

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

1994This Form is
Open to Public
Inspection**Note:** The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 1994 calendar year, OR tax year period beginning , 1994, and ending , 19

B Check if:
☐ Change of address
☐ Initial return
☐ Final return
☐ Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
City, town, or post office, state, and ZIP code

D Employer identification number
.....

E State registration number

F Check ☐ if exemption application is pending

G Type of organization—☐ Exempt under section 501(c)() (insert number) OR ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

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

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶

(b) If "Yes," enter the number of affiliates for which this return is filed: ▶

J Accounting method: ☐ Cash ☐ Accrual
☐ Other (specify) ▶

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

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.**Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		(A) Securities		(B) Other	
Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support			
	b	Indirect public support			
	c	Government contributions (grants)			
	d	Total (add lines 1a through 1c) (attach schedule—see instructions) (cash \$ _____ noncash \$ _____)			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			
	3	Membership dues and assessments (see instructions)			
	4	Interest on savings and temporary cash investments			
	5	Dividends and interest from securities			
	6a	Gross rents			
	b	Less: rental expenses			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			
7	Other investment income (describe ▶)				
Revenue	8a	Gross amount from sale of assets other than inventory			
	b	Less: cost or other basis and sales expenses			
	c	Gain or (loss) (attach schedule)			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			
	9	Special events and activities (attach schedule—see instructions):			
Revenue	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)			
	b	Less: direct expenses other than fundraising expenses			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			
Revenue	10a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			
Revenue	11	Other revenue (from Part VII, line 103)			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			
Expenses	13	Program services (from line 44, column (B)—see instructions)			
	14	Management and general (from line 44, column (C)—see instructions)			
	15	Fundraising (from line 44, column (D)—see instructions)			
	16	Payments to affiliates (attach schedule—see instructions)			
	17	Total expenses (add lines 16 and 44, column (A))			
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			
	19	Net assets or fund balances at beginning of year (from line 74, column (A))			
	20	Other changes in net assets or fund balances (attach explanation)			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			

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.)

<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 \$ _____ 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			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	44			

Reporting of Joint Costs.—Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See instructions.)

What is the organization's primary exempt purpose? ▶		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a (Grants and allocations \$ _____)	
b (Grants and allocations \$ _____)	
c (Grants and allocations \$ _____)	
d (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	

Part IV Balance Sheets

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		46
47a	Accounts receivable 47a		
b	Less: allowance for doubtful accounts 47b		47c
48a	Pledges receivable 48a		
b	Less: allowance for doubtful accounts 48b		48c
49	Grants receivable		49
50	Receivables due from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule) 51a		
b	Less: allowance for doubtful accounts 51b		51c
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		
b	Less: accumulated depreciation (attach schedule) 57b		57c
58	Other assets (describe ►)		58
59	Total assets (add lines 45 through 58) (must equal line 75)		59
Liabilities			
60	Accounts payable and accrued expenses		60
61	Grants payable		61
62	Support and revenue designated for future periods (attach schedule)		62
63	Loans from officers, directors, trustees, and key employees (attach schedule).		63
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule)		64b
65	Other liabilities (describe ►)		65
66	Total liabilities (add lines 60 through 65)		66
Fund Balances or Net Assets			
Organizations that use fund accounting, check here ► <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75 (see instructions).			
67a	Current unrestricted fund		67a
b	Current restricted fund		67b
68	Land, buildings, and equipment fund		68
69	Endowment fund		69
70	Other funds (describe ►)		70
Organizations that do not use fund accounting, check here ► <input type="checkbox"/> and complete lines 71 through 75 (see instructions).			
71	Capital stock or trust principal		71
72	Paid-in or capital surplus		72
73	Retained earnings or accumulated income		73
74	Total fund balances or net assets (add lines 67a through 70 OR lines 71 through 73; column (A) must equal line 19 and column (B) must equal line 21)		74
75	Total liabilities and fund balances/net assets (add lines 66 and 74)		75

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 the organization's programs and accomplishments.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☐ No
If "Yes," attach schedule—see instructions.

Part VI Other Information

	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?	78a	
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; see instructions.	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? (See instructions.)	80a	
b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions . 81a		
b 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.) . 82b		
83 Did the organization comply with the public inspection requirements for returns and exemption applications?	83	
84a 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? (See General Instruction M.)	84b	
85 <i>Section 501(c)(4), (5), or (6) organizations.</i> — a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c Dues, assessments, and similar amounts from members 85c		
d Section 162(e) lobbying and political expenditures 85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e; see instructions) 85f		
g 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 <i>Section 501(c)(7) organizations.</i> —Enter:		
a Initiation fees and capital contributions included on line 12 86a		
b Gross receipts, included on line 12, for public use of club facilities (See instructions.) 86b		
87 <i>Section 501(c)(12) organizations.</i> —Enter: a Gross income from members or shareholders 87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b		
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 <i>Public interest law firms.</i> —Attach information described in the instructions.		
90 List the states with which a copy of this return is filed <input type="checkbox"/>		
91 The books are in care of <input type="checkbox"/> Telephone no. <input type="checkbox"/> Located at <input type="checkbox"/> ZIP code <input type="checkbox"/>		
92 <i>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041, U.S. Income Tax Return for Estates and Trusts, check here <input type="checkbox"/></i> and enter the amount of tax-exempt interest received or accrued during the tax year 92		

Part VII **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross income unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income (See instructions.)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
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 . . .					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events . .					
102	Gross profit or (loss) from sales of inventory .					
103	Other revenue: a _____					
b	_____					
c	_____					
d	_____					
e	_____					
104	Subtotal (add columns (B), (D), and (E)) . . .					
105	Total (add line 104, columns (B), (D), and (E))					

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

[illegible]

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on line 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
	%			
	%			
	%			
	%			

**Please
Sign
Here**

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

Signature of officer _____ Date _____ Title _____

**Paid
Preparer's
Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
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Firm's name (or yours if self-employed) and address	E.I. No.
	ZIP code

