

**Application for Recognition of Exemption
 Under Section 501(c)(3) of the Internal Revenue Code**

Read the instructions for each Part carefully.
A User Fee must be attached to this application.
 If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.
Complete the Procedural Checklist on page 7 of the instructions.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) TRI-COUNTY CASA PROGRAM, INC.		2 Employer identification number (if none, see instructions.) 73 : 1482426
1b c/o Name (if applicable) C/O Ami Shaffer		3 Name and telephone number of person to be contacted if additional information is needed Ami Shaffer (918) 342-1837
1c Address (number, street, and room or suite no.) 1200 Southwest Franklin Road		
1d City or town, state, and ZIP code Claremore, OK 74017		4 Month the annual accounting period ends June
5 Date incorporated or formed May 1, 1995	6 Activity codes (See instructions.)	7 Check here if applying under section: a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k)
8 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? If "Yes," attach an explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9 Is the organization required to file Form 990 (or Form 990-EZ)? If "No," attach an explanation (see instructions). <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10 Has the organization filed Federal income tax returns or exempt organization information returns? If "Yes," state the form numbers, years filed, and Internal Revenue office where filed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

11 Check the box for the type of organization. BE SURE TO ATTACH A CONFORMED COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING (See Specific Instructions, Part I, Line 11.) Get Pub. 557, Tax-Exempt Status for Your Organization, for examples of organizational documents.)

- a Corporation—Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b Trust—Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c Association—Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here Ami Shaffer Chairwoman of the Board 11/10/95
(Signature) (Title or authority of signer) (Date)

Part II Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in the organizational document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

Tri-County CASA, Inc. was formed May 1, 1995, to provide training, supervision, and management of advocacy services for the abused and neglected child in the juvenile court systems of Rogers, Mayes, and Craig counties. The court appointed community volunteer for CASA serves under a friend of the court model and acts as a facilitator, advocate, monitor, and investigator in cases of parental abuse and neglect. Since May 1, 1995, two cases have been "worked" by one advocate, the chairwoman of the Board, trained two and one half years ago, under Tulsa CASA's training program.

The initial goal of Tri-County CASA is to train, supervise, and manage 30-35 volunteer advocates in the three county region. The organization is staffed by a Board of Directors and a Professional Advisory Board, comprised of both juvenile judges, both County Director and Child Protective Services Supervisor for the Department of Human Services, the District Attorney, the Chief of Police, the chief child abuse investigator for the Sheriff's Department, and the leading pediatrician of our area, also an expert in sexual abuse. Board members also provide support services, training, and direction to the advocates, who in turn provide services to the children.

Tri-County CASA is a part of the Oklahoma CASA Association, which provides support to new start-up programs. To date, Oklahoma CASA has approximately 360 trained volunteers in the state of Oklahoma, with over 11 active programs. Tri-County CASA will join the National CASA Association, which has been recognized by the Reagan/Bush administration for its volunteers efforts on behalf of children, some-time in 1996.

-
- 2 What are or will be the organization's sources of financial support? List in order of size.

Private donations, grants, foundations

-
- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

ACTUAL: Private donations, Special fund raising events, fund raising committee

PLANNED: Grant applications, Public solicitation, other special events, selective mailings

No plans to use a professional fund raiser.

Part II Activities and Operational Information (Continued)

4 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.

See attached sheet

b Annual compensation

N/A

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? Yes No
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See Specific Instructions, Part II, Line 4d). Yes No
If "Yes," explain.

5 Does the organization control or is it controlled by any other organization? Yes No
Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? Yes No
If either of these questions is answered "Yes," explain.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? Yes No
If "Yes," explain fully and identify the other organizations involved.

The organization, in its fundraising efforts, will hopefully engage in all the aforementioned activities to further its goal of providing support for juveniles in the court system.

7 Is the organization financially accountable to any other organization? Yes No
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

Tri-County CASA, Inc.

