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CLIENT'S COPY



Reinsel Kuntz Lesher^{LLP}

Fresh thinking. Solid solutions.

CLIENT: 51095
NOVEMBER 2, 2006

OPPORTUNITY HOUSE
430 N 2ND ST
READING, PA 19601

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2005
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, EXEMPT ORGANIZATION TAX RETURN
SCHEDULE A, SUPPLEMENTARY INFORMATION
SCHEDULE B, SCHEDULE OF CONTRIBUTORS

TOTAL FEE

\$ 160.00



Reinsel Kuntz Lesher^{LLP}

Fresh thinking. Solid solutions.

OPPORTUNITY HOUSE
430 N 2ND ST
READING, PA 19601

DEAR CLIENT:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2005 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2005 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY YOURS,

REINSEL KUNTZ LESHER LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2006

Prepared for	OPPORTUNITY HOUSE 430 N 2ND ST READING, PA 19601
Prepared by	REINSEL KUNTZ LESHER LLP 1330 BROADCASTING ROAD, P.O. BOX 7008 WYOMISSING, PA 19610-6008
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2006
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

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FEDERAL INFORMATIONAL FORMS

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FILEABLE FORMS

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)

Department of the Treasury Internal Revenue Service

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 JUL 1, 2005 and ending JUN 30, 2006

B Check if applicable: C Name of organization OPPORTUNITY HOUSE D Employer identification number 23-2543677 E Telephone number (610) 374-4696 F Accounting method: X Accrual

G Website: WWW.OPPHOUSE.ORG J Organization type X 501(c)(3) K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,297,423.

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

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</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. **	102,929.	20,586.	61,757.	20,586.
26 Other salaries and wages	1,644,821.	1,444,709.	95,288.	104,824.
27 Pension plan contributions	18,276.	13,197.	3,138.	1,941.
28 Other employee benefits	235,830.	221,500.	6,016.	8,314.
29 Payroll taxes	171,681.	146,711.	13,301.	11,669.
30 Professional fundraising fees				
31 Accounting fees	10,500.	6,115.	4,385.	
32 Legal fees				
33 Supplies	235,081.	235,081.		
34 Telephone	19,930.	19,930.		
35 Postage and shipping				
36 Occupancy	217,628.	211,076.	4,302.	2,250.
37 Equipment rental and maintenance	76,508.	75,615.		893.
38 Printing and publications				
39 Travel	90.	90.		
40 Conferences, conventions, and meetings ...	14,505.	10,092.		4,413.
41 Interest	15,480.	15,480.		
42 Depreciation, depletion, etc. (attach schedule)	217,298.	195,896.	10,701.	10,701.
43 Other expenses not covered above (itemize):				
a MISCELLANEOUS	38,775.	30,941.	6,865.	969.
b CONTRACT SERVICE	27,208.	27,000.	208.	
c ADVERTISING	21,818.	2,724.	516.	18,578.
d OFFICE EXPENSE	54,750.	28,731.	19,080.	6,939.
e FEES & LICENSES	5,991.	4,767.	1,224.	
f OTHER PROGRAM EXPENSE	54,901.	54,901.		
g FOOD AND SUPPLIES	166,803.	166,803.		
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,350,803.	2,931,945.	226,781.	192,077.

