	0			Deturn of Orecon			am laca		Tav	OMB No. 1545-0047
For	n 7	70		Return of Orgar		•				2000
	Under section 501(c) of the Internal Revenue Code (except black lung benefit private foundation), section 527, or section 4947(a)(1) nonexempt charitable									
		of the Treasury		The organization may have to			•			Open to Public Inspection
		enue Service		year, or tax year period beg	. ,		, 2000, and er		equilements.	, 20
				C Name of organization	Jinning		, 2000, and er		D Employer iden	tification number
		us	se IRS							
_	Change o	of name pr	rint or	Number and street (or P.O. box	k if mail is not delivered to	street add	dress) Room/su	ite E	E Telephone nun	nber
	Initial re	eturn	type. See						( )	
	Final ret	turn In	pecific struc-	City or town, state or country, a	and ZIP code			F	Check 🕨 🗌	if application pending
	Amende	ed return	tions.				Note: H a	ad Lar	o not annlicable t	to contion E27 orac
c	Organia	zation type (c)	bock o	only one) ► 🗌 501(c) ( ) ◄	(insert no.) 527 or	4947(a				to section 527 orgs. liates? Yes No
	-			anizations and 4947(a)(1) no				-	ter number of aff	
				hedule A (Form 990 or 900-L		usts mu	H(c) Are		liates included	
J	Accoun	ting method:		Cash 🗌 Accrual 🗌 Other (s	specify) 🕨				ttach a list. See	,
к	Check	here ► 🗌	if the	organization's gross receip		nore tha			arate return filed by covered by a group	p ruling? Yes No
				on need not file a return with			on I Enter		t group exemption	
				ckage in the mail, it should fil complete return.	le a return without fina	ncial dat				zation is <b>not</b> required
	art I	•		penses, and Changes i	in Not Accots or F	und Do			chedule B (Form	
				gifts, grants, and similar ar		unu da	liances (See	s She		tions on page 10.
	1   a	Direct pub		0 0		1a				
		Indirect put				1b				
	c	•		••		1c				
	d	d Total (add lines 1a through 1c) (cash \$ noncash \$ )  Program service revenue including government fees and contracts (from Part VII, line 93)    Membership dues and assessments						1d		
	2							2		
	3							3 4		
	4	Interest on savings and temporary cash investments					4 5			
	5 6a	Gross rent				6a		• •		
			•	penses		6b				
	с			me or (loss) (subtract line 6					6C	
e	7	Other inve	estme	nt income (describe 🕨				)	7	
Revenue	8a			from sales of assets other	(A) Securities	0-	(B) Other			
Re	<b>h</b>	than inven	,	· · · · · · · · · · ·		8a 8b				
				er basis and sales expenses. attach schedule)		8C				
				s) (combine line 8c, columns					8d	
	9	0	•	and activities (attach sche		• •		•••		
	a			(not including \$	of					
				eported on line 1a)		9a				
	b			penses other than fundrais	0 1	9b	- )		9c	
	с 10а			(loss) from special events inventory, less returns and		n line 9a 10a	a)	• •		
	b			oods sold		10b				
	c			oss) from sales of inventory (a		ct line 1	0b from line 10	Da).	10c	
	11	Other reve	enue	(from Part VII, line 103)					11	
	12			add lines 1d, 2, 3, 4, 5, 6c,					12	
S	13			es (from line 44, column (E					13	
Expenses	14			nd general (from line 44, c					14 15	
Expe	15			om line 44, column (D)) . filiates (attach schedule) .					16	
-	17			s (add lines 16 and 44, col					17	
sts	18			cit) for the year (subtract li					18	
Net Assets	19	Net assets	s or f	und balances at beginning	of year (from line 73	3, colum	nn (A))		19	
let ,	20			in net assets or fund bala					20	
	21	ivet assets	s or tu	ind balances at end of year	(compine lines 18, 19	, and 20	))		21	

