

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

1997

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.

A For the 1997 calendar year, OR tax year period beginning 1997, and ending 19

B Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for State reporting)	C Name of organization PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS	D Employer identification number 22-2561834
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 132 STATE STREET	E State registration number 13894
	City, town, or post office, state, and ZIP+4 HARRISBURG, PA 17101	F Check <input type="checkbox"/> if exemption application is pending

G Type of organization Exempt under 501(c) (3) (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

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

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

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

J Accounting method: Cash Accrual Other (specify) **MODIFIED CASH**

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 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	129,250.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 129,250. noncash \$)	1d	STMT 1	129,250.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		7,638.
	3 Membership dues and assessments	3		22,560.
	4 Interest on savings and temporary cash investments	4		1,940.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7			
	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a	8b	
	c Gain or (loss) (attach schedule)	8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9 Special events and activities (attach schedule):			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11 Other revenue (from Part VII, line 103)	11		9,967.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		171,355.
Expenses	13 Program services (from line 44, column (B))	13		133,429.
	14 Management and general (from line 44, column (C))	14		28,480.
	15 Fundraising (from line 44, column (D))	15		5,054.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		166,963.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		4,392.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		30,623.
	20 Other changes in net assets or fund balances (attach explanation)	20		0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		35,015.

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990 (1997)

PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS

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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.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses (itemize), 44 Total functional expenses.

Reporting of Joint Costs - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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

What is the organization's primary exempt purpose? SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

Table with 2 columns: Description of Program Service Accomplishments, Program Service Expenses. Rows include: a VARIOUS EDUCATIONAL AND ADVOCACY SERVICES TO NONPROFIT ORGANIZATIONS (116,017), b CONFERENCE PROVIDING EDUCATIONAL AND NETWORKING OPPORTUNITIES TO ASSOCIATION MEMBERS ATTENDED BY OVER 100 PARTICIPANTS (17,412), c, d, e Other program services (attach schedule), f Total of Program Service Expenses (should equal line 44, column (B), Program services) 133,429.

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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	3,599.	45	10,808.
	46 Savings and temporary cash investments	12,143.	46	73,083.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable	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	
	55 a Investments - land, buildings, and equipment: basis	55a	24,224.	
	b Less: accumulated depreciation (attach schedule)	55b	11,748.	55c
	56 Investments - other		17,215.	56
	57 a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation	57b		57c
	58 Other assets (describe ► <u>DEPOSIT</u>)		1,783.	58
59 Total assets (add lines 45 through 58) (must equal line 74)		34,740.	59	98,150.
Liabilities	60 Accounts payable and accrued expenses	191.	60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► <u>SEE STATEMENT 4</u>)		3,926.	65
66 Total liabilities (add lines 60 through 65)		4,117.	66	63,135.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	30,623.	67	22,015.
	68 Temporarily restricted		68	13,000.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		30,623.	73	35,015.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		34,740.	74	98,150.

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.

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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		X
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.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		X
80 a	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?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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	X
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	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. - Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	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.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notice 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? N/A	85h	
86	501(c)(7) organizations. - Enter:		
a	Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. - Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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	X
89 a	501(c)(3) organizations. - Enter: Amount of tax imposed during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b	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	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax in 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed	SEE STATEMENT 6	
b	Number of employees employed in the pay period that includes March 12, 1997	90b	2
91	The books are in care of	JOSEPH M. GEIGER Telephone no. 717-236-8584	
	Located at	132 STATE STREET ZIP +4 17101	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041.- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 CONFERENCE FEES (7,638), 94 Membership dues (22,560), 95 Interest on savings (1,940), 103 Other revenue: ENDORSEMENT FEES (9,572) and MISC. INCOME (395). Total (105) is 42,105.

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

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93 CONFERENCE FEES HELP FUND EDUCATIONAL PROGRAMS TO OTHER NON-PROFIT ORGANIZATIONS

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

Table with 5 columns: Name, address, and employer identification number of corporation or partnership; Percentage of ownership interest; Nature of business activities; Total income; End-of-year assets. Row 1: N/A, %, %.

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. Preparer's signature (other than officer) is based on all information of which preparer has any knowledge.

