## Form **990**

## **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.

١	For th	е 1997 с	alendar	year, OR tax year period beg	jinning		, 1997, and end	ling	, 19
3	Check Change o	if: of address	Please use IRS label or	C Name of organization				D Emplo	yer identification number
	Initial re Final ret	eturn	print or type. See	Number and street (or P.O. box	if mail is not delivered to	street ac	Idress) Room/suite	E State i	egistration number
	(required	ed return d also for porting)	Specific Instruc- tions.	City or town, state or country, a	nd ZIP+4			F Check	if exemption application is pending
3	Туре о	f organiza		Exempt under section 501					
l(a	) Is this	a group re	turn filed	for affiliates?	∐Yes L	l No			ked "Yes," enter four-digit group  ▶
				of affiliates for which this return is		_	J Accounting n	nethod:	Cash Accrual
(c)				led by an organization covered by a			U Other (sp		
(				rganization's gross receipts are no					urn with the IRS; but if it received
lo:				e mail, it should file a return withou e used by organizations with gr		•			\$250,000 at and of year
	art I			penses, and Changes in					
				•		and De	diances (See s	Specific 1	nstructions on page 11.j
	1			gifts, grants, and similar an upport		1a			
	b			support		1b			
			•			1c			
	1			1a through 1c) (attach sched					
	"			noncash \$				1d	
	2			e revenue including governme		s (from	Part VII. line 93)	2	
	3	_		ues and assessments				. 3	
	4			ings and temporary cash in				4	
	5							. 5	
	6a	Gross re	ents .			6a			
	b	Less: re		penses		6b			
	С	Net rent	tal inco	me or (loss) (subtract line 6	b from line 6a)			. 6c	
nue	7	Other in	vestme	ent income (describe >	(a) a			) 7	
Revenue	8a	Gross a	amount	from sale of assets other	(A) Securities	_	(B) Other	_	
œ		than inv	-			8a			
				ner basis and sales expenses.		8b			
				attach schedule)	(4) (7))	8c		04	
	d	•		s) (combine line 8c, columns				. 8d	
	9	•		and activities (attach sched					
	a			(not including \$eported on line 1a)	of	9a			
	b			penses other than fundrais		9b			
	1			(loss) from special events (	• .		a)	9с	
	10a			inventory, less returns and	i	10a	-,		
	b			goods sold		10b			
	С	Gross pr	ofit or (I	oss) from sales of inventory (at	tach schedule) (subtra	ct line 1	Ob from line 10a)	. 10c	
	11			(from Part VII, line 103) . (add lines 1d, 2, 3, 4, 5, 6c, 7					
	12					l)			
s	13	_		ces (from line 44, column (B	••			I	
nse	14	_		and general (from line 44, co					
Expenses	15								
Ш	16	Paymer Total or	nts to a	ffiliates (attach schedule) . s (add lines 16 and 44, colu				. 16	
10	17								
sets	18			icit) for the year (subtract lin					
Net Assets	19 20			fund balances at beginning in net assets or fund balar					
	21			and balances at end of year (					
_									

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 Specific Instructions on page 15.)

	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 \$)	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 43a				
43	Other expenses (itemize): a	43a 43b				
b		43b				
C		43d				
d		43e				
е 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					
	cational campaign and fundraising solicitation?					☐ Yes ☐ No
	es," enter (i) the aggregate amount of these joint costs					5 \$;
	he amount allocated to Management and general \$	mnli	; and (iv) the	e amount allocated	one on page 19	١
	t III Statement of Program Service Acco			•		) Program Service
	t is the organization's primary exempt purpose?					Expenses
	rganizations must describe their exempt purpose ac ients served, publications issued, etc. Discuss achi					(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
orga	nizations and 4947(a)(1) nonexempt charitable trusts	must a	ents that are not it also enter the amou	nt of grants and allo	cations to others.)	trusts; but optional for others.)
	(-)(-)			g	,	others.)
а						
		rants	and allocations	\$	)	
b	,			<u> </u>	,	
D.						
	(G	rants	and allocations	\$	)	
С						
•						
	(G	rants	and allocations	\$	)	
d						
	(G	rants	and allocations	\$	)	
_	1 0		and allocations	\$	)	
f Ί	Total of Program Service Expenses (should equ	ıal line	e 44, column (B), F	Program services)	<del>. •</del>	

