

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX			
Form 990	For data identification; not a facsimile of tax form.	1995	
A. For 1995 calendar yr, OR tax period beg. and ending E007_3 , 19 E007_1			
B.	C. Name of organization E002	D. Employer ident. number E003	
	Number and street	E. State regis. number	
	City, town or P.O. E009	F. Check if exempt. appl. pending	
	Zip code E010		
G. Type of organization: Exempt under section 501(c) ( E011 ) <.....			
H(a)	Is this a group return ...? E012	I. Group exemption number E014	
(b)	...number of affiliates	J. Accounting method	
(c)	Separate return..group? E013		
K ...organization's gross receipts are normally not more than \$25,000			
PART I: REVENUE, EXPENSES, AND CHANGES IN NET ASSETS OR FUND BALANCES			
1	Contributions, gifts, grants, etc	\\\\\\	
a	Direct public support . . . . .  1a  _____E021_____	\\\\\\	
b	Indirect public support . . . . .  1b  _____E022_____	\\\\\\	
c	Government contributions . . . . .  1c  _____E023_____	\\\\\\	
d	Total (Lines 1(a) - 1(c))	\\\\\\	
	(cash \$_____ noncash \$_____)	1d _____E024_____	
2	Program service revenue incl. govt. fees . . . . .	2  _____E025_____	
3	Membership dues & assessments . . . . .	3  _____E026_____	
4	Interest on savings, temp. cash investments . . . . .	4  _____E027_____	
5	Dividends & interest from securities . . . . .	5  _____E028_____	
6a	Gross rents . . . . .  6a  _____E029_____	\\\\\\	
b	Less: rental expenses . . . . .  6b  _____E030_____	\\\\\\	
c	Net rental income or (loss) . . . . .	6c _____E031_____	
7	Other investment income_____	7  _____E032_____	
8a	Gross amount from sale   (A)Securities    (B)Other	\\\\\\	
	of assets, not invent. _____E033_____ 8a _____E036_____	\\\\\\	
b	Less: cost, sales exp.  _____E034_____ 8b _____E037_____	\\\\\\	
c	Gain or (loss) . . . . .  _____E035_____ 8c _____E038_____	\\\\\\	
d	Net gain or (loss) . . . . .	8d _____E039_____	
9	Special events and activities	\\\\\\	
a	Gross revenue (not incl. contribs) .  9a _____E040_____	\\\\\\	
b	Less: direct expense (not fundrais.)  9b _____E041_____	\\\\\\	
c	Net income (loss) from special events. . . . .	9c _____E042_____	
10a	Gross sales of inventory, less return  10a _____E043_____	\\\\\\	
b	Less: cost of goods sold . . . . .  10b _____E044_____	\\\\\\	
c	Gross profit (loss) sales of inventory. . . . .	10c _____E045_____	
11	Other revenue . . . . .	11  _____E046_____	
12	Total revenue . . . . .	12  _____E047_____	
13	Program services . . . . .	13  _____E048_____	
14	Management and general . . . . .	14  _____E049_____	
15	Fundraising . . . . .	15  _____E050_____	
16	Payments to affiliates . . . . .	16  _____E051_____	
17	Total expenses . . . . .	17  _____E052_____	
18	Excess or (deficit) for the year . . . . .	18  _____E053_____	
19	Net assets or fund balances at beginning of year . .	19  _____E054_____	
20	Other changes in net assets or fund balances . . . .	20  _____E055_____	
21	Net assets or fund balances at end of year . . . . .	21  _____E056_____	

PART II: STATEMENT OF FUNCTIONAL EXPENSES

		(A) Total	(B) Program Services	(C) Management and general	(D) Fund- raising
Grants/allocations				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
cash____ noncash____	22		E057	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Specific assistance	23		E058	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Benefits pd to mems	24		E059	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Compensation	25	E060	E061	E062	E063
Other salaries	26	E064	E065	E066	E067
Pension plan contri	27	E068	E069	E070	E071
Other empl benefits	28	E072	E073	E074	E075
Payroll taxes	29	E076	E077	E078	E079
Fundraising fees	30	E080	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	E080
Accounting fees	31	E081	E082	E083	E084
Legal fees	32	E085	E086	E087	E088
Supplies	33	E089	E090	E091	E092
Telephone	34	E093	E094	E095	E096
Postage & shipping	35	E097	E098	E099	E100
Occupancy	36	E101	E102	E103	E104
Equipment rental	37	E105	E106	E107	E108
Printing & publica.	38	E109	E110	E111	E112
Travel	39	E113	E114	E115	E116
Conferences, mtgs	40	E117	E118	E119	E120
Interest	41	E121	E122	E123	E124
Depreciation, depl.	42	E125	E126	E127	E128
Other expenses	43	E149	E150	E151	E152
Total func.expenses	44	E153	E154	E155	E156

|Reporting of Joint Costs .....

PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

What is the organization's primary exempt purpose? E300/E301	Program Service
..exempt purpose achievements....	Expenses
a..... (Grants & allocations \$_____)	_____
b..... (Grants & allocations \$_____)	_____
c..... (Grants & allocations \$_____)	_____
d..... (Grants & allocations \$_____)	_____
e Other program services..(Grants & allocations \$_____)	_____
f Total of Program Service Expenses(should equal line 44, col.B)	_____

## PART IV: BALANCE SHEETS

		(A)		(B)
		Begin. of year		End of year
<b>Assets</b>				
45	Cash--non-interest bearing . . . . .		45	E161
46	Savings and temp cash invest . . . . .		46	E162
47a	Accounts receivable . 47a		47a	
b	Less: doubtful accts . 47b		47b	E163
48a	Pledges receivable . . 48a		48a	
b	Less: doubtful accts . 48b		48b	E164
49	Grants receivable . . . . .		49	E165
50	Receivables from officers, etc . . . . .		50	E166
51a	Other notes and loans 51a		51a	
b	Less: doubtful accts . 51b		51b	E167
52	Inventories for sale or use . . . . .	E168	52	E169
53	Prepaid expenses . . . . .		53	E170
54	Investments - securities . . . . .	E171	54	E172
55a	Investments - land . . 55a		55a	
b	Less: accum. deprecia. 55b		55b	E173
56	Investments - other . . . . .		56	E174
57a	Land, bldgs., equip. . 57a		57a	
b	Less: accum. deprecia. 57b		57b	E175
58	Other assets . . . . .		58	E176
59	TOTAL ASSETS (45-58) . . . . .	E177	59	E178
<b>Liabilities</b>				
60	Accounts payable . . . . .		60	E179
61	Grants payable . . . . .		61	E180
62	Deferred revenue . . . . .		62	E181
63	Loans from officers, etc . . . . .		63	E182
64a	Tax exempt bond liabilities . . . . .		64a	E214
b	Mortgages & other notes payable . . . . .		64b	E183
65	Other liabilities . . . . .		65	E184
66	TOTAL LIABILITIES (60-65) . . . . .	E185	66	E186
<b>Net Assets or Fund Balances</b>				
Organizations that follow SFAS 117.....			\\	
67	Unrestricted . . . . .		67	
68	Temporarily restricted . . . . .		68	
69	Permanently restricted . . . . .		69	
Organizations that do not follow SFAS 117..			\\	
70	Capital stock, trust prin., cur. fnds. . . . .		70	
71	Paid-in or cap. surplus or land fund. . . . .		71	
72	Retained earnings, accum. income . . . . .		72	
73	TOTAL NET ASSETS OR FUND BALANCES . . . . .	E194	73	E195
74	TOTAL LIAB & NET ASSETS/FUND BALANCES . . . . .		74	E196

PART IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		PART IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
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a	Total revenue, gains, and other support per.....	a	Total expenses and losses per audited financial....
b	Amounts included on line a but not on line 12:	b	Amounts included on line a but not on line 17:
(1)	Net unrealized gains on invest. \$	(1)	Donated services and use of facilities \$
(2)	Donated services and use of facilities \$	(2)	Prior year adjustments repled. on 1.20 \$
(3)	Recoveries of prior year grants \$	(3)	Losses reported on line 20. \$
(4)	Other \$	(4)	Other \$
	Add lines 1-4 amounts >		Add lines 1-4 amounts >
c	Line a minus line b	c	Line a minus line b
d	Amounts incl. on line 12 but not on line a:	d	Amounts incl. on line 17 but not on line a:
(1)	Investment expenses not incl. on 1.6b \$	(1)	Investment expenses not incl. on 1.17 \$
(2)	Other \$	(2)	Other \$
	Add lines 1 & 2 amounts >		Add lines 1 & 2 amounts >
e	Total revenue per line 12 (line c plus line d)	e	Total expenses per line 17 (line c plus line d)

## PART V: LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

(A) Name and address	(B) Title & avg hours/week	(C) Compensation	(D) Contributions to empl. benefit	(E) Expense acct. & allow.
VROW		V001	V002	V003
VROW		V001	V002	V003

(NOTE: All rows entered on return are edited)

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization .....

