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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 7/01/08 and ending 6/30/09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <p style="text-align: center; font-weight: bold; font-size: 12pt;">INTER-FAITH HOUSING ALLIANCE</p> Number and street (or P O box, if mail is not delivered to street address) Room/suite <p style="text-align: center; font-weight: bold;">31 S. SPRING GARDEN STREET</p> City or town, state or country, and ZIP + 4 <p style="text-align: center; font-weight: bold;">AMBLER PA 19002</p>	D Employer identification number <p style="text-align: center; font-weight: bold;">22-2708420</p>
		E Telephone number <p style="text-align: center; font-weight: bold;">215-628-2334</p>	F Group Exemption Number ▶

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

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.I-FHA.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 371,742

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		361,701
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		10,041
Revenue	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	371,742
Net Assets	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	179,182
	13 Professional fees and other payments to independent contractors	13	19,474
	14 Occupancy, rent, utilities, and maintenance	14	22,935
	15 Printing, publications, postage, and shipping	15	25,343
	16 Other expenses (describe ▶ <u>See Statement 1</u>)	16	68,917
	17 Total expenses. Add lines 10 through 16	17	315,851
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	55,891
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,146,515
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,202,406	

Part II Balance Sheets If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	74,829	138,947
23	Land and buildings	57,384	52,315
24	Other assets (describe ▶ <u>See Statement 2</u>)	1,050,787	1,025,567
25	Total assets	1,183,000	1,216,829
26	Total liabilities (describe ▶ <u>See Statement 3</u>)	36,485	14,423
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,146,515	1,202,406

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

1309

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	▶ 37a	
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	▶ 38b	
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	▶ 39a	
b	Gross receipts, included on line 9, for public use of club facilities	▶ 39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3) and (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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ _____	
d	Enter amount of tax on line 40c reimbursed by the organization	▶ _____	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>PA</u>		
42a	The books are in care of ▶ <u>C/O I-FHA</u> Telephone no ▶ <u>215-628-2334</u> AS ADDRESSED Located at ▶ <u>AMBLER, PA</u> ZIP + 4 ▶ <u>19002</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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | | |
|-----|-----|-------------------------------------|
| | Yes | No |
| 46 | | <input checked="" type="checkbox"/> |
| 47 | | <input checked="" type="checkbox"/> |
| 48 | | <input checked="" type="checkbox"/> |
| 49a | | <input checked="" type="checkbox"/> |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization? N/A.
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
None				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ▶		

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 of which preparer has any knowledge.

Signature of officer: *Peter A Simon* Date: 12/4/09

Type or print name and title: Peter A Simon, Treasurer

Paid Preparer's Use Only

Preparer's signature: *David G Faw, CPA* Date: 11/20/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: DAVID G. FAW, CPA
998 OLD EAGLE SCHOOL ROAD, SUITE 1221
WAYNE, PA 19087

Preparer's Identifying Number (See instr.): P00729505

EIN: 23-2701559

Phone no: 610-687-8160

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	253,769	356,109	367,531	373,870	361,701	1,712,980
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	253,769	356,109	367,531	373,870	361,701	1,712,980
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,212
6 Public support. Subtract line 5 from line 4						1,697,768

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	253,769	356,109	367,531	373,870	361,701	1,712,980
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,649	9,649	9,942	9,942	10,041	49,223
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						1,762,203
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.3435 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	95.7031 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

N/A

22-2708420

Federal Statements

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Travel	2,539
Insurance	11,148
DIRECT FUNDRAISING COST	18,262
DIRECT PROGRAMS-OTHER	3,376
PARENTING/COUNSELING	24,360
RENTAL ASSISTANCE	2,160
SHELTER	908
UTILITY \$ FUEL ASSISTANCE	6,164
Total	\$ <u>68,917</u>

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Grants Receivable	\$ 46,650	\$ 10,000
SEE ATTACHED FOOTNOTE 6	1,004,137	1,014,178
Prepaid Expenses and Deferred Charges	<u>1,050,787</u>	<u>1,389</u>
	<u>1,050,787</u>	<u>1,025,567</u>

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 31,718	\$ 14,423
Deferred Revenue	4,767	
	<u>36,485</u>	<u>14,423</u>