## Part IV Balance Sheets (See Specific Instructions on page 18.)

				1					
N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	<b>(A)</b> Beginning of year		<b>(B)</b> End of year				
	45	Cash—non-interest-bearing			45				
	46	Savings and temporary cash investments .			46				
		g p y							
	47a	Accounts receivable	47a						
		Less: allowance for doubtful accounts	47b		47c				
	48a	Pledges receivable	48a						
		Less: allowance for doubtful accounts	48b		48c				
	49	Grants receivable			49				
	50	Receivables from officers, directors, truste	ees, and key employees						
		(attach schedule)			50				
	51a	Other notes and loans receivable (attach							
ets		schedule)	51a						
Assets	b	Less: allowance for doubtful accounts	51b		51c				
٨	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	EEo						
		equipment: basis	55a						
	b	Less: accumulated depreciation (attach	55b		55c				
	E/	schedule)	330		56				
	56	Land, buildings, and equipment: basis	57a		30				
			074						
	ם	Less: accumulated depreciation (attach schedule)	57b		57c				
	58	Other assets (describe >			58				
	59	Total assets (add lines 45 through 58) (mus	t equal line 74)		59				
	60	Accounts payable and accrued expenses.			60				
	61	Grants payable			61				
S	62	Deferred revenue			62				
Liabilities	63	Loans from officers, directors, trustees, and							
abil		schedule)			63				
Ë		Tax-exempt bond liabilities (attach schedule)		64a 64b					
		Mortgages and other notes payable (attach	•		65				
	65	Other liabilities (describe ►	)		03				
	66	Total liabilities (add lines 60 through 65).		66					
	Oras	inizations that follow SFAS 117, check here							
	Orgo	67 through 69 and lines 73 and 74.	and complete lines						
ces	67	Unrestricted			67				
lan	68	Temporarily restricted			68				
Ва	69	Permanently restricted		69					
nd	Orga	inizations that do not follow SFAS 117, check							
Fu		complete lines 70 through 74.							
ō	70	Capital stock, trust principal, or current fund			70				
ets	71	Paid-in or capital surplus, or land, building,			71				
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulate			72				
ìt A	73		net assets or fund balances (add lines 67 through 69 OR lines						
Nei		70 through 72; column (A) must equal line			70				
	74	equal line 21)			73 74				
	/4	rotal navinties and net assets / fund Daland	(auu iiiles 00 aliu 13)		14				

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.

Pai	Reconciliation of Revenue per Au Financial Statements with Reven Return (See Specific Instructions,	ue per	Part IV-B  Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
а	Total revenue, gains, and other support		a Total expenses and losses per
<b>L</b>	per audited financial statements <b>a</b>		audited financial statements > a  b Amounts included on line a but not
b	Amounts included on line <b>a</b> but not on line 12, Form 990:		on line 17, Form 990:
(1)	Net unrealized gains on investments \$		(1) Donated services and use of facilities \$
` '	Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$
	Recoveries of prior year grants \$		(3) Losses reported on
(4)	Other (specify):		line 20, Form 990 . \$ (4) Other (specify):
	Add amounts on lines (1) through (4) b		\$
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Add amounts on lines (1) through (4) b
C	Line a minus line b		c Line a minus line b
d	Amounts included on line 12, Form 990 but not on line <b>a</b> :		d Amounts included on line 17, Form 990 but not on line a:
(1)	Investment expenses not included on line		(1) Investment expenses not included on line
	6b, Form 990 <u>\$</u>		6b, Form 990 <u>\$</u>
(2)	Other (specify):		(2) Other (specify):
	Add amounts on lines (1) and (2)   d		Add amounts on lines (1) and (2)   d
е	Total revenue per line 12, Form 990		e Total expenses per line 17, Form 990
Pai	(line <b>c</b> plus line <b>d</b> ) ▶   <b>e</b>	and Key	(line c plus line d) ▶ e Employees (List each one even if not compensated; see Specific
	(A) Name and address	(B) Title a	and average hours per devoted to position (If not paid, enter -0) (D) Contributions to employee benefit plans & account and other allowances
75	Did any officer, director, trustee, or key employee re organization and all related organizations, of which n If "Yes," attach schedule—see Specific Instruct	ore than \$1	gate compensation of more than \$100,000 from your 0,000 was provided by the related organizations? ► Yes No ge 20.