PART V: NUMBER OF PERSONS RECEIVING NO COMPENSATION E201

## PART VI: OTHER INFORMATION

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If Yes, attached detailed description... 76 | | |

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If Yes, attach..... 77 | | |

78a Did the organization have unrelated business 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 | E015 |

79 Was there a liquidation, dissolution, termination or substantial contraction during the year? If Yes, attach a statement. 79 | E016 |

80a Is the organization related (other than by assoc...) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . . 80a | E017 |

b If Yes, enter the name of the organization . . . . . and check whether it is ( ) exempt or ( ) nonexempt. . . . .

81a Enter the amount of political expenditures, direct or indirect as described in the instrucs for line 81. |81a| E205 |

b Did the organization file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year? . . 81b | E206 |

82a Did the org. receive donated services or the use of materials equip., or facilities at no charge or ... less than ..... 82a | | |

b If Yes, you may indicate the value of these items here. Do not include this amt. as revenue .. or expense.. |82b| |

83a Did organization comply with public inspection requirements? . 83a | | |

b Did the organization comply with the disclosure requirements.. 83b | | |

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 contribs. were not tax deduct? 84b | | |

85a Sec.501(c)(4-6) orgs: Were .. all dues nondeductible by mems? 85a | E202 |

b Did the org. make only in-house lobbying expend. of \$2000 or.. 85b | E203 |

If Yes .. to 85a or 5b, do not complete 85c through 85h below unless the org. received a waiver for proxy tax owed prior yr. . . . .

c Dues, assessments, and sim. amts. from mems. |85c| E204 |

d Section 162(e) lobbying & political expends. |85d| E207 |

e Aggreg. nonded. amt. of sec 6033(e)(1)(A)... |85e| E208 |

f Taxable amt. of lobbying and pol. expends. |85f| E211 |

g Does the org. elect to pay the .. 6033(e) tax on ... 85f? . . 85g | E212 |

h If sec 6033(e)(1)(A) dues notices were sent, does the org. agree to add .. 85f to reasonable estimate of dues allocable to nondeductible ... for the following tax year? . . . . . 85h | E213 |

86 Section 501(c)(7) organizations.--Enter: |

a Initiation fees and capital contributions . |86a| E209 |

b Gross receipts: pub. use of club facilities. |86b| E210 |

87 Section 501(c)(12) organizations.--Enter: |

a Gross income from members or shareholders. |87a| |

b Gross income from other sources.(Do not net) |87b| |

88 At any time during the year, did the org. own a 50% or greater interest in a taxable corp. or partnership? If Yes, ..Part IX 88 | | |

89 Public interest law firms.--Attach info. desc. in instructions. |

90 List the states with which a copy of this return is filed > ..... |

91 The books are in care of > ..... Telephone no.> ..... |

Located at > ..... ZIP code> ..... |

92 Section 4947(a)(1) nonexempt charitable trusts... Check here.....> |

and enter tax-exempt int. recd or accrued during tax year > |92 |

PART VII: ANALYSIS OF INCOME-PRODUCING ACTIVITIES

	Unrel. bus. incm.	Excl. Sec. 512...	(E)		
	(A)	(B)	(C)	(D)	Related or exempt function income
	Bus. code	Amount	Excl code	Amount	
93a. Prog serv revenue	P601	P602	P603	P604	P605
93b. Prog serv revenue	P611	P612	P613	P614	P615
93c. Prog serv revenue	P621	P622	P623	P624	P625
93d. Prog serv revenue	P631	P632	P633	P634	P635
93e. Prog serv revenue	P641	P642	P643	P644	P645
93f. Prog serv revenue	P651	P652	P653	P654	P655
93g. Fees (Government)	P661	P662	P663	P664	P665
94. Dues & assessments	P671	P672	P673	P674	P675
95. Interest on savings	P681	P682	P683	P684	P685
96. Div & int: secur.	P691	P692	P693	P694	P695
97. Net rent:real estate	\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\	\\\\\\\\\\\\\\\\\\\\	\\\\\\\\\\\\\\\\\\\\
a. Debt-financed prop.	P701	P702	P703	P704	P705
b. Not debt-finan.prop.	P711	P712	P713	P714	P715
98. Net rent: pers.prop.	P721	P722	P723	P724	P725
99. Other invest. income	P731	P732	P733	P734	P735
100. Sale of assets	P741	P742	P743	P744	P745
101. Special events	P751	P752	P753	P754	P755
102. Gross: invent. sales	P761	P762	P763	P764	P765
103. Other revenue: a					
b.					
c.					
d.					
e.	P771	P772	P773	P774	P775
104. Subtotal	\\\\\\	P782	\\	P784	P785
105. Total (add line 104, columns (B), (D), and (E)) . . . >					

