Department of the Treasury Internal Revenue Service

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

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

This Farm is Open to Public Inspection

A F	or th	18 19	97 calendar year, OR tax year period beginning	, 1997, and ending		, 19
ВС			Please C Name of organization		D Employer ide	ntification number
	_lof	enge	USE RS PENNSYLVANIA ASSOCIATION OF NONPR	OFIT		
	ado	iress	label or ORGANIZATIONS		22-25	61834
	]init	iai	type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E State registra	ition number
$\vdash$	٦Ðn	al	Specific 132 STATE STREET		1389	4
<del> </del>	Jret TAm	endec	Instruct		F Check	if exemption
	(18tin)   Let	red also	Gity, town, or post office, state, and ZIP+4		F GHECK	application is pending
	lar St report		HARRISBURG, PA 17101		ant abortitable tr	
			ganization → 🗶 Exempt under 501(c) ( 3 ) → (insert number) OR 🕨 🗔			
			on 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable			
			group return filed for affiliates?			r-digit group
(b)	If "	Yes.	enter the number of affiliates for which this	exemption number (GEN)	, <b>&gt;</b>	<u> </u>
	reti	um Is		Accounting method:	Cash	Accrual
(c)	la ti	nia a s	eperate return filed by an organization covered by a group ruling? Yes X No	X Other (specify)	MODIFIE	D CASH
K Ch	eck	here	▶ ☐ if the organization's gross receipts are normally not more than \$25,000. T	'he organization need not file a	return with the	IRS; but
if I	t rec	selved	<u>d a Form 990 Package in the mall, it should file a return without financial data. Some</u>	states require a complete re	ıturn.	
			90-EZ may be used by organizations with gross receipts less than \$100,000 and total			
Pa	Τt	F	Revenue, Expenses, and Changes in Net Assets or Fund	Balances	•	
	1		Contributions, gifts, grants, and similar amounts received:			
			Direct public support	<sub>1a</sub>   129,2	50.	
			Indirect public support	1b	333333	
			Government contributions (grants)	1c	00000	
			Total (add lines 1a through 1c) (attach schedule of contributors)	STMT	1	
			(cash \$ 129, 250 - noncash \$)			129,250.
			•		, , _,,_	7,638.
- 1	2		Program service revenue including government fees and contracts (from Part VII, lin		·····	22,560.
ł	3		Membership dues and assessments			
	4		Interest on savings and temporary cash investments			1,940 <u>.</u>
	5	į	Dividends and interest from securities	5		
	6		Gross rents	6a	5505.85	
		þ	Less: rental expenses	6b	9 0 00 00 00 10 00 00 00 00	
		C	Net rental income or (loss) (subtract line 6b from line 6a)			
Revenue	7	•	Other Investment Income (describe		) 7	<del>.</del>
š	8	a	Gross amount from sale of assets other (A) Securities	(B) Other		
-		1	than inventory	8a	2000	
		b :	Less: cost or other basis and sales expenses	8b	30000	
		C	Gain or (loss) (attach schedule)	6c	00000000 0-0-0-0-00 0-0-0-0-00	
		<b>d</b> .	Net gain or (loss) (combine line 8c, columns (A) and (B))		ad	
	9		Special events and activities (attach schedule):		000000	
		a (	Gross revenue (not including \$ of contributions			
ŀ			raported on line 1a)	9a	000000000 000000000 000000000	
			Less: direct expenses other than fundralsing expenses	9b		
			Net income or (loss) from special events (subtract line 9b from line 9a)			
	10		Gross sales of Inventory, less returns and allowances	10a	505000	
				10b		
			Gross profit or (loss) from sales of Inventory (attach schedule) (subtract line 10b from			
	11		Other revenue (from Part VII, line 103)	•		9,967.
	12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			171,355.
	13		Program services (from line 44, column (B))			133,429.
S	14		Management and general (from line 44, column (C))			28,480.
SE.	15					5,054.
Expenses	16		Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule)			-, -, -, -, -, -, -, -, -, -, -, -, -, -
ш	17		Total expenses (add lines 16 and 44, column (A))			166,963.
	18		Excess or (deficit) for the year (subtract line 17 from line 12)		18	4,392.
يو _	19		Net assets or fund balances at beginning of year (from line 73, column (A))		19	30,623.
288	20	,	Other changes in net assets or fund balances (attach explanation)		20	0.
ч.	21	,	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		<u>40</u>	35,015.
LHA			aperwork Reduction Act Natice, see page 1 of the separate instructions.	<u></u>	21	
		ил Г	iporwork neuderion wer minise, des page 1 di ille separate instructions.			Form 990 (1997)