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

Cat. No. 11282Y

Form	990	(2000)
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Par	t II Statement of Functional Expenses					equired for section 501(c (See Specific Instructions	
	Do not include amounts rep 6b, 8b, 9b, 10b, or 16			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach (cash \$ noncash \$	schedule)	22				
23	Specific assistance to individuals (	,	23				
24	Benefits paid to or for members (a		24				
25	Compensation of officers, direc		25				
26	Other salaries and wages		26				
27	Pension plan contributions .		27				
28	Other employee benefits		28				
29	Payroll taxes		29				
30	Professional fundraising fees .		30				
31	Accounting fees		31				
32	Legal fees		32				
33	Supplies		33				
34	Telephone		34				
35	Postage and shipping		35				
36	Occupancy		36				
37	Equipment rental and maintena		37				
38	Printing and publications		38				
39	Travel		39				
40	Conferences, conventions, and	-	40				
41	Interest		41				
42	Depreciation, depletion, etc. (at		42				
43	Other expenses (itemize): a		43a 43b				
b			43D 43C				
C			43C				
d			43e				
е 44	Total functional expenses (add lines 22 throug completing columns (B)-(D), carry these tot	gh 43). Organizations	44				
Rep	orting of Joint Costs. Did you			Program services)	any joint costs fr	Dom a combined	
educ	cational campaign and fundraisir	ng solicitation?					🗌 Yes 🗌 No
	es," enter (i) the aggregate amount						s \$;
<u> </u>	he amount allocated to Manageme	0		; and <b>(iv)</b> th			-
Par	t III Statement of Program	n Service Acc	ompli	ishments (See S	Specific Instruct	ions on page 23	
Wha	t is the organization's primary ex	xempt purpose?	° ▶				Program Service Expenses
of cl	rganizations must describe their e ients served, publications issued, nizations and 4947(a)(1) nonexemp	etc. Discuss acl	hievem	ents that are not r	neasurable. (Sectio	on 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а							
			Grants	and allocations	\$	·····	
- -		(	Grants		Ŷ	)	
b							
		(	Grants	and allocations	\$	)	
c -			-			,	
C							
_		()	Grants	and allocations	\$	)	
d							
		;					
-		•		and allocations	\$	)	
e (	Other program services (attach s	scheaule) (	Grants	and allocations	\$	)	

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

►

Part IV	Balance Sheets (See Specific Instruct	ctions on page 23.)		
Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	<b>(A)</b> Beginning of year	<b>(B)</b> End of year
45	Cash—non-interest-bearing			45
46	Savings and temporary cash investments .			46
	Accounts receivable	47a		A.7 -
b	Less: allowance for doubtful accounts	47b		47c
40-				
48a	Pledges receivable			48c
	Less: allowance for doubtful accounts			49
49	Grants receivable			
50	Receivables from officers, directors, truster (attach schedule)			50
	Other notes and loans receivable (attach			
b b	schedule).	518		<b>51</b> 0
} b	Less: allowance for doubtful accounts			51c 52
52				53
53	Prepaid expenses and deferred charges .			54
54	Investments—securities (attach schedule).			
55a	Investments—land, buildings, and	55a		
h	equipment: basis	554		
D	Less: accumulated depreciation (attach schedule).	55b		55c
56	Investments—other (attach schedule)			56
	Land, buildings, and equipment: basis	57a		
	Less: accumulated depreciation (attach			
	schedule).	57b		57c
58	Other assets (describe ►			58
59	Total assets (add lines 45 through 58) (mus	t equal line 74)		59
60	Accounts payable and accrued expenses.		60	
61	Grants payable			61
62	Deferred revenue			62
63	Loans from officers, directors, trustees, and			
63 64a	schedule).		63	
64a	Tax-exempt bond liabilities (attach schedule		64a	
b	Mortgages and other notes payable (attach			64b
65	Other liabilities (describe ►	)		65
	Total liabilities (add lines (0 through (5)			
66	Total liabilities (add lines 60 through 65) .		66	
Org	anizations that follow SFAS 117, check here I	► □ and complete lines		
3 47	67 through 69 and lines 73 and 74.		/	67
67 68	Unrestricted			68
69	Permanently restricted			69
Ora	anizations that do not follow SFAS 117, check			
	complete lines 70 through 74.			
. 70	Capital stock, trust principal, or current func	ls	~	70
2 71	Paid-in or capital surplus, or land, building,			71
3 72	Retained earnings, endowment, accumulate			72
67 68 69 0rg 0rg 70 71 72 72 73	Total net assets or fund balances (add line			
	70 through 72; column (A) must equal line	19 and column (B) must		70
74	equal line 21)	oos (add lines (4 and 72)		73 74
1 / 4	Total liabilities and net assets / tund balan			