PART VIII: RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

Line No.	Explain how each activity for which income is reported .....
-----	-----
_____	_____
_____	_____
_____	_____
_____	_____

PART IX: INFORMATION REGARDING TAXABLE SUBSIDIARIES

Total number of subsidiaries reported on return: P800

Name, address, and EIN of corporation or partnership	Percentage of Interest	Nature of business	Total Income	End of Year Assets
P801_ (EIN)	P802_ %		P803	P804
P805_ (EIN)	P806_ %		P807	P808
P809_ (EIN)	P810_ %		P811	P812
P813_ (EIN)	P814_ %		P815	P816

SCHEDULE A   ORGANIZATION EXEMPT UNDER SECTION 501(c)(3)				
(Form 990)   For data identification; not a facsimile of tax form.				1995
Name of the organization			EIN	
PART I: COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES OTHER THAN OFFICERS.....				
(a) Name & address	(b) Title/avg hrs	(c) Compensation	(d) Benefits	(e) Expenses
		____S001____	____S002____	____S003____
		____S004____	____S005____	____S006____
		____S007____	____S008____	____S009____
		____S010____	____S011____	____S012____
		____S013____	____S014____	____S015____
Total number of other employees paid over \$50,000: _S016_				
PART II: COMPENSATION OF FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR PRO...				
(a) Name and addr of each independent..	(b) Type of Service	(c) Compensation		
Total number of others receiving over \$50,000 for professional services...				

## PART III: STATEMENTS ABOUT ACTIVITIES

| Yes | No |

1 During year, has org. (lobbied re: legislation) . . . . . | 1 | | |  
 | If Yes, enter total expenses paid or incurred.... \$\_\_\_\_\$197\_\_\_\_ | \\\|\\\|\\\|  
 | Orgs that made an election under section 501(h)..... | \\\|\\\|\\\|  
 2 During year, has org.,...,engaged in any of the following acts.. | \\\|\\\|\\\|  
a Sale, exchange, or leasing of property? . . . . .	2a	\_\_\_\_	\_\_\_\_
b Lending of money or other extension of credit? . . . . .	2b	\_\_\_\_	\_\_\_\_
c Furnishing of goods, services, or facilities? . . . . .	2c	\_\_\_\_	\_\_\_\_
d Payment of compensation .....	2d	\_\_\_\_	\_\_\_\_
e Transfer of any part of its income or assets? . . . . .	2e	\_\_\_\_	\_\_\_\_
If...Yes, attach a detailed statement.....	\\\|\\\|\\\|		
3 Does org. make grants, scholarships, fellowships, etc? . . . .	3	\_\_\_\_	\_\_\_\_
4 Attach statement explaining how org. determines that individuals	\\\|\\\|\\\|		
.....qualify to receive payments.	\\\|\\\|\\\|		

## PART IV: REASON FOR NON-PRIVATE FOUNDATION STATUS

E019/EZ15

The organization is not a private foundation because it is (check one)  
 5 A church, convention of churches, or .... Section 170(b)(1)(A)(i)  
 6 A school. Section 170(b)(1)(A)(ii)  
 7 A hospital or a cooperative hospital .... Section 170(b)(1)(A)(iii)  
 8 A Federal, state, or local government or .... Section 170(b)(1)(A)(v)  
 9 A medical research organization operated .... Section 170(b)(1)(A)(iii)  
 | Enter the hospital's name, city, and state > \_\_\_\_\_  
 10 An org. operated for the benefit of a college..Section 170(b)(1)(A)(iv)  
 11a An org. that normally receives a substantial...Section 170(b)(1)(A)(vi)  
 11b A community trust. Section 170(b)(1)(A)(vi)  
 12 An org. that normally receives: (a)... & (b).. See section 509(a)(2)  
 13 An org. that is not controlled by any .... See section 509(a)(3)

Provide the following information about the supported organizations.