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description**

IT IS INTER-FAITH HOUSING ALLIANCE'S MISSION TO SERVE GOD BY PROVIDING CHARITABLE SERVICES TO PERSONS LOCATED IN MONTGOMERY COUNTY WHOSE LIFE SITUATIONS HAVE BECOME UNSTABLE. THESE CHARITABLE SERVICES SHALL INCLUDE HOMELESSNESS PREVENTION, TEMPORARY SHELTER, GUIDANCE IN LIFE SKILLS, ASSISTANCE IN LOCATING APPROPRIATE HOUSING OPPORTUNITIES, THUS ENABLING FAMILIES AT RISK TO REMAIN IN OR RETURN TO INDEPENDENT LIVING.

INTER-FAITH HOUSING ALLIANCE
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2009

FORM 990EZ
6-30-09
23-2708420

Note 5 - Unamortized Grant-Related Liability

In 1994, Inter-Faith received a loan of \$71,500 from the Federal Home Loan Bank (FHLB) Affordable Housing Program for the development of Hope Gardens. The loan is to be forgiven by FHLB at the rate of 1/15th per year. During the years 2009 and 2008, \$4,767 of the loan was recognized as grant revenue. As of June 30, 2009 the grant was fully amortized.

Note 6 - Related Party Transactions

990EZ
ATTACH

In 1994, Inter-Faith entered into a partnership with Ambler Supportive Housing Associates (ASHA), a not-for-profit corporation, and for-profit limited partners to form Ambler Housing Limited Partnership (AHLP) to construct and operate an eight-unit transitional rental housing facility. Inter-Faith was an Initial Limited Partner in AHLP, serving as the initial funding source for the project. Inter-Faith subsequently withdrew from the partnership; however, two members of Inter-Faith's Board of Directors also serve on the Board of ASHA.

In 1994, Inter-Faith also entered into three separate note, mortgage, and security agreements with AHLP for the funds and assets transferred to AHLP by Inter-Faith and for expenditures incurred by Inter-Faith in connection with the rehabilitation of the eight-unit rental property. The three notes are for \$190,000, \$71,500 and \$621,057, aggregating \$882,557, and are individually referred to as the Primary Note, Second Note and Support Note, respectively. The agreements provide for interest at 1% per annum, however, no principal or interest is payable for twenty-five years as long as AHLP is not in default of the agreements. If AHLP realizes revenue in excess of expenses for any fiscal year, payments of up to 2.5% of the original principal amount are required to be made to Inter-Faith. The entire balance is payable in full after twenty-five years. The mortgages provide Inter-Faith with a security interest in the rental housing project together with machinery, equipment, and all articles of personal property located on the premises and in all revenue and assets derived by AHLP from the project. The aggregate balance of the notes receivable plus accrued interest was \$1,014,178 as of June 30, 2009.

Inter-Faith assigned the mortgage related to the \$71,500 Second Note to Commonwealth Federal Savings Bank until January 13, 2010 as security for the continued satisfactory performance in accordance with the terms of loans received by Inter-Faith (see note 5).

Inter-Faith has a management agreement with AHLP to provide certain services for a fee equivalent to 7% of gross revenues of AHLP. Payment of management fees is subordinate to the Partnership's mortgage and insurance payments, and necessary operating cash expenses. No fees were paid to Inter-Faith for the years ended June 30, 2009 and 2008. Inter-Faith maintains a rent-free office at AHLP's facility, valued at \$12,000 annually.

In 1995, Inter-Faith of Ambler Housing Corporation (IFAHC) was formed for the purpose of becoming a special limited partner in Liberty Knoll, L.P., a Pennsylvania limited partnership. Liberty Knoll, L.P. developed a 76-unit affordable housing project and IFAHC's role was to promote and assist in the development of the project. The project was completed in 2000. IFAHC is a 501(c)(4) nonprofit corporation whose Board of Directors is comprised of three members of Inter-Faith of Ambler's Board. Since its inception IFAHC has grant supported Inter-Faith \$164,500 in years prior to June 30, 2009 and \$18,984 during the current year.

WHAT WE DO

Inter-Faith Housing Alliance has three main programs

1. The Inter-Faith Hospitality Network – our emergency shelter program
2. Hope Gardens – our two-year transitional housing program
3. Graduate Program – providing support for families who have successfully moved from our programs into independent living.