	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)			00111000	and general	,-,,-
	cash \$noncash \$	22				
23	Specific assistance to individuals (attach schedule)	23				
	Benefits paid to or for members (attach schedule)	24				
25	1 1111111111111111111111111111111111111	25	51,000.	38,250.	10,200.	2,5
26		26	26,614.	18,630.	7,984.	•
27		27				
28		28	4,555.	3,283.	1,178	_
29		29	5,937.	4,351.	1 <u>,</u> 390.	1
90 90		30		1 0 6		
31 22		31	1,420.	1,136.	284.	
32	***************************************			<u> </u>		·
33	***************************************		3,473.	3,300.	173.	
94			3,094	2,939.	155.	
35	. 2		2,700	2,160.	540.	
	Occupancy		14,238.	11,390.	2,848.	
37		37	127.	127.		
	Printing and publications	38	1,192.	1,192		<u> </u>
39 40		39	9,280.	7,327.	409.	1,54
4U 41	מביייים לביייים הוא הייים למייים ומבייים לביייים לביייים לבייים לבייים לבייים לבייים לבייים לבייים לבייים לביי	40	7,805.	7,805.		
41 42	Interest	41	567.	454	113.	
43	Depreciation, depletion, etc. (attach schedule) Other expenses (itemize):	42	4,738.	3,790.	948.	
		اءما				
4 h	<del></del>	43a	·	_		
n.	<u> </u>	43b			_	
	<del></del>	43c				
	SEE STATEMENT 2	43d 43e	30,223.	27,295.	2,258.	<del>-</del>
14 14		436	30/223.	27,233.	2,230.	67
	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these	44		122 420	20 400	
und	totals to lines 13-15 porting of Joint Costs Did you report in column (B) draising solicitation?	(Progran			<b>&gt;</b> _	5 <u>,</u> 05 ] Yes [X] No
iund f "Y iii) Pa	orting of Joint Costs Did you report in column (B)	(Progran	services) any joint costs f ; (ii) t ; and (iv) complishments	rom a combined education	nal campalgn and  ogram services \$	
iund f "Y Pa Vha ur or ichie	draising of Joint Costs Did you report in column (B) draising solicitation?  "es," enter (i) the aggragate amount of these joint cost the amount allocated to Management and general \$ art     Statement of Program Service at is the organization's primary exempt purpose?  Translations must describe their exempt purpose achievement exempts that are not measurable. (Section 501(6)3) and (4) organizations to others.)	(Program	; (ii) to services) any joint costs for any jo	nom a combined education the amount allocated to Prothe amount allocated to Fundament of clients served, publicable trusts must also enter the	ogram services \$ Indraising \$ I	Program Service Expenses Flequired for \$07(a)(a), and \$4347(a)
into f "Y iii) Pa Wha whichie a	draising of Joint Costs Did you report in column (B) draising solicitation?  Tes, anter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$  Test III Statement of Program Service at is the organization's primary exempt purpose?  Testing Test	(Program  S \$  SEE Acc  SEE  In a clear anizations	; (ii) to services) any joint costs for any jo	nom a combined education the amount allocated to Prothe amount allocated to Fundament of clients served, publicable trusts must also enter the	ogram services \$ Indraising \$ I	Program Service Expenses Flequired for \$07(a)(a), and \$4347(a)
f "Y iii) Pa Vha illoc a	draising of Joint Costs Did you report in column (B) draising solicitation?  "es," enter (i) the aggragate amount of these joint cost the amount allocated to Management and general \$ art     Statement of Program Service at is the organization's primary exempt purpose?  Translations must describe their exempt purpose achievement exempts that are not measurable. (Section 501(6)3) and (4) organizations to others.)	(Program  S \$  SEE Acc  SEE  In a clear anizations	; (ii) to services) any joint costs for any jo	nom a combined education the amount allocated to Prothe amount allocated to Fundament of clients served, publicable trusts must also enter the	ogram services \$ Indraising \$ I	Program Service Expenses Flequired for 501(a)(s) (4) ones and 4547(a)
iii) Pa Wha	draising of Joint Costs Did you report in column (B) draising solicitation?  Tes, anter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$  Test III Statement of Program Service at is the organization's primary exempt purpose?  Testing Test	(Program  S \$  SEE  In a clear anizations	; (ii) to the content of the content	nom a combined education the amount allocated to Prothe amount allocated to Fundament of clients served, publicable trusts must also enter the	ogram services \$ Indraising \$ I	Program Service Expenses Required for 501(c)(3) (4) orgs., and 4947(s)(4) (5); but optional for on
f "Y iii) PE Wha	draising of Joint Costs Did you report in column (B) draising solicitation?  Tes, anter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ ort     Statement of Program Service at is the organization's primary exempt purpose?   Temperature must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) organization others.)  VARIOUS EDUCATIONAL AND NONPROFIT ORGANIZATIONS  CONFERENCE PROVIDING ED	(Program  S \$  Ce Acc  SEE  In a clear anizations  ADV  UCAT	; (ii) I ; and (iv) i ; and (iv) i ; and complishments STATEMENT 3 and concise manner. State the r and 4947(a)(1) nonexempt chart OCACY SERVIC	rom a combined education the amount allocated to Prothe amount allocated to Fundament of clients served, publicable trusts must also enter the ES TO  ts and allocations \$ TWORKING OPI	ogram services \$ ogram services \$ indraising \$ cattons issued, etc. Discuss ( carrount of grante and true)  PORTUNITIES	Program Service Expenses Required for 501(a)s (4) orgs., and 4947(a)sts; but optional for other states of the stat
f "Y iii) PE Wha	draising of Joint Costs Did you report in column (B) draising solicitation?  Tes, anter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$  Test III Statement of Program Service at is the organization's primary exempt purpose?  Testing Test	(Program  S \$  Ce Acc  SEE  In a clear anizations  ADV  UCAT	; (ii) I ; and (iv) i ; and (iv) i ; and complishments STATEMENT 3 and concise manner. State the r and 4947(a)(1) nonexempt chart OCACY SERVIC	rom a combined education the amount allocated to Prothe amount allocated to Fundament of clients served, publicable trusts must also enter the ES TO  ts and allocations \$ TWORKING OPI	ogram services \$ ogram services \$ indraising \$ cattons issued, etc. Discuss ( carrount of grante and true)  PORTUNITIES	Program Service Expenses Fequired for 501(c)(s) (4) orga., and 4947(s) (53; but optional for other services and 116,01