Pai	t VI Other Information (See Specific Instructions on page 21.)		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?	77						
	If "Yes," attach a conformed copy of the changes.							
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78a						
	o If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?							
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement							
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?							
b	If "Yes," enter the name of the organization ▶							
	and check whether it is exempt <b>OR</b> nonexempt.							
81a	Enter the amount of political expenditures, direct or indirect, as described in the							
	instructions for line 81							
b	Did the organization file Form 1120-POL 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.)							
	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	0.41-						
	or gifts were not tax deductible?	84b						
85	501(c)(4), (5), or (6) organizations.—a Were substantially all dues nondeductible by members?	85a	-					
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, <b>do not</b> complete 85c through 85h below unless the organization							
_	received a waiver for proxy tax owed for the prior year.  Dues assessments and similar amounts from members   85c							
	Bues, assessments, and similar amounts from members	-						
	Section 162(c) lobbying and pointed experiances	-						
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-						
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g						
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	009						
n	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h						
86	501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on							
	line 12	-						
b	Gross receipts, included on line 12, for public use of club facilities	-						
87	501(c)(12) organizations.—Enter: <b>a</b> 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.)  87b							
	desired against amounts and or received nem triently , , , , , , , ,							
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	88						
	partnership? If "Yes," complete Part IX	00						
89a	501(c)(3) organizations.—Enter: Amount of tax imposed during the year under:							
	section 4911 ►; section 4912 ►; section 4955 ►	1						
	501(c)(3) and $501(c)(4)$ organizations.—Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction	89b						
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958							
d	Enter: Amount of tax in 89c, above, reimbursed by the organization							
90a	List the states with which a copy of this return is filed ▶							
b	Number of employees employed in the pay period that includes March 12, 1997 (See instructions.)							
91	The books are in care of ▶							
	Located at ► ZIP + 4 ►							
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b>   92			▶ ∟				

Part \	VII	Analysis of Income-Producing Acti	·		1	-		1
	_	s amounts unless otherwise		siness income	Excluded by sec	1		<b>(E)</b> Related or
indica		ram service revenue:	(A) Business code	<b>(B)</b> Amount	(C) Exclusion cod	e Amo		exempt function income
	_	ram service revenue.						
_								
С.								
d .								
е.								
		care/Medicaid payments						
•		and contracts from government agencies bership dues and assessments						
		bership dues and assessments						
		ends and interest from securities						
		ental 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						
		ncome or (loss) from special events						
		s profit or (loss) from sales of inventory .						
		r revenue: a						
е.								
Part Line N	VIII	105 plus line 1d, Part I, should equal the a Relationship of Activities to the Accor Explain how each activity for which income is of the organization's exempt purposes (other	mplishment of reported in colu	Exempt Purl mn (E) of Part V	/II contributed	•		
Part	IX	Information Regarding Taxable Subs	idiaries (Com	plete this Pa	rt if the "Ye	s" box or	n line 8	8 is checked.)
		address, and employer identification Pe	ercentage of	Natur		Tot		End-of-year
		nber of corporation or partnership own	ership interest	business		inco		assets
			%					
			%					
			%					
Pleas Sign Here	se	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaratio (See General Instruction U, on page 10.)  Signature of officer				ition of which		
 Paid		Preparer's signature		Date	Check self-	I``	reparer's	SSN :
Prepare		Firm's name (or			emplo EIN	yea ►  ►	1	i
Use On	ıy	yours if self-employed) and address			ZIP +	-	<u> </u>	