2659  <b>Email:</b> cbuckney@phila.k12.pa.us</p>
<p><b>The Honorable Anna Verna</b>                  President, Philadelphia City Council                  City Hall, Room 406                  Philadelphia, PA 19106  <b>Phone:</b> 215-686-3412  <b>Fax:</b> 215-686-3413</p>	

## Emeritus Members

<p><b>Nora Mead Brownell</b>                  Commissioner – Federal Energy                  Regulatory Commission                  888 1<sup>st</sup> St., N.E.                  Washington, D.C. 20426  <b>Phone:</b> 202-502-8383  <b>Email:</b> Nora.brownell@ferc.gov  <b>Assistant:</b> Tawanna</p>	<p><b>Bruce Hooper</b>                  412 Inveraray                  Villanova, PA 19085  <b>Phone:</b> 610-688-6118</p>
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**Lee A. Rosengard, Esquire**  
Stradley, Ronon, Stevens & Young  
2600 One Commerce Sq.  
Philadelphia, PA 19103  
**Phone:** 215-564-8032  
**Fax:** 215-564-8120  
**Email:** lrosengard@Stradley.com  
**Assistant:** Terri Helm

**Members of Please Touch Museum's Board of Directors for Fall 2005 who rotated off in  
January 2006**

**Gretchen Burke**

251 Cheswold Lane  
Haverford, PA 19041  
Phone: 610-896-3173  
Fax: 610-896-6342  
Cell: 610-416-7147  
[gburke1039@aol.com](mailto:gburke1039@aol.com)  
**2<sup>nd</sup> term expires 2006**

**Leroy D. Nunery**

511 Cresheim Valley Road  
Wyndmor, PA 19038  
Phone: 215-233-9802  
Cell: 215-888-7333  
[bionic1222@earthlink.net](mailto:bionic1222@earthlink.net)  
**2<sup>nd</sup> term expires 2006**

**Joanne R. Soslow, Esq**

Morgan, Lewis & Blockius  
1701 Market St.  
Philadelphia, PA 19103  
Phone: 215-963-5262  
Fax: 215-963-5299  
[jsoslow@morganlewis.com](mailto:jsoslow@morganlewis.com)  
Ass't – Carol  
**2<sup>nd</sup> term expires 2006**

621 Harriton Rd.  
Bryn Mawr, PA 19010  
Phone: 610-526-2778

**Richard L. Tewksbury, Jr.**

2300 Renaissance Blvd  
Trion Group  
King of Prussia, PA 19406  
Phone: 610-755-4748  
[rtewksbury@triongroup.com](mailto:rtewksbury@triongroup.com)  
Ass't Darlene Young  
**2<sup>nd</sup> term expires 2006**

One Haddon Place  
Fort Washington, PA 19034  
Phone: 215-643-3505

**Carol B. Tinari**

123 S. Broad St., Suite 1970  
Philadelphia, PA 19109  
Phone: 215-790-4010  
Fax: 215-790-4002  
Cell: 215-681-4250  
[ctnec@aol.com](mailto:ctnec@aol.com)  
**1<sup>st</sup> term expires 2007**

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>PLEASE TOUCH MUSEUM</b>	Employer identification number <b>23-2109376</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>210 NORTH 21ST STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PHILADELPHIA, PA 19103</b>	

**Check type of return to be filed** (File a separate application for each return)

Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  **ORGANIZATION**  
 Telephone No. **215-963-0667**      FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2007**

5 For calendar year \_\_\_\_\_, or other tax year beginning **OCT 1, 2005**, and ending **SEP 30, 2006**

6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
**WAITING FOR ADDITIONAL INFORMATION FROM THIRD PARTY SOURCES**

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b>	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c</b>	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print 623832 02-07-07	Name <b>ISDANER &amp; COMPANY, LLC</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>THREE BALA PLAZA, SUITE 501-WEST</b>
	City or town, province or state, and country (including postal or ZIP code) <b>BALA CYNWYD, PA 19004-3484</b>