f 'Y (iii) Pa Wha whichis a	draising of Joint Costs Did you report in column (B) draising solicitation?  Tes, anter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ ort     Statement of Program Service at is the organization's primary exempt purpose?   Temperature must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) organization others.)  VARIOUS EDUCATIONAL AND NONPROFIT ORGANIZATIONS  CONFERENCE PROVIDING ED	(Program  S \$  Ce Acc  SEE  In a clear anizations  ADV  UCAT	services) any joint costs f  ; (ii) ! ; and (iv) ! complishments STATEMENT 3 and concise manner. State the r and 4947(s)(1) nonexempt chart  OCACY SERVIC  (Gran IONAL AND NE NDED BY OVER	rom a combined education the amount allocated to Prothe amount allocated to Fundament of clients served, publicable trusts must also enter the ES TO  ts and allocations \$ TWORKING OPI	ogram services \$ ogram services \$ indraising \$ cattons issued, etc. Discuss ( carrount of grante and true)  PORTUNITIES	Program Service Expenses Frequired for \$01(a)(s) (4) orga., and 4947(a)(s)s (5); but optional for other \$116,01
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Tund f "Y (iii) Pa What iii) or ichie alloc	draising of Joint Costs Did you report in column (B) draising solicitation?  Tes, anter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ ort     Statement of Program Service at is the organization's primary exempt purpose?   Temperature must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) organization others.)  VARIOUS EDUCATIONAL AND NONPROFIT ORGANIZATIONS  CONFERENCE PROVIDING ED	(Program  S \$  Ce Acc  SEE  In a clear anizations  ADV  UCAT	services) any joint costs f  ; (ii) I ; and (iv); complishments STATEMENT 3  and concise manner. State the r and 4947(s)(1) nonexempt chart  OCACY SERVIC  (Gran IONAL AND NE NDED BY OVER  (Gran	rom a combined education the amount allocated to Prothe amount allocated to Fundament of clients served, publicable trusts must also enter the ES TO  ts and allocations \$ TWORKING OPI	ogram services \$ ogram services \$ indraising \$ cattons issued, etc. Discuss ( carrount of grante and true)  PORTUNITIES	Program Service Expenses Frequired for \$01(a)(s) (4) orga., and 4947(a)(s)s (5); but optional for other \$116,01
f 'Y  iii)  Pa  What  ichie  a	draising of Joint Costs Did you report in column (B) draising solicitation?  Tes, anter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ ort     Statement of Program Service at is the organization's primary exempt purpose?   Temperature must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) organization others.)  VARIOUS EDUCATIONAL AND NONPROFIT ORGANIZATIONS  CONFERENCE PROVIDING ED	(Program  S \$  Ce Acc  SEE  In a clear anizations  ADV  UCAT	services) any joint costs f  ; (ii) I ; and (iv); complishments STATEMENT 3  and concise manner. State the r and 4947(s)(1) nonexempt chart  OCACY SERVIC  (Gran IONAL AND NE NDED BY OVER  (Gran	ts and allocations \$ TWORKING OPI	ogram services \$ ogram services \$ indraising \$ cattons issued, etc. Discuss ( carrount of grante and true)  PORTUNITIES	Program Service Expenses Frequired for \$01(a)(s) (4) orga., and 4947(a)(s)s (5); but optional for other \$116,01
The control of the co	draising of Joint Costs Did you report in column (B) draising solicitation?  Tes, anter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ ort     Statement of Program Service at is the organization's primary exempt purpose?   Temperature must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) organization others.)  VARIOUS EDUCATIONAL AND NONPROFIT ORGANIZATIONS  CONFERENCE PROVIDING ED	(Program  S \$  Ce Acc  SEE  In a clear anizations  ADV  UCAT	services) any joint costs f  ; (ii) I ; and (iv); complishments STATEMENT 3  and concise manner. State the r and 4947(s)(1) nonexempt chart  OCACY SERVIC  (Gran IONAL AND NE NDED BY OVER  (Gran	ts and allocations \$ TWORKING OPI	ogram services \$ ogram services \$ indraising \$ cattons issued, etc. Discuss ( carrount of grante and true)  PORTUNITIES	Program Service Expenses Frequired for \$01(a)(s) (4) orga., and 4947(a)(s)s; but optional for other \$116,01
The control of the co	draising of Joint Costs Did you report in column (B) draising solicitation?  Tes, anter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ ort     Statement of Program Service at is the organization's primary exempt purpose?   Temperature must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) organization others.)  VARIOUS EDUCATIONAL AND NONPROFIT ORGANIZATIONS  CONFERENCE PROVIDING ED	(Program  S \$  Ce Acc  SEE  In a clear anizations  ADV  UCAT	services) any joint costs f  ; (ii) I ; and (iv) i ; and (iv) i ; and complishments STATEMENT 3 and concise manner. State the r and 4947(a)(1) nonexempt chart OCACY SERVIC  (Gran IONAL AND NE NDED BY OVER  (Gran	to an allocations \$  TWORKING OPI  10 0 PARTIC:  12 and allocations \$  TWORKING OPI  13 and allocations \$  Table to the test of the test o	ogram services \$ ogram services \$ indraising \$ cattons issued, etc. Discuss ( carrount of grante and true)  PORTUNITIES	Program Service Expenses Frequired for 501(a)(3) of (4) orgat, and 4947(a)(4) ots; but optional for other forms of the first optional fore
d d	draising of Joint Costs Did you report in column (B) draising solicitation?  Tes, anter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$ ort     Statement of Program Service at is the organization's primary exempt purpose?   Temperature must describe their exempt purpose achievements that are not measurable. (Section 501(c)(3) and (4) organization others.)  VARIOUS EDUCATIONAL AND NONPROFIT ORGANIZATIONS  CONFERENCE PROVIDING ED	(Program  S \$  Ce Acc  SEE  In a clear anizations  ADV  UCAT	services) any joint costs f  ; (ii) I ; and (iv) i ; and (iv) i ; omplishments  STATEMENT 3  and concise manner. State the r and 4947(a)(1) nonexempt chart  OCACY SERVIC  (Grant  IONAL AND NE  NDED BY OVER  (Grant  (Grant	ts and allocations \$ TWORKING OPI	ogram services \$ ogram services \$ indraising \$ cattons issued, etc. Discuss ( carrount of grante and true)  PORTUNITIES	Program Service

# PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS

Form 990 (1997)

22-2561834

Page 3

## Part IV Balance Sheets

ote: Whe	ere required, attached schedules and amounts with and-of-year amounts only	in the description o	olumn should be	(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing			3,599. <sub>45</sub>	10,808
46	Savings and temporary cash investments	,,,,		12,143. 46	73,083
		1 1			
4/a	Accounts receivable	47a	_		
1 1	Less: allowance for doubtful accounts		***************************************	47c	
40.5	Diodose				
	Pledges receivable				
	Less: allowance for doubtful accounts			48c_	<u> </u>
49	Grants receivable		····	49	
50	Receivables from officers, directors, trustees, an			. 1	
	schedule)			50	
51 a					
?   b	Less: allowance for doubtful accounts			51c	
52	Inventorias for sale or use			52	
53	Prepaid expenses and deferred charges			53	
54	54 Investments - securitles (attach schedule)		54	·	
55 a	Investments - land, buildings, and				
	equipment: basis	55a	24,224.		
Ь	Less: accumulated depreciation (attach				
1	schedule)	55b	11,748.	17,215. 55c	12,476
56	Investments - other .,			56	
	Land, buildings, and equipment: basis	57a			
b	Less: accumulated depreciation	57b		57c	
58	Other assets (describe > DEPOSIT			1,783. 58	1 <u>,78</u> 3
59	Total assets (add lines 45 through 58) (must eq	ual line 74)	41-1	34,740. 59	98,150
60	Accounts payable and accrued expenses			191 60	· ·
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key			63	-
62 63 64 a	Tax-exempt bond liabilities			64a	
	Mortgages and other notes payable			64b	
65	Mortgages and other notes payable Other liabilities (describe 🏲	SEE STAT	EMENT 4	3,926. 65	63,135
66	Total liabililles (add lines 60 through 65)			4,117- 66	<u>63</u> ,135
Organ	nizations that follow SFAS 117, check here 🕨				<u></u>
	69 and lines 73 and 74	·			
67 68 69 Organ 70 71 72 73	Unrestricted			30,623. 67	22,015.
68	Temporarily restricted		<b>1</b>	68	13,000.
69	Permanently restricted			69	
Organ	nizations that do not follow SFAS 117, check here	and co	molete lines	20000000	
-	70 through 74				
70	Capital stock, trust principal, or current funds,	•		70	
71	Paid-in or capital surplus, or land, building, and e	avipment fund		71	_
72	Retained earnings, endowment, accumulated Inci			72	
73	Total net assets or fund balances (add lines 67 t				
-	column (A) must equal line 19 and column (B) m			30,623. 73	35,015.
74	Total liabilities and net assets / fund balances	(add lines 66 and 1	73)	34,740. 74	98,150.
_	) is available for public inspection and, for some pe				

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.

PENNSYLVANIA ASSOCIA ORGANIZATIONS	23 3561024
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
a Total revenue, gains, and other support per audited financial statements a 171, 355	33 g Tree:
b Amounts included on line a but not on line 12, Form 990;	b Amounts included on line a but not on line 17, Form 990:
(1) Net unrealized gains	(1) Donated services and use of facilities \$
on investments\$	(2) Prior year adjustments
(2) Donated services and use of facilities	reported on line 20, Form 990
(3) Recoveries of prior	(3) Losses reported on
year grants\$	line 20, Form 990 <b>\$</b>
(4) Other (specify):	(4) Other (specify):
Add amounts on lines (1) through (4)	Add amounts on lines (1) through (4)
c Line a minus line b ► c 171,355.	c Line a minus line b
d Amounts included on line 12, Form 990 but not on line a:	d Amounts Included on line 17, Form 990 but not on line a:
(1) Investment expenses	(1) Investment expenses
Not included on	not included on
line 6b, Form 990\$	line 6b, Form 990\$
ss	(2) Guiai (specily).
Add amounts on lines (1) and (2)	Add amounts on lines (1) and (2)
e Total revenue per line 12, Form 990 (line c plus line d) e 171, 355.	e Total expenses per line 17, Form 990 (line c plus line d)
Part V List of Officers, Directors, Trustees, and Key i	Employees (List each one even if not compensated.)
(A) Name and address	(B) Title and average hours (C) Compensation (D) Contributions to (E) Expense per week devoted to (if not paid, enter
<del></del>	position '-0-) compensation other allowances
SEE STATEMENT 5	51.000
	51,000. 0. 0.
<del></del>	
<del></del>	
<u> </u>	
<u> </u>	
·	
	·-
5 Did any officer, director, trustee, or key employee receive aggregate compensation	on of more than \$100,000 from your <u>organization and</u> all related