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

** SEE STATEMENT 3

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
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	126,567.	46 64,359.
	47 a Accounts receivable	47a 145,219.	
	b Less: allowance for doubtful accounts	47b	47c 145,219.
	48 a Pledges receivable	48a 4,934.	
	b Less: allowance for doubtful accounts	48b	48c 4,934.
	49 Grants receivable	117,925.	49 532,523.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a 72,326.	
	b Less: allowance for doubtful accounts	51b	51c 72,326.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	26,797.	53 91,343.
	54 Investments - securities STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	448,991.	54 489,209.
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other SEE STATEMENT 5	8,878.	56 47,633.	
57 a Land, buildings, and equipment: basis	57a 6,386,535.		
b Less: accumulated depreciation STMT 6	57b 1,500,466.	57c 4,886,069.	
58 Other assets (describe SEE STATEMENT 7)	34,222.	58 35,206.	
59 Total assets (must equal line 74). Add lines 45 through 58	5,211,733.	59 6,368,821.	
Liabilities	60 Accounts payable and accrued expenses	265,336.	60 526,352.
	61 Grants payable		61
	62 Deferred revenue	17,717.	62 7,504.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 8	313,305.	64b 289,550.
	65 Other liabilities (describe ACCRUED VACATION)	66,079.	65 55,401.
66 Total liabilities. Add lines 60 through 65)	662,437.	66 878,807.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	4,500,606.	67 5,390,744.
	68 Temporarily restricted	48,690.	68 99,270.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <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
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	4,549,296.	73 5,490,014.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,211,733.	74 6,368,821.	

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 25,022.		
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?	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	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
	N/A		
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
	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
	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 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
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 ▶ PA		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	105
91 a	The books are in care of ▶ EXECUTIVE DIRECTOR Telephone no. ▶ (610) 374-4696 Located at ▶ 430 N 2ND ST. READING PA ZIP + 4 ▶ 19601		
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)?	91b	X
	If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		<input type="checkbox"/>
	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 LEARNING CENTER					1,793,934.
b TRANSITIONAL HOUSING					101,084.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	20,007.	
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					78,190.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					46,871.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		20,007.	2,020,079.
105 Total (add line 104, columns (B), (D), and (E))					2,040,086.

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).
▼	SEE STATEMENT 11

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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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 of which preparer has any knowledge.

Please Sign Here: Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only: Preparer's signature: LARRY S. SHAUB, CPA Date: _____ Check if self-employed: Preparer's SSN or PTIN: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: REINSEL KUNTZ LESHAR LLP, 1330 BROADCASTING ROAD, P.O. BOX 7008, WYOMISSING, PA 19610-6008
 EIN: _____ Phone no.: 610-376-1595

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 OPPORTUNITY HOUSE	Employer identification number 23 2543677
--	---

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
LORRI OZIRI 940 TIMBER LANE, SINKING SPRING, PA	V. PRESIDENT 40.00	57,876.	6,124.	
GAIL FOCHT 393 EAGLE DRIVE, BLANDON, PA 19510	V. PRESIDENT 40.00	50,000.	1,616.	
VICKIE MOLL 640 POMANDER AVENUE, READING, PA 196	V. PRESIDENT 40.00	50,000.	5,872.	
Total number of other employees paid over \$50,000 ▶	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

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
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

		Yes	No
1	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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3 a	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.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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.)	1,130,145.	1,468,122.	1,554,429.	2,405,077.	6,557,773.
16 Membership fees received			0.	0.	
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	1,681,977.	1,456,023.	1,864,797.	926,046.	5,928,843.
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	13,123.	12,043.	11,184.	26,221.	62,571.
19 Net income from unrelated business activities not included in line 18	0.	0.	0.	0.	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	
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	0.	0.	0.	0.	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	19,079.	23,913.	SEE STATEMENT 12 22,583.		65,575.
23 Total of lines 15 through 22	2,844,324.	2,960,101.	3,452,993.	3,357,344.	12,614,762.
24 Line 23 minus line 17	1,162,347.	1,504,078.	1,588,196.	2,431,298.	6,685,919.
25 Enter 1% of line 23	28,443.	29,601.	34,530.	33,573.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 133,718.
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 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 6,685,919.
d Add: Amounts from column (e) for lines: 18 <u>62,571.</u> 19 _____ 22 <u>65,575.</u> 26b _____					26d 128,146.
e Public support (line 26c minus line 26d total)					26e 6,557,773.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.0833%
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.

NONE

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.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

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

N/A

(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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0.	
38 Total lobbying expenditures (add lines 36 and 37)	38	0.	
39 Other exempt purpose expenditures	39	0.	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0.	
41 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	0.	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0.	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.	