Inter-Faith's Emergency Shelter

The Inter-Faith Hospitality Network (a member of Family Promise)

Our Inter-Faith Hospitality Network provides homeless families in Montgomery County with stays of up to 90 days in our emergency shelter, and with supportive services.

- **Host Congregations** serve our families for one month a year at their places of worship. Families eat and sleep at the congregation, and in the morning return to the day center, located at Hope Gardens.
- **Buddy Congregations** do not have the space to host our families, but instead provide volunteers for the Host Congregation.

Hope Gardens

Created in 1995, Hope Gardens is a two-year transitional housing program for families who have successfully completed a shelter stay. A family lives in a Hope Gardens apartment while they receive supportive services helping them to become successfully independent.

Hope Gardens has 8 apartment units. Tenants pay 30% of their income in rent, and are responsible for their own electric bill. Inter-Faith conducts income verification each month.

GRADUATE PROGRAM

The goal of Inter-Faith's graduate program is to provide temporary support if needed to families who have successfully completed our programs and are now living independently.



2008- 2009 Officers and Directors

FORM 990 EZ
6-30-09
22-2708420

<p>President James F. Logue, CPA 1320 Horseshoe Drive Blue Bell, PA 19422 Innovative Capital Partners</p>	<p>610-355-1812 (W) 610-275-4519 (H) Term 2008 jlogue@icpllc.com</p>	<p>James D. King 1441 Lamplighter Ln North Wales, PA 19454 President National Penn Investors Trust Co.</p>
<p>Vice President Mark Harris, Esq 1125 Kenyon Drive Fort Washington, PA 19034 Attorney Kraut Harris, P.C.</p>	<p>215-542-4900 (W) 215-641-0558 (H) 215-542-0199 (F) Term 2009 mharris@krautharris.com</p>	<p>Anne E. O'Brien 1342 Mark Drive Lansdale, PA 19446 Retired Owner, Pike Restaurant</p> <p>215-643-1454 (H) 215-407-8887 (C) 215-641-0265 (F) Term 2010 Anne733@aol.com</p>
<p>Treasurer Peter A. Simon Senior Vice President GMAC Wholesale Corp 1100 Virginia Drive MC:190-FTW120 Fort Washington, PA 19034</p>	<p>215-734-6659 (W) 215-682-1770 (F) peter.simon@gmacbank.com</p>	<p>Rev. Charles W. Quann Bethlehem Baptist Church Penllyn Pike & Dager Road Springhouse, PA 19477</p> <p>215-643-4977 (W) 215-283-1886 (H) 215-641-4889 (F) Term 2010 pastorquann@bbc4christ.org</p>
<p>Secretary Maureen S. Neyhart Vice President /District Manager Willow Financial Bank 735 Davisville Road Southampton PA 18966</p>	<p>215-398-4319 (W) 215-887-5821 (H) 610-905-7533 (C) Term 2009 mneyhart@wfbonline.com</p>	<p>David T. Reed, M.D. 1547 East Butler Pike Ambler, PA 19002 Retired President, Ambler Medical Associates</p> <p>215-643-2879 (H) 215-679-6524 (C) Term 2008 cindyreed3@juno.com</p>
<p>President Emeritus Lei Barry 150 Country Club Drve Lansdale, PA 19446 Realtor Keller Williams Real Estate</p>	<p>215-654-6001 (W) 215-605-7024 (C) 215-654-6060 (F) Term 2008 lei@leibarryteam.com</p>	<p>Stan Richelson 340 Miles Drive Blue Bell, PA 19422 Fee Only Financial Planner Life-Planning Coach</p> <p>215-646-8768 (H) 215-540-0272 (F) Term 2008 stan_richelson@comcast.net</p>
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<p>Ginnie Davidov 1311 Crosby Drive Fort Washington, PA 19034 Clinical Services Coordinator</p>	<p>215-951-0300 (W) 215-643-0189 (H) 215-840-5535 (C) 215-951-0313 (F) Term 2008 ginnie@rhd.org</p>	<p>Joyce Wheeler 3914 Seneca Court Skippack, PA 19474 Clinical Coordinator Friends Life Care</p> <p>215-628-8964 (W) 610-584-0978 (H) 215-901-1774 (C) Term 2008 jwheeler@flcah.org</p>
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