	990 (1997) ORGANIZATIONS	<i>-</i> 111	<u>22</u> –256	1 ቋንፈ	<u> </u>	Page :		
Pa	tt VI Other Information			1033	Yes			
76	Did the organization engage in any activity not previously reported to the IRS? If Yes, attach a detailed de-	scription of each a	ctivity	76	γ•υ3	X		
77	were any changes made in the organizing or governing documents but not reported to the IRS?			77	├	X		
	if "Yes," attach a conformed copy of the changes,							
78 a	2 maintage permitted blood income of Φ1,ΦΦΦ Of Hote diffully file ABM COARIBY DA	this return?		782	rentestations.	X		
b	it "Yes," has it filed a tax return on Form 990-T for this year?		N/A	78b		<del>                                     </del>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			79		X		
	JT "Yes," attach a statement;							
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through	common member	ship,					
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			803		X		
b	If "Yes," enter the name of the organization 🕒			3000000	33333			
	and check whether it is	exempt OR	полехетрt.					
81 a	Enter the amount of political expenditures, direct or indirect, as described in the	, ,						
	instructions for line 81	<u>81</u> a						
. D	Did the organization file Form 1120-POL for this year?			816		X		
H2 3	uid the organization receive donated services or the use of materials, equipment, or facilities at no charge o	r at substantially i	ess than					
	fair rental value?			82a		Х		
0	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or a		/-					
D-1 -	expense in Part II. (See instructions for reporting in Part III)	82b	N/A		:::::::::::::::::::::::::::::::::::::::	2000 000000 200000000000000000000000000		
83 a	A series and bear and bear and bear and and and and and applications	?		83a	X	<u> </u>		
b	Did the organization comply with the disclosure requirements relating to guld pro quo contributions?			63b	Х			
04 a	Did the organization solicit any contributions or gifts that were not tax deductible?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84a	X-20000	X		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	gifts were not	37/5					
85	tax deductible?		N/A	84b				
69 60	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A	85a				
U	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85b	energene (			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization owad for the prior year.	) récéived a waive	r for proxy tax	************		20000000 		
c	Dues, assessments, and similar amounts from members	05-	N/A			2000000000 Audustanias 200000000000		
4	Section 162(a) lobbying and political expenditures	85c 85d	N/A					
- -		85e	N/A					
į.		85f	N/A					
, q	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		N/A	05-		accessores (1)		
_	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its re	nacanahla aetimat		85g /				
	allocable to nondeductible lobbying and political expenditures for the following tax year?	sestinanie estiliat	N/A	85h				
86	501(c)(7) organizations Enter:			0011		0.000000		
а	Initiation fees and capital contributions included on line 12	86a	N/A			10000000000000000000000000000000000000		
ь	Gross receipts, included on line 12, for public use of club facilities	86b	N/A			Agus Asadodo Secretores est Secretores est Secretores est		
87		87a	N/A			00000000		
b	Gross Income from other sources. (Do not net amounts due or paid to other sources					0.0000000		
		87b	N/A					
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or pa							
	If "Yes," complete Part IX			88		X		
89 a	501(c)(3) organizations Enter: Amount of tax imposed during the year under:					200000		
	section 4911 ►	<b>▶</b>	0.					
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit				2000 2000 200 2000 2000 2000 2000 2000			
	transaction during the year? If "Yes," attach a statement explaining each transaction	***************************************		89b		<u>X</u>		
Ċ	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		_					
	sections 4912, 4955, and 4958	.,,,,,,	▶			0.		
	Enter: Amount of tax in 89c, above, reimbursed by the organization		<b>&gt;</b>			0.		
90 a	List the states with which a copy of this return is filed 🕨 SEE STATEMENT 6	,,,,,						
Ь	Number of employees employed in the pay period that includes March 12, 1997		<u>_</u>	90ь		2		
~-	The Landson of A TOSEPH M. CRICER	_	. 710 55					
91	The books are in care of DOSEPH M. GEIGER	_ Telephone ло. I	► <u>/17-236</u>	-85	84			
	Located at ► 132 STATE STREET			7101				
	Located at ► 132 STATE STREET		ZIP +4 ► 1.	/ T O T				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here					٦		
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶   9	2	N/A		_		
		J		T41 T				

Form 990 (1997)

**PANO** 

**2**006

PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS

22-2561834 Page 6 Part VII Analysis of Income-Producing Activities Enter gross amounts unless otherwise Unrelated business income Excluded by section 512, 513, or 614 (E) indicated. (C) (B) (D) Related or exempt 93 Program service revenue: Sion code Amount Amount function income code (a) CONFERENCE FEES 7,638 (d) (B) (f) Medicare/Medicaid payments ..... (g) Fees and contracts from government agencies ..... 94 Membership dues and assessments 22,560 95 Interest on savings and temporary cash investments .... 1,940 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 ENDORSEMENT FEES b MISC. INCOME 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 tine 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 Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.) Name, address, and employer Identification Percentage of End-of-year Nature of business activities Total income number of corporation or partnership ownership Interest assets N/Aexamined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, then the passed on all information of which preparer has any knowledge. Please Sign only & Asbury LLP Here Date Type or print name and title Check if Preparer's self-employed 🛌 arutangia Paid Firm's name (or yours WICKONLY & ASBURY LLP Preparers ĘΙΝ if self-employed) P.O. BOX 1331 Use Only and address HARRISBURG, 17105 б

SCHEDULE A (Form 990)

Department of the Trassury

Organization Exempt Under 501(c)(3)

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

Supplementary Information

Internal Revenue Servico

Must be completed by the above organizations and attached to their Form 990 (or Form 990EZ). Name of the organization PENNSYLVANIA ASSOCIATION OF NONPROFIT

OMB No. 1545-0047

Part	ORGANIZATIONS			22: 25619	ication number ? 3.4
	Compensation of the Five Highest Paid Emplo	yees Other Than Off	icers, Directo	rs, and Trus	tees
	(See instructions.) (List each one. If there are none, enter 1	None.*)		14.4	
	(a) Name and address of each employee pald 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 oti allowances
NONE					
		7			
		<u> </u>			
	·	-			
	<u> </u>				
<b>-</b>	· <b></b>	-			
					_
<b></b>	·	_			
	· <del></del>				
F-4-1			303350513131314 (A. 2011 GG) A		
over \$50,000	of other employees paid	0			
Part II	Compensation of the Five Highest Paid Indepe See instructions.) (List each one (whether individuals or fin	ndent Contractors fo	r Professiona		<u> </u>
	(a) Name and address of each independent contractor paid more th		(b) Type of se	ervice (c	:) Compensation
NONE					<del></del>
	·				
_					
<b></b>					
<b>-</b>					
<b>-</b>					
<b>-</b>					
	f athers receiving over				