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				N/A
	(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:	Yes	No	Amount
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 .)			0.

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

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

OPPORTUNITY HOUSE

Employer identification number

23-2543677

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization OPPORTUNITY HOUSE	Employer identification number 23-2543677
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>MR. & MRS. IRV COHEN</u> <u>1505 LORRAINE ROAD</u> <u>READING, PA 19606</u>	\$ <u>50,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>CITY OF READING - EMERGENCY SHELTER GRANT</u> <u>815 WASHINGTON STREET</u> <u>READING, PA 19601</u>	\$ <u>111,423.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>DEPARTMENT OF LABOR</u> <u>200 CONSTITUTION AVENUE, NW</u> <u>WASHINGTON, DC 20210</u>	\$ <u>106,574.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM</u> <u>701 NORTH FAIRFAX STREET, SUITE 310</u> <u>ALEXANDRIA, VA 22314-2064</u>	\$ <u>45,361.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>UNITED WAY OF BERKS COUNTY</u> <u>501 WASHINGTON STREET</u> <u>READING, PA 19601</u>	\$ <u>110,142.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>BERKS COUNTY COMMUNITY DEVELOPMENT</u> <u>633 COURT STREET, 14TH FLOOR</u> <u>READING, PA 19601</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization OPPORTUNITY HOUSE	Employer identification number 23-2543677
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT THE WANAMAKER BUILDING, 100 PENN SQUARE EAST PHILADELPHIA, PA 19107	\$ 497,761.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	AHP FEDERAL HOME LOAN 601 GRANT STREET PITTSBURGH, PA 15219	\$ 352,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	QUAKER MAID MEATS P.O. BOX 350 SHILLINGTON, PA 19607	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	BERKS COUNTY COMMUNITY FOUNDATION 501 WASHINGTON STREET; SUITE 801 READING, PA 19603	\$ 54,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
	PROGRAM SERVICES											
1	OFFICE EQUIPMENT	VARIES		.000	16	276,614.			276,614.	231,104.		0.
2	BUILDING & IMPROVEMENTS	VARIES		.000	16	4,959,592.			4,959,592.	962,518.		0.
3	VEHICLES	VARIES		.000	16	61,593.			61,593.	37,834.		0.
4	COMPUTER SOFTWARE	VARIES		.000	16	62,566.			62,566.	51,712.		0.
5	PROJECTS IN PROCESS	VARIES		.000	16	119,797.			119,797.			0.
6	LAND	VARIES	SL			39,500.			39,500.			0.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES					5,519,662.		0.	5,519,662.	1,283,168.	0.	0.
	* GRAND TOTAL 990 PAGE 2 DEPR					5,519,662.		0.	5,519,662.	1,283,168.	0.	0.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 8

LENDER'S NAME TERMS OF REPAYMENT

BANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		500,000.	7.48%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

UNSECURED

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	289,550.

LENDER'S NAME TERMS OF REPAYMENT

BANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		100,000.	7.48%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

UNSECURED

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 289,550.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	984.
TOTAL TO FORM 990, PART IV-A	984.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MODESTO D. FIUME 5040 LONG DRIVE BETHLEHEM, PA 18020	EXECUTIVE DIRECTOR 40.00	100,000.	2,929.	0.
DAVID SILVERMAN 213 WINDHAM DRIVE EXTON, PA 19341	CHAIRPERSON 2.00	0.	0.	0.
ANDREW N. HOWE P.O. BOX 4429 READING, PA 19606	VICE-CHAIRPERSON 1.00	0.	0.	0.
LEE M. RUCH 603 N. STATE STREET SHILLINGTON, PA 19607	SECRETARY 1.00	0.	0.	0.
MARTIN A. DAROCHA 361 CORYS COURT BIRDSBORO, PA 19508-2432	TREASURER 1.00	0.	0.	0.
MARGARET BLIGH 2037 MEADOW GLEN WYOMISSING, PA 19610	DIRECTOR 1.00	0.	0.	0.
RANDAL S. BOYER 9 JOSEPH'S WAY READING, PA 19607	DIRECTOR 1.00	0.	0.	0.
JUDGE ELIZABETH EHRLICH 1114 READING BLVD. WYOMISSING, PA 19610	DIRECTOR 1.00	0.	0.	0.