Board of Directors - Names, Addresses, Titles

Ami Shaffer, 1200 Southwest Franklin Road, Claremore, OK 74017
Chairwoman of the Board

Rose Ann McCaw, Rose Ann Realty, 1005 West Archer, Claremore, OK
74017
Vice-Chairwoman of the Board

Lt. Colonel William Hurd, 1466 Paradise Parkway, Claremore, OK
Secretary of the Board

R. David Frieze, CEO, Bank of Inola, 11 West Commercial, Inola, OK
Treasurer of the Board

Dr. Billie Ross, Claremore Public Schools, 310 North Weenonah,
Claremore, OK 74017
Fund Raising Committee Chairwoman

Abner Bruce, #2 Echo Canyon Drive, Claremore, OK 74017

Barry A. Farbro, Farbro, Tipton & Shaw, 407 West First Street,
Claremore, OK 74017

Dr. Edward Gilsleider, Animal Medical Center, 1711 North Lynn
Riggs, Claremore, OK 74017

Dr. Jeannette Ramos Fast, 3110 Berwick, Claremore, OK 74017

Christopher B. Lyons, Lyons & Lyons, PO Box 1046, Pryor, OK 74361

Ken Seidel, CEO, Claremore Regional Hospital, 1202 North Muskogee
Place, Claremore, OK 74017

Val Gemmill, 427 Laurel Lane, Claremore, OK 74017

Part II Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If "None," indicate "N/A."

No assets have been acquired to date other than minimal office equipment.

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? Yes No

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? Yes No

b Is the organization a party to any leases? Yes No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

11 Is the organization a membership organization? Yes No

If "Yes," complete the following:

a Describe the organization's membership requirements, and attach a schedule of membership fees and dues. See by-laws attached

b Describe the organization's present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose. See by-laws attached

c What benefits do (or will) the members receive in exchange for their payment of dues? Voting privileges

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? N/A Yes No
If "Yes," explain how the charges are determined, and attach a copy of the current fee schedule.

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? N/A Yes No
If "Yes," explain how the recipients or beneficiaries are or will be selected.

Beneficiaries of the organization are juveniles within the State of Oklahoma's District Court System in Rogers, Mayes, and Craig counties.

13 Does or will the organization attempt to influence legislation? Yes No
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

Only to the extent to benefit juveniles within the State Court System. An estimated 10% or less of time and monetary expenditure is anticipated.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? Yes No

If "Yes," explain fully.

Part III Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? Yes No
If you answer "Yes," do not answer questions on lines 2 through 7.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 8.

Exceptions—You are not required to file an exemption application within 15 months if the organization:

- a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church (see instructions);
- b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If the organization does not meet any of the exceptions on line 2, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? Yes No

If "Yes," your organization qualifies under section 4.01 of Rev. Proc. 92-85, 1992-42 I.R.B. 32, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 7.

If "No," answer question 4.

4 If you answer "No" to question 3, has the organization been contacted by the IRS regarding its failure to file Form 1023 within 27 months from the end of the month in which the organization was created or formed? Yes No

If "No," your organization qualifies for an extension of time to apply under the "reasonable action and good faith" requirements of section 5.01 of Rev. Proc. 92-85. Do not answer questions 5 through 7.

If "Yes," answer question 5.

5 If you answer "Yes" to question 4, does the organization wish to request relief from the 15-month filing requirement? Yes No

If "Yes," give the reasons for not filing this application prior to being contacted by the IRS. See Specific Instructions, Part III, Line 5, before completing this item. Do not answer questions 6 and 7.

If "No," answer question 6.

6 If you answer "No" to question 5, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? Yes No

7 If you answer "Yes" to the question on line 6 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here and attach a completed page 1 of Form 1024 to this application.

Part III Technical Requirements (Continued)

8 Is the organization a private foundation?

- Yes (Answer question on line 9.)
 No (Answer question on line 10 and proceed as instructed.)

9 If you answer "Yes" to the question on line 8, does the organization claim to be a private operating foundation?

- Yes (Complete Schedule E)
 No

After answering the question on this line, go to Part IV.