723101 12-05-97

7

PENNSYLVANIA ASSOCIATION OF NO 25365-01

	ORGANIZATIONS	<u>22-256</u> 1834	<u>.</u> F	age 2
Par	Statement About Activities		Yes	No
	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence population on a legislative matter or referendum?			
	ipinion on a legislative matter or referendum?	1	#2000 CO. A	X
Ċ	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other		00000000000 00000000000000000000000000	
0	rganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of	0.00000		
	ne lobbying activities.			
	luring the year, has the oganization, either directly or indirectly, engaged in any of the following acts with any of its trustees, direct	toes (00000)		66, 2000 (2000) Lucioso
0	fficers, creators, key employees, or members of their families, or with any taxable organization with which any such person is	.ura,		
a	ffiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a S	ale, exchange, or leasing of property?	2a	-Keppender	X
bι	anding of money or other extension of credit?	2b		х
	umishing of goods, services, or facilities?			~
				X
d P	ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u>x</u>
e T	ransfer of any part of its Income or assets?			х
lf	the answer to any question is "Yes," attach a detalled statement explaining the transactions.			
D	oes the organization make grants for scholarships, fellowships, student loans, etc.?	3		Х
A	ttach a statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in	(0.0) (0.0) (0.0) (0.0) (0.0) (0.0) (0.0) (0.0) (0.0) (0.0)		ilionois.
fu	rtherance of its charitable programs qualify to receive payments. (See instructions.)	000000000 00000000 00000000		
	Reason for Non-Private Foundation Status (See instructions.)			
	ganization is not a private foundation because it is (please check only DNE applicable box):			
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
i	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)			
	A hospital or a cooperative hospital service organization, Section 170(b)(1)(A)(iii).			
	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
l	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's n	ame, city,		
ł	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17  (Also complete the Support Schedule in Part IV-A.)			
а	An organization that normally receives a substantial part of its support from a governmental unit or from the general pu  Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	blic.		
b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
_	An organization that normally receives: (1) more than 33 1/8% of its support from contributions, membership fees, and	arace		
	receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1	gross And of		
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse			
	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	a nedauca		
	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	, izations 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). (See section			
	Provide the following information about the supported organizations. (See instructions on page 4.)			
		(b) Line	numbe	
	(a) Name(s) of supported organization(s)		n abov	
	·			
4	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)	<u>_</u>		
			•	

Schedule A (Form 990) 1997 ORGANIZATIONS

PENNSYLVANIA ASSOCIATION OF NONPROFIT 22-2561834 Page 3 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 account to the cash method of accounting. Calendar year (or fiscal year (a) 1996 (b) 1995 (c) 1994 (d) 1993 (e) Total beginning in) <u>.....</u> Gifts, grants, and contributions received. (Do not include unusual grants, Sec. 111,871. 173,546. 3,000. 27,744. 316,161. line 28.) ..... 12,136. 12,270. 5,650. 5,862. 35,918. Membership fees received 16 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 13,400. 8,860. 22,260. charitable, etc., purpose 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 45. 727. 947. 1,719. organization after June 30, 1975 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 Other income. Attach a echedule. Do not Include gain or (loss) from sale of capital 189,003. 8,862. 39,925 376,058 Total of lines 15 through 22 138,268. 23 180,143. 8,862. 39,925. 124,868. 353,798 24 Line 23 minus line 17 1.890. 1,383. 25 Enter 1% of line 23 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24 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 26b in line 26a. Enter the sum of all these excess amounts N/A Total support for section 509(a)(1) test: Enter line 24, column (e) 26c 18 \_\_\_\_\_ 19 \_\_\_\_\_ Add: Amounts from column (e) for lines: N/AN/APublic support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 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) O · (1995) O · (1994) O · (1993) O · 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 decribed in (1) or (2), enter the sum of these differences (the (1996) O - (1995) O - (1994) O - (1993) O -Add: Amounts from column (e) for lines: Public support (line 27c, total minus line 27d total) Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 271 \$ 376,058. Public support percentage (line 27e (numerator) divided by line 27f, (denominator))

h Investment Income percentage (line 18 column (e) (numerator) divided by line 271 (d<u>enominator)) ........</u> 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

Schedule A (Form 990) 1997

ORGANIZATIONS

22-2561834

Page 4

۲a	rt V Private School Questionnaire		_	
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/		j
9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	Instrument, or in a resolution of its governing body?	29	l	
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			000000
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
1	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known	00000000000000000000000000000000000000		
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	[0000000000 		
	·	_ 8		
	<u> </u>	_ 200000		
			00000000 00000000	
			200000	
!	Does the organization maintain the following:		.000000	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	<u>3</u> 2a		
ь	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	324		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
	Does the organization discriminate by race in any way with respect to:	10000000		
а	Students' rights or privileges?	, ЗЗа		
þ	Admissions policies?	33b		
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
1	Use of facilities?			
g	Athletic programs?	33a		
h	Other extracurricular activities?	<u>33h</u>		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	500 - 000 - 000 - 000 - 000 - 000 - 000 - 000 - 000		
		_ *********		
		_ 80000	000000	
a	Does the organization receive any financial aid or assistance from a governmental agency?			
b			1	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
		[]		
5	Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	-   - !		

	hedule A (Form 990) 1997 ORGANIZATIONS		<u>22-</u>	<u>-2561834 Page 5</u>
P	art V -A Lobbying Expenditures by Electing Public Charities (To be completed ONLY by an eligible organization that filed Form 5768)			N/A
Cha	eck here 🟲 a 🔲 If the organization belongs to an affiliated group.			
Che	eck 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
	(The term expenditures Theatis amounts paid of incorred)		N/A	1
96	T-A-11-EL:	36	21/11	
	Total lobbying expenditures to influence public opinion (grassroots lobbying)	37		
	Total lobbying expenditures to influence a legislative body (direct lobbying)	38		<u> </u>
38	3 2 1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			
39		39		
40		40_		
41	Lobbying nontaxable amount. Enter the amount from the following table -	900000000 900000000 900000000		
	If the amount on line 40 is - The lobbying nontaxable amount is -	000000		
	Not over \$500,000 20% of the amount on line 40	000000		
	Over \$500,000 but not over \$1,000,000	F. CONTROL		
	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	0000000		
	Over \$17,000,000 \$1,000,000 J			
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.	0000000		
	A.Voor Aversains Beried Under Serting 5	п <b>-1/</b> ь\		

(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.)

