Form **99**0

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

4	For th	ie 1995 c	alendar	year, OR tax year perio	d beginning			, 1995, a	and endir	ng		1	19
В	Check	if:	Please	C Name of organization						D Employe	ident	ification nu	umber
	Change o	of address	use IRS label or							<u> </u>			
□ I	nitial re	turn	print or type.	Number and street (or P.	box if mail is	not delivered to	street a	ddress) Ro	om/suite	E State reg	istrati	on number	-
<u>ا</u> [inal ret	urn	See										
(required	ed return d also for	Specific Instruc- tions.	City, town, or post office,	state, and ZIP	code				F Check ►		if exempti	on application
		porting) f organiza	ation	Exempt under section	on 501(c) () ◀ (insert r	umher	1 OP > [section	/Q//7(a)(1)	noney		
				empt organizations and									
н(a)	is this	a group re	eturn illea	for affiliates?		∐ Yes L	_I NO						r-digit group
(b)	If "Yes	s" enter the	e number	of affiliates for which this re	eturn is filed:	•			ounting me	_	Cash		Accrual
				ed by an organization cover			-		Other (spe		Casi		Acciual
				rganization's gross receipts			_		-	-	with t	he IRS: hut	t if it received
•				e mail, it should file a return	-			-			*******	ine ine, bu	t ii it received
Vot			-	used by organizations v				•	-		250,00	00 at end	of year.
	art I			xpenses, and Chan		•							
	1			gifts, grants, and simi					•				,
	1 -			upport			1a						
		Indirect		• •			1b						
	1		•	• •			1c						
				1a through 1c) (attach									
	"			noncash						1d			
	2			e revenue including gov			· · ·	Part VII	line 93)	2			
	3			ues and assessments					11110 73)	3			
	4			ings and temporary ca						4			
	5			interest from securitie						5			
		Gross re				1	 6a ∣						
				penses			6b						
				me or (loss) (subtract						6c			
4	7			ent income (describe		inic ou,				7			
Revenue	8a			from sale of assets of	(4)	Securities		(B) Oth	er				
Seve	""	than inv					8a						
_	b		-	ner basis and sales expe	l l		8b						
	С	Gain or	(loss) (a	attach schedule)			8c						
	d	Net gain	or (los:	s) (combine line 8c, col	umns (A) and	I (B))				8d			
	9	Special	events	and activities (attach	schedule)								
	а	Gross re	evenue	(not including \$		of							
		contribu	utions re	eported on line 1a) .			9a						
	b	Less: d	irect ex	penses other than fur	draising exp	oenses . L	9b						
	С	Net inco	ome or	(loss) from special eve	ents (subtrac	ct line 9b from	line 9	9a)		9c			
	10a	Gross s	ales of	inventory, less returns	and allowa		10a						
				oods sold			10b						
	С			oss) from sales of invent		hedule) (subtra	ct line '	10b from I	ine 10a).				
	11			(from Part VII, line 103						11			
	12			(add lines 1d, 2, 3, 4, 5									
Ş	13	_		ces (from line 44, colui						13			
Expenses	14	_		and general (from line						14			
xpe	15			om line 44, column (D)						15			
Ü	16	Paymer Total a	nts to a	ffiliates (attach schedus)	IIe) 1 column (^					16			
,	17		_	s (add lines 16 and 44									
sets	18			icit) for the year (subtr									
Net Assets	19			fund balances at begin									
	20 21			in net assets or fund and balances at end of									
		1101 0330	010 OI IL	and buildiness at the Ul	Jour (COITIDII	10 111103 10, 17,	and Z	,	<u> </u>	41			

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. (See instructions on page 14.)