TAXPAYER'S COPY

Please Sign Here: Signature of officer: MCKONLY & ASBURY LLP; Date; Type or print name and title

Preparer's Use Only: Preparer's signature: [Signature]; Date: 9/1/98; Check if self-employed: [X]; Preparer's SSN; Firm's name: MCKONLY & ASBURY LLP; Address: P.O. BOX 1331, HARRISBURG, PA; EIN; ZIP+4: 17105

**SCHEDULE A
(Form 990)**

Organization Exempt Under 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation), and Section 501(a), 501(f), 501(k), 501(n) or Section 4947(a)(1)
Nonexempt Charitable Trust

1997

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ **Must be completed by the above organizations and attached to their Form 990 (or Form 990EZ).**

Name of the organization **PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS**

Employer identification number
22-2561834

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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 \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions.) (List each one (whether individuals or firms.) (If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions to Form 990 (or Form 990-EZ).

Schedule A (Form 990) 1997

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Schedule A (Form 990) 1997

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Part III Statement About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying activities, grants, and charitable programs.

Part IV Reason for Non-Private Foundation Status (See instructions.)

- The organization is not a private foundation because it is (please check only ONE applicable box):
5 [] A church, convention of churches, or association of churches.
6 [] A school.
7 [] A hospital or a cooperative hospital service organization.
8 [] A Federal, state, or local government or governmental unit.
9 [] A medical research organization operated in conjunction with a hospital.
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b [] A community trust.
12 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income.
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).

Provide the following information about the supported organizations. (See instructions on page 4.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

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Schedule A (Form 990) 1997

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1996	(b) 1995	(c) 1994	(d) 1993	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	111,871.	173,546.	3,000.	27,744.	316,161.
16 Membership fees received	12,270.	5,650.	5,862.	12,136.	35,918.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	13,400.	8,860.			22,260.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	727.	947.		45.	1,719.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	138,268.	189,003.	8,862.	39,925.	376,058.
24 Line 23 minus line 17	124,868.	180,143.	8,862.	39,925.	353,798.
25 Enter 1% of line 23	1,383.	1,890.	89.	399.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1993 through 1996 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year. (1996) 0. (1995) 0. (1994) 0. (1993) 0.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1996) 0. (1995) 0. (1994) 0. (1993) 0.					
c Add: Amounts from column (e) for lines: 15 316,161. 16 35,918. 17 22,260. 20 _____ 21 _____					27c 374,339.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c, total minus line 27d total)					27e 374,339.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f \$ 376,058.
g Public support percentage (line 27e (numerator) divided by line 27f, (denominator))					27g 99.5429%
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					27h .4571%

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1993 through 1996, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

NONE

PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS

Part V Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

Table with columns: Question Number, Question Text, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, financial aid, and organizational compliance.

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Schedule A (Form 990) 1997

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Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here a If the organization belongs to an affiliated group.

Check here b If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -			
Net over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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Schedule A (Form 990) 1997

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Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales of assets to a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities or equipment
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b If "Yes," complete the following schedule. N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

PENNSYLVANIA ASSOCIATION OF NONPROFIT OR

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FORM 990

CASH CONTRIBUTIONS OF \$5000 OR MORE
INCLUDED ON PART I, LINE 1D

STATEMENT 1

*** NOT OPEN TO PUBLIC INSPECTION ***

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>AMOUNT</u>
THE HUSTON FOUNDATION	100 FRONT STREET W.CONSHOHOCKEN,PA 19428	70,000.
THE STEWART HUSTON CHARITABLE TRUST	76 S. FIRST AVE, COATEVILLE, PA 19320	45,500.

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FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	3,470.	2,776.	694.		
DUES AND SUBSCRIPTIONS	5,200.	4,680.	520.		
CONSULTING FEES	15,883.	15,213.			670.
MISCELLANEOUS	4,415.	3,742.	673.		
LICENSES AND PERMITS	150.		150.		
REPAIRS	1,105.	884.	221.		
TOTAL TO FM 990, LN 43	30,223.	27,295.	2,258.		670.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION
PROVIDE LEADERSHIP, ADVOCACY AND EDUCATION TO NONPROFIT ORGANIZATIONS

FORM 990	OTHER LIABILITIES	STATEMENT	4
DESCRIPTION		AMOUNT	
CAPITAL LEASE OBLIGATION		2,495.	
FUNDS HELD FOR BUILDPEN COALITION		60,640.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		63,135.	

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PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HOWARD J. GROSSMAN 1151 OAK STREET, PITTSTON, PA 18640	PRESIDENT	0.	0.	0.
CHARLES L. HUSTON, III 100 FAYETTE ST., CONSHOHOCKEN, PA 19429	VICE PRES.	0.	0.	0.
DONALD KRAMER, ESQUIRE 123 S. BROAD ST., PHILADELPHIA, PA 19109	DIRECTOR	0.	0.	0.
EDWARD TRASK 2003 N. SECOND ST., HARRISBURG, PA 17110	TREASURER	0.	0.	0.
LOUIS BECCARIA, PH.D 76 SO. FIRST AVE, COATEVILLE, PA 19320	DIRECTOR	0.	0.	0.
DR. EDWARD G. BOEM, JR. P.O. BOX 50, LAPLUME, PA 18440-0020	DIRECTOR	0.	0.	0.
ROSEMARY GALLAGHER 1718 CAPOUSE AVE., SCRANTON, PA 18509	DIRECTOR	0.	0.	0.
GIGI JANTOS 145 EWE ROAD MECHANICSBURG, PA 17055	DIRECTOR	0.	0.	0.
GERRY KAUFMAN 126 W. MOUNT AIRY AVE PHILA, PA 19119	DIRECTOR	0.	0.	0.

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ALDEN LANPHEAR PO BOX 2510, SANATOGA, PA 19464	DIRECTOR	0.	0.	0.
CHARLES REYNOLDS, CFRE 106 SOUTH MAIN ST., WILKES-BARRE, PA 18701	DIRECTOR	0.	0.	0.
SHEILA MOORE ROSS 121 STATE ST., HARRISBURG, PA 17101	SECRETARY	0.	0.	0.
STEPHENIE STRAYER 1500 N. SECOND ST. HARRISBURG, PA 17102	DIRECTOR	0.	0.	0.
JOSEPH GEIGER 132 STATE ST., HARRISBURG, PA 17101	EXECUTIVE DIR 40 PER WEEK	51,000.	0.	0.
LAVERNA FOUNTAIN 800 N. THIRD STREET, HARRISBURG, PA 17102	DIRECTOR	0.	0.	0.
BARBARA COSCARELLO 5501 NORTH 11TH STREET, PHILADELPHIA, PA 19141	DIRECTOR	0.	0.	0.
JEFFREY GLOSS GSB BLDG, SUITE 425, BALA CYNWYD, PA 19004	DIRECTOR	0.	0.	0.
SHIRLEY M. GREENE 1626 LOCUST ST, PHILADELPHIA, PA 19004	DIRECTOR	0.	0.	0.
CAMIE MORRISON 123 SOUTH BROAD STREET, PHILADELPHIA, PA 19109	DIRECTOR	0.	0.	0.
LINDA NYMAN 1308 MANOR DRIVE PITTSBURGH, PA 15241	DIRECTOR	0.	0.	0.

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DIANNA REED P.O. BOX 3608 (M.S. 176-42), HARRISBURG, PA 17105-3608	DIRECTOR	0.	0.	0.
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JEFFREY J RIHN, CPA 4401 PENN AVENUE, SUITE 1560, PITTSBURGH, PA 15224	DIRECTOR	0.	0.	0.
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LIZ CHILTON 638 LUZERNE ST NO 2, JOHNSTOWN, PA 15905	DIRECTOR	0.	0.	0.
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TOTALS INCLUDED ON FORM 990, PART V		<u>51,000.</u>	<u>0.</u>	<u>0.</u>
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FORM 990	LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90	STATEMENT	6
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STATES

NONE
PENNSYLVANIA

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) 990

▶ Attach this form to your return.

OMB No. 1545-0172

1997

Attachment
Sequence No. 67

Name(s) shown on return

PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS

Business or activity to which this form relates

FORM 990 PAGE 2

Identifying number

22-2561834

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	1	18,000.
2	Total cost of section 179 property placed in service	2	24,223.
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	18,000.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1996	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	18,000.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1998. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1997 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

15 a	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b	3-year property		22,357.	5 YEARS	MM	S/L	4,471.
c	5-year property		1,866.	7 YEARS	MM	S/L	267.
d	7-year property						
e	10-year property						
f	15-year property						
g	20-year property			25 yrs.		S/L	
h	25-year property			27.5 yrs.	MM	S/L	
i	Residential rental property	/		27.5 yrs.	MM	S/L	
	Nonresidential real property	/			MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions.)

16 a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1997	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV Summary (See instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions on line 12, lines 15 and 18 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	4,738.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 4562 (1997)

Part V Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

24 Property used more than 50% in a qualified business use:

Table for 24 with columns for percentage and other details.

25 Property used 50% or less in a qualified business use:

Table for 25 with columns for percentage, S/L, and other details.

26 Add amounts in column (h). Enter the total here and on line 20, page 1

26

27 Add amounts in column (i). Enter the total here and on line 7, page 1

27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle and rows 28-34 for various usage questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with columns Yes/No and rows 35-39 for policy and usage questions.

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) through (f) and rows 40-42 for amortization details.