		N/A			
Calendar year (or iscal year beginning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Lobbying nontaxable amount					(
6 Lobbying ceiling amount (150% of line 45(e))					(
7 Total lobbying expenditures					(
8 Grassroots nontaxable amount			-		(
9 Grassroots ceiling amount (150% of line 48(e))					(
O Grassroots lobbying expenditures					(

### Part VI-B Lobbying Activity by Nonelecting Public Charities

	(For reporting only by organizations that did not complete Part VI-A)			N/A
	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to Lence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
а	Volunteers			
	Paid staff or management (include compensation in expenses reported on lines c through h)			
C	Media advertisements			
	Mailings to members, legislators, or the public			
e	Publications or published or broadcast statements			
f	Grants to other organizations for lobbylng purposes		i	
	Direct contact with legislators, their staffs, government officials, or a legislative body			
ħ	Railles, demonstrations, séminars, conventions, speeches, lectures, or any other means			
1	Total lobbying expenditures (add lines c through h)		00000000000000000000000000000000000000	0 -
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.	_		<u> </u>

Schedule A (Form 990) 1997

ORGANIZATIONS

22-2561834

Page 6

Par	Information Re Exempt Organi		d Transactions and	d Relationships With Noncham	table		
51		directly or Indirectly engage in any of	the following with any othe	r organization described in section			
•		section 501(c)(3) organizations) or i		-			
а		ganization to a noncharitable exemp		onious organizations		Yes	No
•	•	-			51a(l)		X
					·- <del>- ``</del>		X
_					· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<del></del>
b	Other transactions:				b(i)		X
							X
					· <del></del>	<u> </u>	X
				-,	· <del>- 1</del>		X
					1		_
	(v) Loans or loan guarantees						X
							X.
G					<u> </u>		X
d				always indicate the fair market value of the			
		s given by the reporting organization				17 / 7	
	1	nent, show in column (d) the value o	f the goods, other assets, o	1		N/A	
(a		(c)		(d)			
Line	no. Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and	snanng ar	rangen	ients
				<u> </u>			
				<u></u>			
				<u> </u>			
			<u> </u>				
			<del></del>				
				<u> </u>			
				1	•		
						•	
52 a	Is the organization directly or in	utirectly affiliated with or related to a	nne or more tax-exempt ord	anizations described in section 501(c) of the			
	Code (other than section 501(c		and de mand for overship and		Yes	X	] No
b	If 'Yes," complete the following						,_
	(a		/h)	(c)			
	Name of or	ganization	(b) Type of organization	Description of relationsh	ip		
			· · ·	<del>-</del> -		•	
				<u></u>			
		<del></del>		<del>                                  </del>			
				<del> </del>			
	<u>-</u>	· · · · · · · · · · · · · · · · · · ·					
			<del>-</del> ··				
			<del>                                     </del>	<del></del> -			

PENNSYLVANIA	ASSOCIATION	OF	NONPROFIT	ÓR
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22-2561834

FORM 990	RIBUTIONS OF \$5000 OR MORE DED ON PART I, LINE 1D	STATEMENT 1	
	*** NOT OPI	EN TO PUBLIC INSPECTION ***	
CONTRIBUTOR'S NAME	2	CONTRIBUTOR'S ADDRESS	AMOUNT
THE HUSTON FOUNDAT	'ION	100 FRONT STREET W.CONSHOHOCKEN, PA 19428	70,000.
THE STEWART HUSTON	CHARITABLE	76 S. FIRST AVE, COATEVILLE, PA 19320	45,500.

22-2561834

FORM 990	OTHER	STATEMENT			
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISI	NG
INSURANCE	3,470.	2,776.	694.	_	
DUES AND SUBSCRIPTIONS CONSULTING FEES	5,200. 15,883.	4,680. 15,213.	520.		70.
MISCELLANEOUS	4,415.	3,742.	673.	Ü	70.
LICENSES AND PERMITS	150.	·	150.		
REPAIRS	1,105.	884.	221.		
TOTAL TO FM 990, LN 43	30,223.	27,295.	2,258.	6	70.

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

### EXPLANATION

PROVIDE LEADERSHIP, ADVOCACY AND EDUCATION TO NONPROFIT ORGANIZATIONS

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

22-2561834

FORM 990 PART V - LIST OF TRUSTEES AND	OFFICERS, DIREC KEY EMPLOYEES	TORS,	STATE	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
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 -

PENNSYLVANIA ASSOCIATION OF NONPI	ROFIT OR		22-25	61834
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.

PENNSYLVANIA ASSOCIATION OF NONPROFIT OR		22–256	1834
DIANNA REED DIRECTOR P.O. BOX 3608 (M.S. 176-42), HARRISBURG, PA 17105-3608	0.	0.	0.
JEFFREY J RIHN, CPA DIRECTOR 4401 PENN AVENUE, SUITE 1560, PITTSBURGH, PA 15224	0.	0.	0.
LIZ CHILTON DIRECTOR 638 LUZERNE ST NO 2, JOHNSTOWN, PA 15905	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V	51,000.	0.	0.
FORM 990 LIST OF STATES RECEIVING COPY PART VI, LINE 90	OF RETURN	STATEMENT	6

STATES

NONE

PENNSYLVANIA

4562

## **Depreciation and Amortization**

(Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. **67** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach this form to your return.