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.

a  Total revenue, gains, and other support per audited financial statements	Par	rt IV-A Reconciliation of Revenu Financial Statements wit Return (See Specific Instr	h Revenue	per	Part	IV-B Reconciliation of Expense Financial Statements with Return	
line 12, Form 990:  on line 17, Form 990:    (1) Net unrealized gains on investments	а		a		а		a
on investments  \$  and use of facilities  \$    (2) Donated services and use of facilities  \$  (2) Prior year adjustments reported on line 20, Form 990  \$    (3) Recoveries of prior year grants  \$  (3) Losses reported on line 20, Form 990  \$    (4) Other (specify):  \$  (3) Losses reported on line 20, Form 990  \$    Add amounts on lines (1) through (4) ▶  b  \$  \$    Add amounts on lines (1) through (4) ▶  b  \$  \$    d  Amounts included on line 12, Form 990 but not on line a:  C  C  Line a minus line b  >  >    (1) Investment expenses not included on line 6b, Form 990  \$  (1) Investment expenses not included on line 6b, Form 990  \$  (2) Other (specify):   d	b				b		
and use of facilities $\underline{s}$ reported on line 20, Form 990 $\underline{s}$ (3) Recoveries of prior year grants $\underline{s}$ (4) Other (specify): 	(1)				(1)	*	
year grants	(2)	*			(2)	reported on line 20,	
(1) Other (specify):		year grants \$			(3)	Losses reported on	
c  Line a minus line b.  Line a minus line b.  b    d  Amounts included on line 12, Form 990 but not on line a:  c  Line a minus line b.  c    (1)  Investment expenses not included on line 6b, Form 990.  \$  (1)  Investment expenses not included on line 6b, Form 990.  \$    (2)  Other (specify):	(4)	Other (specify):			(4)	line 20, 10mm 770	
c  Line a minus line b.		Add amounts on lines (1) through (4)	b			\$ Add amounts on lines (1) through (4)►	b
Form 990 but not on line a:  Form 990 but not on line a:    (1) Investment expenses not included on line 6b, Form 990 \$  (1) Investment expenses not included on line 6b, Form 990 \$    (2) Other (specify):  (2) Other (specify):	с	Line <b>a</b> minus line <b>b</b>	с		с		с
not included on line 6b, Form 990 $$$ not included on line 6b, Form 990 $$$ (2) Other (specify): $$$ $$$ $d$ Add amounts on lines (1) and (2) $\blacktriangleright$ $d$ eTotal revenue per line 12, Form 990 (line c plus line d) $\blacktriangleright$ $e$	d				d		
\$  d  \$    Add amounts on lines (1) and (2) ▶  d  Add amounts on lines (1) and (2) ▶  d    e  Total revenue per line 12, Form 990 (line c plus line d) ▶  e  Total expenses per line 17, Form 990 (line c plus line d) ▶  e	(1)	not included on line			(1)	not included on line	
e  Total revenue per line 12, Form 990 (line c plus line d)  e  Total expenses per line 17, Form 990 (line c plus line d)  e	(2)	Other (specify):			(2)		
e  Total revenue per line 12, Form 990 (line c plus line d)  e  Total expenses per line 17, Form 990 (line c plus line d)  e		Add amounts on lines (1) and (2) $\blacktriangleright$	d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Add amounts on lines (1) and (2) $\blacktriangleright$	d
	е	Total revenue per line 12, Form 990	e		е	Total expenses per line 17, Form 990	
Instructions on page 25.)	Par	tt V List of Officers, Directors,	rustees, a	nd Key	Empl	oyees (List each one even if not comp	pensated; see Specific

(A) Name and address	(B) Title and average hours per week devoted to position	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
		-f th ¢100	000 from	

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ► If "Yes," attach schedule—see Specific Instructions on page 26.