	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 \$ noncash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule).	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses (itemize): a	43a				
b		43b				
С		43c				
d		43d				
е		43e				
44	Total functional expenses (add lines 22 through 43) Organizations					
	completing columns (B)-(D), carry these totals to lines 13-15	44				
	orting of Joint Costs.—Did you report in column	า (B) (Program services)	any joint costs from	om a combined	□ V □ N-
	cational campaign and fundraising solicitation? es," enter (i) the aggregate amount of these joint cost					☐ Yes ☐ No
	he amount allocated to Management and general \$					ν Φ
	rt III Statement of Program Service Acco					
						Program Service
	it is the organization's primary exempt purpose?					Expenses
AII (nuhl	organizations must describe their exempt purp lications issued, etc. Discuss achievements that a	ose a	acnievements. Sta it measurable (Sea	ite the number (ction 501(c)(3) and	I (4) organizations	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
and	4947(a)(1) nonexempt charitable trusts must also	ente	r the amount of g	rants and allocation	ons to others.)	trusts; but optional for others.)
					•	
а						
	(C	rants	and allocations	\$)	
b						
_						
	(0	rants	and allocations	\$)	
С						
_	(0	rants	and allocations	\$)	
d						
_	· · · · · · · · · · · · · · · · · · ·		and allocations	\$)	
_	1 0		and allocations	\$)	
f	Total of Program Service Expenses (should equ	ıal line	e 44, column (B), I	Program services)	<u></u> ▶	

Form 990 (1995) Page **3**

Part IV Balance Sheets (See instructions on pages 17-19.)

Note:		Where required, attached schedules and amounts column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year	
	45	Cash—non-interest-bearing	bearing			
	46	Savings and temporary cash investments .		46		
	47a	Accounts receivable	47a		47c	
		Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truste (attach schedule)		50		
ts	51a	Other notes and loans receivable (attach schedule)	51a			
Assets	b	Less: allowance for doubtful accounts	51b		51c	
Ř	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges .			53	
	54	Investments—securities (attach schedule)			54	
	55a	Investments—land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a			
		Less: accumulated depreciation (attach				
		schedule)	57b		57c	
	58	Other assets (describe ►)		58	
	59	Total assets (add lines 45 through 58) (must	equal line 74)		59	
	60	Accounts payable and accrued expenses.			60	
	61	Grants payable		61		
(0	62	Deferred revenue		62		
Liabilities	63	Loans from officers, directors, trustees, and schedule)	d key employees (attach		63	
Lia	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach		64b		
	65	Other liabilities (describe ►)		65	
	66	Total liabilities (add lines 60 through 65) .			66	
	Orga	anizations that follow SFAS 117, check here ► 67 through 69 and lines 73 and 74.	► ☐ and complete lines			
es	67	Unrestricted			67	
ü	68	Temporarily restricted			68	
als	69	Permanently restricted		69		
or Fund Balances	Orga	anizations that do not follow SFAS 117, check complete lines 70 through 74.				
Ē	70	Capital stock, trust principal, or current fund	S , , , ,		70	
0	71	Paid-in or capital surplus, or land, bldg., and			71	
ets	72	Retained earnings, accumulated income, en			72	
4SS	73	Total net assets or fund balances (add line				
Net Assets	, 3	70 through 72; column (A) must equal line				
ž		equal line 21)		73		
	74	Total liabilities and net assets/fund balance			74	
			, /	<u> </u>		

Form 990 (1995) Page **4**

Par	rt IV-A	ted per								
а		nue, gains, and other support			а		enses and lo			
b	Amounts	ed financial statements included on line a but not on	а		b	Amounts i	nancial statemen ncluded on line		а	
(1)	line 12, F Net unrea	orm 990: ilized gains			(1)	on line 17, Donated				
		ments <u>\$</u>				and use of				
		of facilities \$			(2)	Prior year acreported or	ı line 20,			
(3)		es of prior ats \$			(3)	Form 990 . Losses rep				
(4)	Other (sp					line 20, For Other (spe	rm 990 . <u>\$</u>			
		<u>\$</u>			(-)		•			
	Add amou	unts on lines (1) through (4) ►	b						h	
•	Lino a mi	inus line b ▶	c		С		nts on lines (1) th		b	
c d	Amounts	included on line 12, but not on line a :			d	Amounts i	ncluded on line but not on line	17,		
(1)		t expenses			(1)	Investment				
		led on line				not include				
(2)	Other (sp	990 \$			(2)	6b, Form 99 Other (spe				
` ,		\$			()					
		unts on lines (1) and (2)	d				nts on lines (1)	and (2) ▶	d	
е	Total reve	enue per line 12, Form 990			е		nses per line 17,			
Par	t V Lis	us line d) ▶ st of Officers, Directors, Tr page 19.)	ustees, ar	nd Key E	mplo		ach one even if i		e ated;	see instructions
		(A) Name and address		(B) Title ar week de	nd avera	age hours per to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefit pl deferred compens	lans &	(E) Expense account and other allowances
							-0-)	deletted competis	alion	allowances
75	organizatio	fficer, director, trustee, or key en on and all related organizations, c attach schedule—see instruct	of which mor	e than \$10	ate co ,000 w	mpensation (as provided	of more than \$100 by the related org),000 from you anizations? I	ur ▶ [☐ Yes ☐ No