MARTHA HAFFER 1730 MEADOWLARK ROAD WYOMISSING, PA 19610	DIRECTOR 1.00	0.	0.	0.
KATHRYN HARENZA 1310 READING BLVD. WYOMISSING, PA 19610	DIRECTOR 1.00	0.	0.	0.
DR. J. FREDERICK HIEHLE 1748 GARFIELD AVE WYOMISSING, PA 19610	DIRECTOR 1.00	0.	0.	0.
ANDY HUNTER 45 TIMOTHY LEO COURT FLEETWOOD, PA 19522	DIRECTOR 1.00	0.	0.	0.
DR. JOHANNA KELLY 2917 MERCER DRIVE SINKING SPRING, PA 19608	DIRECTOR 1.00	0.	0.	0.
ROY F. KOPPENHOFER 2038 MEADOW GLEN WYOMISSING, PA 19610	IMMEDIATE PAST CHAIRPERSON 1.00	0.	0.	0.
NANCY MAGEE 204 PEMBROKE DRIVE SHILLINGTON, PA 19607	DIRECTOR 1.00	0.	0.	0.
RABBI BRIAN MICHELSON 458 WROXHAM DRIVE WYOMISSING, PA 19610	DIRECTOR 1.00	0.	0.	0.
CAROL MILLER 1966D MT. LAUREL ROAD TEMPLE, PA 19560	DIRECTOR 1.00	0.	0.	0.
MELISSA PACE 135 DEBORAH DRIVE WYOMISSING, PA 19610	DIRECTOR 1.00	0.	0.	0.
REVEREND JOHN RICHTER 65 WYOMISSING BLVD. WYOMISSING, PA 19610	DIRECTOR 1.00	0.	0.	0.
RICHARD A. EHST 430 N. 2ND STREET READING, PA 19601	DIRECTOR 1.00	0.	0.	0.
REVEREND JOHN R. FRANCIS 430 N. 2ND STREET READING, PA 19601	DIRECTOR 1.00	0.	0.	0.

SUSAN L. FROMM 430 N. 2ND STREET READING, PA 19601	DIRECTOR 1.00	0.	0.	0.
WILLIAM REYNOLDS, ESQUIRE 430 N. 2ND STREET READING, PA 19601	DIRECTOR 1.00	0.	0.	0.
TIMOTHY TROUT 430 N. 2ND STREET READING, PA 19601	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>100,000.</u>	<u>2,929.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A& B	THE LEARNING CENTER IS AN INTEGRAL PART OF THE PROGRAMS AVAILABLE TO BOTH THE SHELTER GUESTS AND THE LOCAL COMMUNITY. FEES FOR CHILDREN ATTENDING THE CENTER ARE BASED ON ABILITY TO PAY AND ARE SUPPLEMENTED BY TITLE 20 WHEN AVAILABLE. THE CENTER PROVIDES THE COMMUNITY WITH AFFORDABLE DAY CARE WHICH ENABLES THE PARENTS TO ATTEND PROGRAMS, PURSUE EDUCATIONS OR REMAIN EMPLOYED.
101	VARIOUS FUNDRAISING EVENTS TO SUPPORT THE TAX EXEMPT FUNCTION OF THE ORGANIZATION.
103A	MISCELLANEOUS REVENUE RELATED TO THE TAX EXEMPT FUNCTION OF THE ORGANIZATION.

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS INCOME	19,079.	23,913.	22,583.	0.
TOTAL TO SCHEDULE A, LINE 22	<u>19,079.</u>	<u>23,913.</u>	<u>22,583.</u>	<u>0.</u>