🗌 Yes 🗌 No

Form	990 (2000)		F	Page 5		
Par	rt VI Other Information (See Specific Instructions on page 26.)	N/A	Yes	No		
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .	76	<u> </u>			
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77				
	If "Yes," attach a conformed copy of the changes.	78a	<i>¥///////</i>	<i>\     </i>  .		
78a						
b 79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement					
	Is the organization related (other than by association with a statewide or nationwide organization) through common					
000	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a				
b	If "Yes," enter the name of the organization ►		X////	<i>\\\\\\</i>		
	and check whether it is exempt <b>OR</b> in nonexempt.		X////			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81		X			
h	instructions for line 81	81b		<i>4//////</i>		
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge					
	or at substantially less than fair rental value?	82a		×///////		
b	If "Yes," you may indicate the value of these items here. Do not include this amount			X/////		
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.).					
83a		83a				
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b				
84a	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	84b	X//////	X//////.		
OE	or gifts were not tax deductible?	85a		<u> </u>		
85 h	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?					
2	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization					
	received a waiver for proxy tax owed for the prior year.			X/////		
		-/////				
d	Section 162(e) lobbying and political expenditures	-\////				
e f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e    Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f	¥/////		X//////		
a	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		~~~~~		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable					
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h				
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 .	-/////		X//////		
	Gross receipts, included on line 12, for public use of club facilities	¥////		X//////		
87 h	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a Gross income from other sources. (Do not net amounts due or paid to other	-		X//////		
D	sources against amounts due or received from them.)					
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88				
89a	<i>501(c)(3) organizations.</i> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶;					
	<i>501(c)(3) and 501(c)(4) orgs.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b				
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.					
	Enter: Amount of tax on line 89c, above, reimbursed by the organization.					
90a	List the states with which a copy of this return is filed $\blacktriangleright$					
	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)  90b    The books are in care of ▶  Telephone no. ▶()					
91						
92	Located at ►  ZIP code ►    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	• •				

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Form 990			a alfi a lua atur rat		20)	Page <b>6</b>
Part V	Analysis of Income-Producing A gross amounts unless otherwise		ecific instruct siness income	1	<b>]E 3U.)</b> tion 512, 513, or 514	(E)
indicated. <b>93</b> Program service revenue:		(A) Business code	(B) Amount	(C) Exclusion code	(D)	Related or exempt function income
93 F a_	rogram service revenue:					
с_						
	Nedicare/Medicaid payments					
	ees and contracts from government agencie					
•	Nembership dues and assessments					
	nterest on savings and temporary cash investmer					
	Dividends and interest from securities	•				
	let rental income or (loss) from real estate: lebt-financed property					
	ot debt-financed property					
	let rental income or (loss) from personal propert					
	Other investment income					
	ain or (loss) from sales of assets other than invento let income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
	Other revenue: a					
u _ e _						
	Subtotal (add columns (B), (D), and (E))					
	otal (add line 104, columns (B), (D), and (E				. ►	
Part V	ine 105 plus line 1d, Part I, should equal the Relationship of Activities to the Act			ISES (SEE ST	ecific Instruction	ins on page 31)
Line N ▼		ne is reported in colur	nn (E) of Part VII	contributed in		
Part I	<b>0</b>	sidiaries and Disre				
I	(A) Name, address, and EIN of corporation,	(B) Percentage of	(C) Nature of ac	ctivities	<b>(D)</b> Total income	(E) End-of-year
	partnership, or disregarded entity	ownership interest %				assets
		%				
		%				
Deal		%				
Part >				·		ns on page 31.)
	Did the organization, during the year, receive penefit contract?				on a personal	🗌 Yes 🗌 No
	Did the organization, during the year, pay pr				nefit contract?	
	If "Yes" to (b), file Form 8870 and Form	•	•			
Dloac	Under penalties of perjury, I declare that I have exa and belief, it is true, correct, and complete. Decla					
Pleas Sign	(Important: See General Instruction W, on page		nan uniceri is Dase	a on an miornall	on or which prepare	i nas any knowledge.
Here						
	Signature of officer	Date	, ,	ype or print name		
Paid	Preparer's signature		Date	Check it self-		SSN or PTIN
Prepare	r's Firm's name (or yours			employe EIN		
Use Onl	y if self-employed) and address, and ZIP code			Phone r		
		8		I		Form <b>990</b> (2000)