ldentifying number

PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS

Business or activity to which this form relates

FORM 990 PAGE 2

22-2561834

	Maximum dollar limitation. If an enterp							_	18,00
	Total cost of section 179 property pla		24,22						
	Threshold cost of section 179 propert							_	\$200,000
	Reduction in limitation. Subtract line 3							4	
	Dollar limitation for tax year. Subtract separately, se <u>e instructions</u>	5	18,00						
6	(a) Description of (	property		(b) Cost (business use only)			(c) Electe	d cost	
		. <u></u> .							
	<u> </u>								_
	Listed property. Enter amount from lir					7			
8	Total elected cost of section 179 prop	perty. Add amounts	s in column (c)	), lines 6 and '	7				
9	Tentative deduction. Enter the smalle	r of line 5 or line 8					,	9	
	Carryover of disallowed deduction fro								
	Business Income limitation. Enter the								18,00
	Section 179 expense deduction. Add					-	<u></u>	12	
13	Carryover of disallowed deduction to	1998. Add lines 9 a	and 10, less lit	ne 12		3			
Note	e: Do not use Part II or Part III below to difor entertainment, recreation, or amu	for listed property (ฮ เรement), Instead, เ	automobiles, q use Part V for	certain other v listed oroperi	/enicies, tv.	cellular	telephones	, certain c	computers, or property
	MACRS Depreciation For Ass					Year (l	Do Not Incli	ude Listed	d Property.)
			A - General						
	15 11 11 11 1						kl	into one o	
14	lf you are making the election under s	section 168(i)(4) to <u>c</u>	proup any ass	ets placed in	service	during i	the tax year		or wore general azžer –
14	accounts, check this box. See instruc	tions					<u> </u>		P [
14	accounts, check this box. See instruc	tions Section B - Genera	al Depreciation	on System (G			<u> </u>		or more general asset
14	accounts, check this box. See instruc	tions	al Depreciatio			e instru	<u> </u>		<u></u>
	accounts, check this box. See instruc	Section B - General (b) Month and year placed	al Depreciation (c) Basis for (business/invointy - see in	on System (G depreciation vestment use netructions)	i <b>DS) (</b> Se (d) Rec per	e instru overy od	(c) Convention	(f) Method	(g) Depreciation deduction
15	accounts, check this box. See instruction of property	Section B - General (b) Month and year placed	al Depreciation (c) Basis for (business/invointy - see in	depreciation (Generalization restructions)	(d) Rec per	e instru	(e) Convention	(f) Method	(g) Depreciation deduction
15	accounts, check this box. See instruction of property  a 3-year property	Section B - General (b) Month and year placed	al Depreciation (c) Basis for (business/invointy - see in	on System (G depreciation vestment use netructions)	(d) Rec per	e instru overy od	(e) Convention	(f) Method	(g) Depreciation deduction
15	accounts, check this box. See instruction of property  a 3-year property  b 5-year property	Section B - General (b) Month and year placed	al Depreciation (c) Basis for (business/invointy - see in	depreciation (Generalization restructions)	(d) Rec per	e instru	(e) Convention	(f) Method	(g) Depreciation deduction
15	accounts, check this box. See instruction  (a) Classification of property  a 3-year property  b 5-year property  c 7-year property	Section B - General (b) Month and year placed	al Depreciation (c) Basis for (business/invointy - see in	depreciation (Generalization depreciation de	(d) Rec per	e instru	(e) Convention	(f) Method	(g) Depreciation deduction
15	accounts, check this box. See instruction of property  a 3-year property b 5-year property c 7-year property d 10-year property	Section B - Genera (b) Month and year placed in service	al Depreciation (c) Basis for (business/invointy - see in	depreciation (Generalization depreciation de	(d) Rec per	e instru	(e) Convention	(f) Method	(g) Depreciation deduction
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115	accounts, check this box. See instruction of property  a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property  h Residential rental property	Section B - Genera (b) Month and year placed in service	al Depreciation (c) Basis for (business/invointy - see in	depreciation (Generalization depreciation de	6DS) (Se (d) Rec per 5 Y 7 Y 25 y 27.5	e instru	(e) Convention MM MM MM	(f) Method S/L S/L S/L S/L S/L	(g) Depreciation deduction
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those vehicles.	rehicles to your employe	es, IIIST ANS		(a)			_							
28 Total business/in	vestment miles driven duri	no the	Veh			(b) nicle	Veh	(c) icle	Vehic	d) -la	l Vehi	e)	(1 Vehic	-
	clude commuting miles)				YUII	ncie	A 0 ( )		A CITI	-1C	Velil	cie	Aétili	ле 
	ng miles driven during th							<del>-</del>			_		_	
	sonal (noncommuting) n	-									1	_		
	······································		1											
	en during the year.	,,				<del>_</del> .								
	rough 30													
Add lines 20 tr	100g() 30			7	37	1		<del></del> -	1					
9 Was the vehicle	e available for personal i		Yes	No No	Yes	No	Yes	No	Yes	No_	Yes	No	Yes_	No
													,	
	hours? e used primarily by a mo					<del>  _</del> .		1	_					
									-					
	r or related person?			-				<del>  </del>						
use?	cle available for persona	ií		i l				í l						
nzé.	······································				_							l l	1	
nswer these ques	Section C - C tions to determine if you ersons.	Questions for meet an ex	or Emp ception	lioyers Wi n to comp	ho Pro deting :	Section B	icles fo for vei	or Use by hicles use	Their E d by eπ	i <b>mploye</b> iployees	es who ar	e not ma	ore than	5%
													Yes	No
5 Do you maintair	n a written policy statem	ent that pro	shlbits a	all person:	al use d	of vehicle	s, inclu	ding com	nuting,	by your				
employees7			,,.	,,,,,,,,,,,				-171						
6 Do you maintair	n a written policy statem	ent that pro	ohibits p	bersonal u	ise of v	vehicles, e	xcept	commutin	g, by y	our				
employees? Se	e Instructions for vehicle	es used by d	согрога	te officers	s, direc	ctors, or 1	% or m	ore owner	s				<u> </u>	
7 Do you treat all	use of vehicles by empl	oyees as pe	rsonal	use?										
8 Do you provide	more than five vehicles	to your emp	oloyees	, obtain in	iformat	tion from t	/our en	nployees a	about					_ <del></del> _
the use of the v	ehicles, and retain the in	nformation re	eceived	17									1 1	
9 Do you meet the	e regulrements concerni	ing qualified	í autom	obile den	onstra	ation use?								
Note: If your ar	<u>18wer</u> to 35, <b>3</b> 6, 37, 38,	or 39 is "Ye	s,* you	need not	compl	lete Section	n B fo	r the cove	red veh	icles.				
Part VI Amortia	zation													
D-	(a) scription of coets		(b)		(c)			(d)		(e)			(f)	
		De De	nortzation egins	<u> </u>	Amortizab amount		1	Code section	ρε	Amortizatio Amortization			rtization tus year	
D Amortization of co	ists that begins during you	r 1997 tax yea	ar.		200000000000000000000000000000000000000						0000000			000000000000
										. s. sendeder				<u> </u>
<del></del> _			:										,	
Amortization of	costs that began before	1997		<u>.</u> .				<u></u>		<u>.</u> T	41			
2 Total. Enter here	e and on "Other Deducti	lone" or "Ott	her Exc	enses" lir	e of vo	our roturn					42			