Form 990 (1995) Page **5**

Par	t VI Other Information (See instructions on pages 20–23.)		Yes	No				
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed							
	description of each activity	76						
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77						
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?							
b	If "Yes," has it filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?	78b						
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79						
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a						
b	If "Yes," enter the name of the organization ▶							
	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81							
	Did the organization file Form 1120-POL , U.S. Income Tax Return for Certain Political Organizations, for this year?	81b						
82a	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						
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 for reporting in Part III.).							
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a						
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b						
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b						
85	Section 501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members?	85a						
	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.							
С	Dues, assessments, and similar amounts from members							
	Section 162(e) lobbying and political expenditures							
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-						
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	0E a						
•	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g						
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following							
	tax year?	85h						
86	Section 501(c)(7) organizations.—Enter:							
а	Initiation fees and capital contributions included on line 12							
b	Gross receipts, included on line 12, for public use of club facilities							
87	Section 501(c)(12) organizations.—Enter: a Gross income from members or shareholders	_						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	88						
89	Public interest law firms.—Attach information described in the instructions.							
90	List the states with which a copy of this return is filed ▶							
91	The books are in care of ► Located at ► Telephone no. ►() ZIP code ►							
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041, U.S. Income Tax Retu and Trusts.—Check here	ırn for 	Estat 	tes ▶□				

Part \		Analysis of Income-Producing Activ	vities (See in	structions on	, 			
,	_	s amounts unless otherwise		siness income		section 512	, 513, or 514	(E) Related or
indicat			(A) Business code	(B) Amount	(C) Exclusion (code A	(D) Amount	exempt function income
	_	ram service revenue:	Business code	, uno ant	Exclusion	,	- Inount	lilcome
_								
_								
f _								
g F	ees	and contracts from government agencies						
		bership dues and assessments						
	Interest on savings and temporary cash investments							
		ends and interest from securities						
		rental income or (loss) from real estate: -financed property						
		lebt-financed property						
		ental income or (loss) from personal property						
		r investment income						
		or (loss) from sales of assets other than inventory						
101 N	let i	ncome or (loss) from special events						
		s profit or (loss) from sales of inventory .						
103	Othe	r revenue: a						
d _ e _								
	htot	al (add columns (B), (D), and (E))						
Part V	/III	Relationship of Activities to the Acc Explain how each activity for which income is of the organization's exempt purposes (other t	complishme reported in colu	nt of Exemp ımn (E) of Part \	/II contribute	ed importa		
							-	
Dout I		Information Regarding Taxable Subsi	diarias (Cam	nloto this Do	rt if the "	Vac" hav	on line (O is abacked \
Part I				•		IGS DOV		1
		address, and employer identification nber of corporation or partnership	ercentage of ership interest %	Natur business		i	Total ncome	End-of-year assets
			%					
			%					
			%					
Pleas Sign	е	Under penalties of perjury, I declare that I have exami knowledge and belief, it is true, correct, and complete any knowledge. (See Specific Instructions, page 9.)						
Here		Signature of officer	Date		Type or print	name and t	itle.	
Paid Prepare	r'c	Preparer's signature		Date	sel	eck if f- nployed ► ☐	Preparer's	social security no.
Use Onl		Firm's name (or yours if self-employed)			EIN			
		and address			ZIF	ode ►		