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An org. organized ... to test public safety. Section 170(b)(1)(A)(ii)



PART 1V-A SUPPORT SCHEDULE		Use cash method of accounting				
Calendar year (fiscal yr) >	(a) 1994	(b) 1993	(c) 1992	(d) 1991	(e) Total	
15. Gifts, Grants & Contrib.	__S198__				__S199__	
16. Membership Fees Received	__S200__				__S201__	
17. Gross Receipts . . . . .	__S202__				__S203__	
18. Gross Income . . . . .	__S204__				__S205__	
19. Net Income . . . . .	__S206__				__S207__	
20. Tax Revenues . . . . .	__S208__				__S209__	
21. Value of Services . . . . .	__S210__				__S211__	
22. Other Income . . . . .	__S212__				__S213__	
23. Total Lines 15-22 . . . . .	__S214__				__S215__	
24. Lines 23 Minus Line 17 . . . . .	__S216__				__S217__	
25. Enter 1% of Line 23 . . . . .	__S218__				\\\\\\\\\\\\\\\\	
26. Organizations described in lines 10 or 11:						
a Enter 2% of amount in column (e), line 24 . . . . .					26a	
b Attach a list (which is not open to public inspection)....	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
.... Enter the sum of all these excess amounts here. . . .					26b	
c Total support for section 509(a)(1) test: Enter 1.24 col(e)					26c	
d Add: Amounts from col(e) for lines: 18 \$_____ 19 \$_____	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
22 \$_____ 26b \$_____					26d	
e Public support (line 26c minus line 26d total) . . . . .					26e	
f Public support percentage (line 26e divided by line 26c) . .					26f   _____%	
27. Organizations described on line 12: .....						
no entries are picked up from lines 27 a-h.						
28. Unusual Grants: For an org desc. in line 10, 11, or 12....attach a list...						

PART V PRIVATE SCHOOL QUESTIONNAIRE		Yes	No
29	Does the org. have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other .....		
.....			
No other entries on page 4 are picked up.			

Pages 5 and 6 of Schedule A (Form 990) are not printed; there are no data elements taken from these pages.

Form   SHORT FORM: RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX			
990-EZ   For data identification; not a facsimile of tax form.		1995	
A For 1995 calendar yr, OR tax period beg. and ending EZ07_3 , 19 EZ07_1			
B	C Name of organization EZ02	D Employer ident. number EZ03	
	Number and street	E State regis. number	
	City, town or P.O. EZ09	F Check if exempt. appl. pending	
	Zip code EZ10		
G Acctng method: []Cash []Accrual []Other		H Group exemption number	
I Type of organization: Exempt under section 501(c) ( EZ11 ) <.....			
J ...organization's gross receipts are normally not more than \$25,000			
K Enter the organization's 1995 gross receipts . . . > \$_____			
PART I: REVENUE, EXPENSES, AND CHANGES IN NET ASSETS OR FUND BALANCES			
1	Contributions, gifts, grants, etc	1	EZ17
2	Program service revenue incl. govt. fees . . . . .	2	EZ18
3	Membership dues & assessments . . . . .	3	EZ19
4	Investment income . . . . .	4	EZ20
5a	Gross amt sale of assets, not invent.  5a	EZ21	\\
b	Less: cost or other basis & sales exp  5b	EZ22	\\
c	Gain or (loss) from sale of assets other than invent.   5c	EZ23	
6	Special events and activities		\\
a	Gross revenue (not incl. contribs) .  6a	EZ24	\\
b	Less: direct expense (not fundrais.)  6b	EZ25	\\
c	Net income (loss) from special events and activities   6c	EZ26	
7a	Gross sales of inventory, less return  7a	EZ27	\\
b	Less: cost of goods sold . . . . .  7b	EZ28	\\
c	Gross profit (loss) sales of inventory. . . . .   7c	EZ29	
8	Other revenue (describe >_____)	8	EZ30
9	Total revenue . . . . .	9	EZ31
10	Grants and similar amounts paid . . . . .	10	EZ32
11	Benefits paid to or for members . . . . .	11	EZ33
12	Salaries, other compensation, and employee benefits.  12	EZ34	
13	Professional fees & other payments to...contractors.  13	EZ35	
14	Occupancy, rent, utilities, and maintenance . . . .  14	EZ36	
15	Printing, publications, postage, and shipping . . .  15	EZ37	
16	Other expenses (describe >_____)	16	EZ38
17	Total expenses . . . . .	17	EZ39
18	Excess or (deficit) for the year . . . . .	18	EZ40
19	Net assets or fund balances at beginning of year . .  19	EZ41	
20	Other changes in net assets or fund balances . . . .  20	EZ42	
21	Net assets or fund balances at end of year . . . . .  21	EZ43	
PART II: BALANCE SHEETS			
		(A)	(B)
		Beginning of yr	End of year
22	Cash, savings, and investments . . . . .	22	EZ44
23	Land and buildings . . . . .	23	EZ45
24	Other assets (describe >_____)	24	EZ46
25	Total assets . . . . .	EZ47	EZ48
26	Total liabilities (describe >_____)	EZ49	EZ50
27	Net assets or fund balances . . . . .	EZ51	EZ52

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