10 If you answer "No" to the question on line 8, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:

- | | | |
|---|---|---|
| a | <input type="checkbox"/> As a church or a convention or association of churches
(CHURCHES MUST COMPLETE SCHEDULE A.) | Sections 509(a)(1)
and 170(b)(1)(A)(i) |
| b | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.) | Sections 509(a)(1)
and 170(b)(1)(A)(ii) |
| c | <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a
medical research organization operated in conjunction with a
hospital (MUST COMPLETE SCHEDULE C.) | Sections 509(a)(1)
and 170(b)(1)(A)(iii) |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1). | Sections 509(a)(1)
and 170(b)(1)(A)(v) |
| e | <input type="checkbox"/> As being operated solely for the benefit of, or in connection with,
one or more of the organizations described in a through d, g, h, or i
(MUST COMPLETE SCHEDULE D.) | Section 509(a)(3) |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public
safety. | Section 509(a)(4) |
| g | <input type="checkbox"/> As being operated for the benefit of a college or university that is
owned or operated by a governmental unit. | Sections 509(a)(1)
and 170(b)(1)(A)(iv) |
| h | <input type="checkbox"/> As receiving a substantial part of its support in the form of
contributions from publicly supported organizations, from a
governmental unit, or from the general public. | Sections 509(a)(1)
and 170(b)(1)(A)(vi) |
| i | <input type="checkbox"/> As normally receiving not more than one-third of its support from
gross investment income and more than one-third of its support from
contributions, membership fees, and gross receipts from activities
related to its exempt functions (subject to certain exceptions). | Section 509(a)(2) |
| j | <input checked="" type="checkbox"/> The organization is a publicly supported organization but is not sure
whether it meets the public support test of block h or block i. The
organization would like the IRS to decide the proper classification. | Sections 509(a)(1)
and 170(b)(1)(A)(vi)
or
Section 509(a)(2) |

If you checked one of the boxes a through f in question 10, go to question
 15. If you checked box g in question 10, go to questions 12 and 13.
 If you checked box h, i, or j, go to question 11.

Part III Technical Requirements (Continued)

- 11 If you checked box h, i, or j on line 10, has the organization completed a tax year of at least 8 months?
 Yes—indicate whether you are requesting:
 A definitive ruling (Answer questions on lines 12 through 15.)
 An advance ruling (Answer questions on lines 12 and 15 and attach two Forms 872-C completed and signed.)
 No—You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the application.

12 If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

13 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and:

- a Enter 2% of line 8, column (e) of Part IV-A _____
 b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.

14 If you are requesting a definitive ruling under section 509(a)(2), check here and:

- a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see Specific Instructions, Part II, Line 4d.)
 b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

15 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)	Yes	No	If "Yes," complete Schedule:
Is the organization a church?		X	A
Is the organization, or any part of it, a school?		X	B
Is the organization, or any part of it, a hospital or medical research organization?		X	C
Is the organization a section 509(a)(3) supporting organization?		X	D
Is the organization a private operating foundation?		X	E
Is the organization, or any part of it, a home for the aged or handicapped?		X	F
Is the organization, or any part of it, a child care organization?		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . .		X	I

**Consent Fixing Period of Limitation Upon
Assessment of Tax Under Section 4940 of the
Internal Revenue Code**

(Rev. July 1993)

To be used with
Form 1023. Submit
in duplicate.

Department of the Treasury
Internal Revenue Service

(See instructions on reverse side.)

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

Tri-County Casa Program, Inc.

(Exact legal name of organization as shown in organizing document)

1200 Southwest Franklin Rd., Claremore, OK 74017.

(Number, street, city or town, state, and ZIP code)

District Director of
Internal Revenue, or
Assistant
Commissioner
(Employee Plans and
Exempt Organizations)

and the

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year June 30, 1995

(Month, day, and year)

Name of organization (as shown in organizing document)	Date
<u>Tri-County Casa Program, Inc.</u>	<u>Nov. 10, 1995</u>
Officer or trustee having authority to sign	
Signature <u>Ami Shaffer</u>	Title <u>Chairman of The Board</u>
For IRS use only	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date

By ▶

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and the

District Director of
Internal Revenue, or
Assistant
Commissioner
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Exempt Organizations)

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(Month, day, and year)

Name of organization (as shown in organizing document)	Date
<u>Tri-County Casa Program, Inc.</u>	<u>Nov. 10, 1995</u>
Officer or trustee having authority to sign	
Signature <u>Ami Shaffer</u>	Title <u>Chairman of The Board</u>
For IRS use only	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date

By ▶

Part IV Financial Data New Organization

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A. Statement of Revenue and Expenses

		Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
		(a) From 5/95 to 10/31/95	(b) 19.....	(c) 19.....	(d) 19.....	
Revenue	1 Gifts, grants, and contributions received (not including unusual grants—see instructions).	965.00				
	2 Membership fees received	-0-				
	3 Gross investment income (see instructions for definition)					
	4 Net income from organization's unrelated business activities not included on line 3					
	5 Tax revenues levied for and either paid to or spent on behalf of the organization					
	6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)					
	7 Other income (not including gain or loss from sale of capital assets) (attach schedule)					
	8 Total (add lines 1 through 7)	965.00				
	9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513					
	10 Total (add lines 8 and 9)	965.00				
	11 Gain or loss from sale of capital assets (attach schedule)					
	12 Unusual grants					
	13 Total revenue (add lines 10 through 12)	965.00				
Expenses	14 Fundraising expenses					
	15 Contributions, gifts, grants, and similar amounts paid (attach schedule)					
	16 Disbursements to or for benefit of members (attach schedule)					
	17 Compensation of officers, directors, and trustees (attach schedule)					
	18 Other salaries and wages					
	19 Interest					
	20 Occupancy (rent, utilities, etc.)	515.38				
	21 Depreciation and depletion					
	22 Other (attach schedule)					
	23 Total expenses (add lines 14 through 22)					
	24 Excess of revenue over expenses (line 13 minus line 23)					

TRI-COUNTY CASA, INC.

Initial Capital Expenditures

(Cash or "In-Kind" Donations)

<u>ITEM</u>	<u>ESTIMATED VALUE</u>
Computer and Printer	\$ 2,500.00
Computer Software	450.00
*Typewriter	750.00
FAX Machine	350.00
*Copier	2,500.00
Telephone (Business Unit with two lines)	60.00
Answering Machine	100.00
FAX and telephone installation	300.00
Signage for office	300.00
Office furniture (*desk, chair, lamp, bookcase, etc.)	1,000.00
Filing Cabinet	200.00
Office Supplies (legal folders, stationery, etc.)	1,200.00
*Incorporation fee	25.00
*IRS filing fee	450.00
TOTAL	<u>\$10,000.00</u>

*Received or committed

TRI-COUNTY CASA, INC.

1995-1996 Annual Budget Projection

Volunteer Training and Support	\$ 1,200.00
Insurance	1,200.00
National CASA Conference	1,000.00
State Conference	300.00
Volunteer Recognition (Awards Reception)	500.00
Travel Expenses (Tri-County region)	250.00
Badges (CASA ID for court appearances)	100.00
Directors Planning Retreat	100.00
National CASA fee	100.00
State CASA fee	50.00
Rent (300.00 per month)	3,600.00
Utilities	1,200.00
Telephone	1,200.00
Postage	750.00
Posters, Advertising, Promotion	1,000.00
Brochures	500.00
Director/Coordinator Salary (Including FICA) (30 -35 Advocates)	15,000.00
Clerical/Office	<u>5,500.00</u>
TOTAL	\$ 33,000.00

TRI-COUNTY CASA, INC.

1996-1997 Annual Budget Projection

Volunteer Training and Support	\$ 1,200.00
Insurance	1,200.00
National CASA Conference	1,000.00
State Conference	300.00
Volunteer Recognition (Awards Reception)	500.00
Travel Expenses (Tri-County region)	250.00
Badges (CASA ID for court appearances)	100.00
Directors Planning Retreat	100.00
National CASA fee	100.00
State CASA fee	50.00
Rent (300.00 per month)	3,600.00
Utilities	1,200.00
Telephone	1,200.00
Postage	750.00
Posters, Advertising, Promotion	1,000.00
Brochures	500.00
Director/Coordinator Salary (Including FICA) (30 -35 Advocates)	15,000.00
Clerical/Office	<u>5,500.00</u>
 TOTAL	 \$ 33,000.00

Part IV Financial Data (Continued) *New Organization*

B. Balance Sheet (at the end of the period shown)

Current tax year
Date 1995

Assets		
1	Cash	449.62
2	Accounts receivable, net	
3	Inventories	
4	Bonds and notes receivable (attach schedule)	
5	Corporate stocks (attach schedule)	
6	Mortgage loans (attach schedule)	
7	Other investments (attach schedule)	
8	Depreciable and depletable assets (attach schedule)	
9	Land	
10	Other assets (attach schedule)	
11	Total assets (add lines 1 through 10)	449.62
Liabilities		
12	Accounts payable	
13	Contributions, gifts, grants, etc., payable	
14	Mortgages and notes payable (attach schedule)	
15	Other liabilities (attach schedule)	
16	Total liabilities (add lines 12 through 15)	-0-
Fund Balances or Net Assets		
17	Total fund balances or net assets	
18	Total liabilities and fund balances or net assets (add line 16 and line 17)	449.62

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation