1992

Returns for

# Organizations Exempt From Income Tax

Under Section 501(c)(3) of the Internal Revenue Code (Other Than Private Foundations as Defined in Section 509(a)) Or Section 4947(a)(1) Charitable Trusts

This package contains the following forms and related instructions:

Form 990EZ

Form 990

Schedule A (Form 990)

Form 990-T

Form 990-W

All forms are placed in the center of this package for easy removal. Also enclosed is a completed sample Form 990 and Schedule A (Form 990) with supplemental instructions.

Form 990EZ is enclosed for use by organizations with gross receipts less than \$100,000 for the year *and* total assets less than \$250,000 at the end of the year. These smaller organizations will find this form easier to complete than Form 990.

The organization is not required to file Form 990 (or Form 990EZ) with the IRS if its gross receipts normally are not more than \$25,000. State filing requirements may differ; therefore, the organization may still be required to file Form 990 (or Form 990EZ) with one or more states even though it is not required to file with the IRS. Organizations in this category should consult appropriate state officials to determine their specific filing requirements.

Organizations that are eligible to receive tax deductible contributions are listed in **Publication 78**, Cumulative List of Organizations described in Section 170(c) of the Internal Revenue Code of 1986. An organization may be removed from the listing if our records show that it is required to file Form 990 (or Form 990EZ), but it does not file a return or advise us that it is no longer required to file. However, contributions to such an organization may continue to be deductible by the general public until the IRS publishes a notice to the contrary in the Internal Revenue Bulletin.

IRS will assess penalties for an incomplete or incorrect return. Organizations failing to file a complete return will receive a letter requesting the missing information. If missing or correct information is not furnished or reasonable cause is not established, the organization will be assessed the \$10 per day penalty under section 6652(c)(1). Accordingly, we caution you to make certain that the return is complete and correct and urge you to respond promptly to any letter requests for missing information.

An organization must make its Form 990 (or Form 990EZ) available for public inspection, including all attachments and schedules, but excluding the organization's schedule of contributors. Certain organizations must also make their application for exemption available for public inspection (see instructions).

An organization that is eligible to receive deductible charitable contributions should advise its patrons of the amount deductible for Federal income tax purposes.

Internal Revenue Service WADC-9999 Rancho Cordova, CA 95743-9999

Peel off the label and place it in the address area of the Form 990 (or 990EZ) you file. If someone else prepares the return, please give the preparer the preaddressed label and the envelope and ask the preparer to use them. Make necessary corrections on the label.

#### **Bulk Rate**

Postage and Fees Paid Internal Revenue Service

Permit No. G-48

#### Official Business

Penalty for Private Use, \$300

# Supplemental Instructions and a Completed Sample of Form 990 and Schedule A (Form 990)

This part of the instructions provides a set of facts and a filled-in example to assist you in preparing a complete and accurate Form 990 and Schedule A (Form 990) for 1992.

To avoid having to respond to requests for missing information, please complete all applicable line items; answer "Yes," "No," or "N/A" (not applicable) to each question on the return; make an entry (including a "-0-" when appropriate) on all total lines; and enter "None" or "N/A" if an entire part of Form 990 does not apply. If one or more applicable line items are not completed, we will consider the return incomplete and contact the organization for the missing information. The penalty of \$10 a day for failure to file a return under section 6652(c) also applies if a return is submitted with required information missing.

The illustrated example of a completed Form 990 and Schedule A (Form 990) for 1992 was prepared using the following facts.

The Family Service Agency of Utopia, Inc., a not-for-profit organization, is exempt from income tax under section 501(c)(3) of the Internal Revenue Code. The agency is a member of the National Association of Family Service Agencies. Its principal programs include: (1) adoption of infants and children; (2) foster home care; and (3) counseling individuals and families.

The agency was incorporated September 16, 1968. It received a letter dated January 25, 1971, notifying it that it had been determined not to be a private foundation within the meaning of section 509(a).

The agency uses the fund method of accounting and is on the accrual and calendar-year basis. The books are in the custody of the bookkeeper, Ms. Nancy Ward at 1414 West Ash Drive, Utopia, PA 11111.

All contributions are considered available for unrestricted use, unless specifically restricted by the donor. Pledges are recorded in the books of account when the agency is notified of the pledge, and allowances are provided for amounts estimated to be uncollectible. Bequests are recorded as income at the time the agency has established a right to the bequest and the proceeds are measurable.

A substantial number of volunteers have donated significant amounts of their time to the organization's adoption program. No amounts have been reflected in the financial statements, however, for donated services.

In accordance with the affiliation agreement with the national organization, a portion of the unrestricted support from the public is remitted to the national organization for its use as determined by its board of directors. Additional grants are made to individuals and organizations as determined by the agency's board of directors.

For its annual dinner/dance, the agency paid \$800 (fair rental value) to rent a hall, kitchen, tables, dishes, etc., from the Fraternal Society of Utopia, an unrelated section 501(c)(10) fraternal lodge. This was the agency's only transaction with exempt organizations not described in section 501(c)(3). The agency is not affiliated with or related to any such organization.

Depreciation of \$5,200 was computed for buildings and equipment on a straight line basis.

In 1992, the agency incurred joint costs of \$9,600 for informational materials and activities that included fundraising appeals. Of those costs, \$6,100 was allocated to fundraising expense, \$400 was allocated to adoption services expense, \$2,400 was allocated to counseling services expense, and \$700 was allocated to management and general expense.

The expenses for the year are allocable as follows:

#### Statement of Functional Expenses

	Prog	Program Services			Supporting Services			
	Adoption	Foster Home Care	Counseling	Mgmt. & General	Fund Raising	TOTAL		
Salaries	\$ 25,600	\$ 25,100	\$126,900	\$33,100	\$36,800	\$247,500		
Pension plan cont.	. 100		100	100		300		
Other emp. benefits	. 1,700	1,400	6,300	2,100	1,500	13,000		
Payroll taxes, etc	. 3,000	2,300	12,400	3,000	3,100	23,800		
Professional fees .	. 63,000	300	61,200	2,600	800	127,900		
Supplies	. 3,900	21,300	1,300	1,800	1,700	30,000		
Telephone	. 9,500	1,000	1,100	1,500	2,300	15,400		
Postage & shipping	. 2,900	1,300	8,900	1,000	9,000	23,100		
Occupancy	. 2,550	21,100	11,250	1,500	1,350	37,750		
Interest			100	800		900		
Rental & maintenance			4.050	4 500	4.050	0.750		
of equipment .	. 3,550	1,100	1,250	1,500	1,350	8,750		
Prtg. & publications	. 5,400	400	6,400	300	1,600	14,100		
Travel & trans	. 12,500	2,000	2,200	2,300	3,000	22,000		
Conferences, etc	. 3,700	7,100	2,000	4,500	400	17,700		
Specific assistance to individuals	. 16,500	24,300	5,000			45,800		
Membership dues .	. 500	,	-,			500		
Awards & grants—								
To national org.	. 10,000		3,000			13,000		
To indvs./other organizations	. 11,000	11,900				22,900		
Insurance	. 10,450	10,100	5.100	600	50	26,300		
Other expenses .	. 1,250	500	400	100	2,050	4,300		
Deprbldgs./equip.	700	600	2,900	600	400	5,200		
Total functional			2,700					
expenses:	\$187,800	\$131,800	\$257,800	\$57,400	\$65,400	\$700,200		
Payments to national	org					12,400		
Total expenses .						\$712,600		

The financial statements for the Family Service Agency of Utopia are given on the following pages.

We made the following entries on Form 990 and Schedule A (Form 990) and have attached explanatory schedules.

#### Form 990, Part I

**Line 1a.**—We have entered the \$473,700 of direct contributions received from the public and the \$9,600 received from legacies and bequests.

**Line 1b.—**We have entered the amount of \$223,500 received through the United Way organization and the \$4,000 collected through the local auxiliary.

**Line 2.—**We have entered the total of program service revenue from Part VII, lines 93(a) and (g). This included \$2,300 in consultation fees and \$300 in fees from government agencies.

Line 3.—We have entered \$1,600 of membership dues and assessments. These dues are not equivalent to contributions because members receive benefits and privileges (educational programs and counseling services) which have a monetary value in excess of their dues payment. Therefore, they are reported on line 3. (See the discussion of this principle in the instructions for line 3 of Form 990.)

**Lines 4 and 5.—**We have entered the \$14,800 received in interest income and \$16,400 received in dividends for the year.

**Line 8.—**We have entered \$24,200, the selling price of securities sold, and subtracted their cost basis and the sales expense. We entered the \$500 gain on line 8d.

# Family Service Agency of Utopia, Inc.

# Statement of Revenue, Expenses, and Changes in Fund Balances

### For the Year Ended December 31, 1992

	Current	Current Funds		.and, Bldg., & Endow- Equip. ment	
	Unrestricted	Restricted	Fund	Fund	TOTAL
Revenue:					
Public support—					
Received directly—					
Contributions (net of estimated uncollectible pledges of \$19,500).	. \$460,100	\$ 6,200	\$ 7,200	\$ 200	\$473,700
Special events (net of costs of direct benefit to participan of \$18,000)					10,400
Legacies & bequests	. 9,200			400	9,600
Received indirectly—					
Collected through local auxiliary	. 4,000				4,000
Allocated by federated fundraising organizations (net of the related fundraising expenses estimated at \$12,300).					223,500
Total public support	. 707,200	6,200	7,200	600	721,200
Revenue and grants from governmental agencies		300			300
Other revenue:					
Membership dues—individuals	1,600				1,600
Program service fees	. 2,300				2,300
Sales of materials and services (net of direct expenses of \$1,000)	. 400				400
Endowment and other investment income	. 30,500	700			31,200
Miscellaneous revenue	. 2,800				2,800
Gains (losses) on investments	(2,000)			2,500	500
Total other revenue	. 35,600	700		2,500	38,800
Total revenue	. 742,800	7,200	7,200	3,100	760,300
Expenses:					
Program services—					
Adoption	. 187,100		700		187,800
Foster home care	. 131,200		600		131,800
Counseling	. 244,100	10,800	2,900		257,800
Total program services	562,400	10,800	4,200		577,400
Supporting services—					
Management & general	. 56,800		600		57,400
Fundraising			400		65,400
Total supporting services	121,800		1,000		122,800
Payments to national organization	12,400				12,400
Total expenses	. 696,600	10,800	5,200		712,600
Excess (deficiency) of revenue over expenses	. 46,200	(3,600)	2,000	3,100	47,700
Fund balances, beginning of year	446,300	10,000	156,800	191,700	804,800
Other changes in fund balances:					
Acquisition of fixed assets	. (7,000)		7,000		
Mortgage payment			400		
Fund balances, end of year	. \$485,100	\$ 6,400	<u>\$166,200</u>	\$194,800	<u>\$852,500</u>

# Family Service Agency of Utopia, Inc.

### **BALANCE SHEET**

# December 31, 1992

	Current	Funds	Land, Bldg., & Equip.	Endow- ment	
ASSETS	Unrestricted	Restricted	Fund	Fund	TOTAL
Current assets:					
Cash, including \$115,000 in interest-bearing accounts	. \$121,100	\$ 300			\$121,400
Short-term investments, at cost (approximates market)	. 100,000	7,100			107,100
Receivables:					
Program service fees, less allowance of \$200	. 600				600
Pledges, less allowance of \$11,200	. 58,900				58,900
Grants		1,000	\$ 4,800		5,800
From affiliated organizations	. 1,000				1,000
Interfund receivable (payable)	2,000	(2,000)			
Inventory, at lower of cost or market	. 7,000				7,000
Prepaid expenses and deferred charges	. 13,800				13,800
Total current assets	. 304,400	6,400	4,800		315,600
Noncurrent investments	. 279,600			\$194,800	474,400
Land, buildings, and equipment, at cost, less accumulated					
depreciation			174,800		174,800
Total assets	. \$584,000	<u>\$6,400</u>	<u>\$179,600</u>	<u>\$194,800</u>	<u>\$964,800</u>
LIABILITIES AND FUND BALANCES					
Current liabilities:					
Accounts payable and accrued expenses	. \$ 39,300				\$ 39,300
Support & revenue designated for subsequent period	. 59,600				59,600
Total current liabilities	98,900				98,900
Mortgage payable, 6%, due 1994			\$ 3,200		3,200
Amounts payable under capital lease			10,200		10,200
Total liabilities	. 98,900		13,400		112,300
Fund balances:					
Current unrestricted:					
Designated by the governing board for—	070 (00				070 (00
Long-term investment	. 279,600				279,600
Purchase of new equipment					10,400
Undesignated—available for general activities	. 195,100				195,100
Current restricted for:		<b>#4.000</b>			4.000
Professional education		\$4,000			4,000
Expansion of services	•	2,400			2,400
Land, building, and equipment:			4.000		4.000
Unexpended restricted			4,800		4,800
Equity in fixed assets	·		161,400	¢104.000	161,400
Endowment	405 400	/ 100	1// 222	\$194,800	194,800
Total fund balances	. 485,100	6,400	166,200	194,800	852,500
Total liabilities and fund balances	. \$584,000	<u>\$6,400</u>	<u>\$179,600</u>	<u>\$194,800</u>	<u>\$964,800</u>

Line 9.—We have reported the revenue of \$28,400 less direct expenses of \$18,000 from special fundraising events and activities. As there were no contributions included in gross revenue from these events, we entered "-0-" within the parentheses on line 9a. All of the \$18,000 of expenses attributable to this function are reportable here and none in Part II.

**Line 10.**—We have reported, on line 10a, \$2,000 in gross sales of educational publications, less \$600 of returns and allowances. On line 10b, we entered \$1,000, the cost of goods sold, and entered the \$400 gross profit on line 10c.

**Line 11.**—We have entered the gross amount of other revenue received from the sale of an easement. This amount was also reported in Part VII on line 103(a).

Line 13.—We have entered the program services expenses from line 44, column (B) of Part II.

**Line 14.**—We have entered the management and general expenses from line 44, column (C) of Part II.

**Line 15.**—We have entered the fundraising expenses from line 44, column (D) of Part II.

**Line 16.**—We have entered the portion of the unrestricted support from the public that was remitted to the national organization.

Lines 17 and 18 are self-explanatory.

Line 19.—We have entered the net asset balance at the beginning of the year from line 74, column (A) of Part IV.

**Line 21.**—We have entered the total of lines 18, 19, and 20. This computed net asset figure agrees with the end-of-year net asset balance from line 74, column (B) of Part IV.

#### Form 990, Part II

From the breakdown of the expenses provided, we have listed the organization's expenses attributable to program services; management and general; and fundraising functions. In column (A), we reported the total expenses for each line of columns (B), (C), and (D). The total for column (A) was included on line 17, "Total expenses," of Part I. The expenses in Part II include only those that are not reported on lines 8b, 9b, or 10b of Part I. (The expenses of the special fundraising events and activities are reported on line 9b of Part I and, therefore, are not also reported in Part II. In this example, the expenses listed in the program service column include those attributable to adoption services, foster home care, and family counseling.) In the space below line 44, the joint costs incurred in combined fundraising and educational campaigns are reported in accordance with the facts given.

#### Form 990, Part III

We have listed and described the organization's three program services and indicated the expenses attributable to each. Statistical information regarding the number of individuals, families, and organizations served is also provided. We have entered the amount attributable to donated services in the narrative section for "Adoption Services."

#### Form 990, Part IV

We have completed beginning and end-of-year balance sheets. **Note:** For the sake of brevity, the beginning-of-year balance sheet was not given in the statement of facts.

#### Form 990, Part V

We have entered, in Part V and in an attachment, the name, address, and other required information for each officer, director, and key employee even though some of them serve without compensation. We entered "-0-" when

there were no amounts to enter. No compensation was provided by a related organization. **Note:** For the sake of brevity, specific names, addresses, titles, and hours worked were not given in the statement of facts.

#### Form 990, Part VI

**Lines 76 through 81.**—From the facts given, the appropriate answer to each of these questions was either "No," "N/A," or "-0-."

**Line 82.**—We have entered the amount of \$8,000 in donated program services that was also reported in the narrative section of Part III.

**Line 92.**—We have entered "N/A" because the organization is not a section 4947(a)(1) charitable trust.

#### Form 990, Part VII

We have listed both consultation fees and fees from government agencies as the organization's only source of program service revenue for the year. None of the organization's other receipts constitute program service revenue as defined in the instructions for line 2 of Part I.

In column (d), we have entered the amounts received from income-producing activities that do not further the charitable purposes of the agency (other than by providing funds for such purposes) and the income from which would be taxable as unrelated business income but for specific provisions in the Code that render such income nontaxable. We have also entered the appropriate exclusion codes (from the Instructions for Form 990) to indicate the Code provision that excludes each amount from classification as unrelated business income.

In column (e), we have entered the amounts received from activities that contributed to the agency's related or exempt purposes.

#### Form 990, Part VIII

We indicated the line number for the related or exempt function amounts we entered in column (e) and explained how each reported activity contributed importantly to the accomplishment of the agency's exempt purposes.

#### Form 990, Part IX

We entered "N/A" because we answered "No" to question 78c of Part VI.

#### Schedule A (Form 990)

**Part I.—**We have entered the compensation and contribution to employee benefit plans for each employee listed.

**Part IV.**—We have checked block 11a, based on our sample facts, and entered the appropriate information on lines 15 through 28. The amounts shown on these lines are from returns for previous years that are not part of this example.

Parts VI-A and VI-B.—We have entered "N/A" in both Parts VI-A and VI-B as the agency did not engage in any lobbying activity during the year and did not file Form 5768 to make a section 501(h) election.

Part VII.—We have entered the required information regarding the agency's rental of facilities and equipment from a fraternal organization for the annual dinner/dance. Note that this does not constitute a "sharing of facilities or equipment" (line 51c) which connotes a continuing arrangement and joint or alternating use of the same assets (sharing of office space and equipment, for example). Because there was no such sharing and because the agency was not otherwise affiliated with or related to the fraternal organization, we answered "No" to question 52a.

**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) charitable trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

<u> </u>	or the	calendar year 1992, or fiscal year beginning	, 1992,	and e	naing		, 19
Ple	ease	Name of organization		С			fication number
	IRS el or	Family Service Agency of Utopia, Inc.				3456	
pri	nt or . See	,	om/suite	D	_		on number
Spe	cific _	1414 West Ash Drive			5678	390	
	truc- ons.	City, town, or post office, state, and ZIP code		l _			
<u> </u>		Utopia, PA 11111		Е	If address	s chang	ed, check box ▶ □
		ype of organization—Exempt under section ► X 501(c)( 3 ) (insert number),	C 16				anding short have
	OR ►	section 4947(a)(1) charitable trust					ending, check box . ▶ □
		group return filed for affiliates? Yes 🔀 No			oox in H is on number		ed "Yes," enter four-digit group
(b)	if "Yes,"	enter the number of affiliates for which this return is filed: •				· ·	Cash X Accrual
(c)	Is this a	separate return filed by an organization covered by a group ruling?   Yes   No		_	r (specify)		Casii Acciuai
		ere ► if the organization's gross receipts are normally not more than \$25,000. The	organiza				rn with the IRS: but if it received
		990 Package in the mail, it should file a return without financial data. <b>Some states req</b>				o a rota	m with the interpolation in received
Note	: Form	990EZ may be used by organizations with gross receipts less than \$100,000	0 and to	tal as	sets less	than \$	250,000 at end of year.
Da	rt I	Statement of Revenue, Expenses, and Changes in Net As	ecote d	or Ei	ınd Pal	anco	c
га		Statement of Revenue, Expenses, and Changes in Net As	3513 (	,, , ,	iliu bai	ance	ა 
	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support		3,3			
	b	Indirect public support	22	7,5	00		
	С	Government grants				4.4	4510 000
	d	<b>Total</b> (add lines 1a through 1c) (attach schedule—see instructions)				1d	\$710,800
	2	Program service revenue (from Part VII, line 93)				3	2,600
	3	Membership dues and assessments (see instructions)				4	1,600
	4	Interest on savings and temporary cash investments				5	14,800 16,400
	5	Dividends and interest from securities				3	10,400
	6a b	Closs tents					
	1	Less: rental expenses				6c	
<u>a</u>	7	Other investment income (describe			· ;	7	
Revenue		Gross amount from sale of assets other (A) Securities	<b>(B)</b> O	ther			
ě		than inventory					
œ	b	Less: cost or other basis and sales expenses 23,700 8b					
	С	Gain or (loss) (attach schedule) 500 8c					
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	500
	9	Special fundraising events and activities (attach schedule—see ins	truction	าร):			
	а	Gross revenue (not including \$ of	_				
		contributions reported on line 1a)		8,4			
		Less: direct expenses		8,0	00	9c	10 400
	1	Net income		 1,4	 no	90	10,400
	10a	Gross sales less returns and allowances		1,0			
	b	Gross profit or (loss) (attach schedule)				10c	400
	11	Other revenue (from Part VII, line 103)				11	2,800
	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) .				12	\$760 <b>,</b> 300
S	13	Program services (from line 44, column (B)) (see instructions)				13	\$577,400
Expenses	14	Management and general (from line 44, column (C)) (see instruction				14	57,400
per	15	Fundraising (from line 44, column (D)) (see instructions)				15	65,400
Ĕ		Payments to affiliates (attach schedule—see instructions)				16	12,400
	17	Total expenses (add lines 16 and 44, column (A))				17	\$712,600
ý	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	\$47,700
Net Assets	19	Net assets or fund balances at beginning of year (from line 74, col				19	804,800
As	20	Other changes in net assets or fund balances (attach explanation)				20	-0-
	21	Net assets or fund balances at end of year (combine lines 18, 19, and	20) .			21	\$852,500

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and 4947(a)(1) charitable trusts but optional for others. (See instructions.) Part II

	•		, ,, ,	•	nal for others. (See i	,
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	<b>(B)</b> Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	22	\$ 35,900	\$ 35,900		
23	Specific assistance to individuals (attach schedule)	23	45,800	45,800		
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	42,800	26,600	\$ 8,800	\$ 7,400
26	Other salaries and wages	26	204,700	151,000	24,300	29,400
27	Pension plan contributions	27	300	200	100	-
28	Other employee benefits	28	13,000	9,400	2,100	1,500
29	Payroll taxes	29	23,800	17,700	3,000	3,100
29 30	Professional fundraising fees	30	20,000	277700	3,000	3,200
		31				
31	Accounting fees	32		_		
32	Legal fees	33	30,000	26,500	1,800	1,700
33	Supplies	34	15,400	11,600	1,500	2,300
34	Telephone			13,100		
35	Postage and shipping	35	23,100		1,000	9,000
36	Occupancy	36	37,750	34,900	1,500	1,350
37	Equipment rental and maintenance	37	8,750	5,900	1,500	1,350
38	Printing and publications	38	14,100	12,200	300	1,600
39	Travel	39	22,000	16,700	2,300	3,000
10	Conferences, conventions, and meetings .	40	17,700	12,800	4,500	400
<b>41</b>	Interest	41	900	100	800	
42	Depreciation, depletion, etc. (attach schedule).	42	5,200	4,200	600	400
13	Other expenses (itemize): aDues	43a	500	500		
b	Professional Fees	43b	127,900	124,500	2,600	800
С	Insurance	43c	26,300	25,650	600	50
d	Miscellaneous	43d	4,300	2,150	100	2,050
		43e				
е		100				
e f		43f				
	Total functional expenses (add lines 22 through 43) <i>Organizations</i>	43f				
f 44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	43f 44	\$700,200	\$577,400	\$57,400	\$65,400
f 44 Repo	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 .  orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?	43f 44 nn (B) (F	Program services)	any joint costs fro	om a combined	
f 44 Repo	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost	43f 44 an (B) (F	Program services) 9,600; (ii) th	any joint costs from any joint	om a combined ▶ to program service:	X Yes ☐ No s \$ 2,800
f 14 Repo educ f "Ye iii) th	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  Orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint costs amount allocated to management and general \$	43f 44 an (B) (F  sts \$	Program services)  9,600; (ii) th  00; and (iv) th	any joint costs from any joint	om a combined ▶ to program service:	
f 44 Repo educ f "Ye (iii) th	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost	43f 44 an (B) (F  sts \$	Program services)  9,600; (ii) th  00; and (iv) th	any joint costs from any joint	om a combined ▶ to program service:	Yes
feduce feduce fer fer fer fer fer fer fer fer fer fe	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  Orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint costs amount allocated to management and general \$	43f 44 an (B) (Fig. 1) Sits \$ 70 compliation's onforma	Program services)  9,600; (ii) th  00; and (iv) th  shments (See in  exempt purposes.  tion for each prog	any joint costs from the amount allocated e amount allocated instructions.)  Fully describe the segram title. Section	to program services to fundraising \$  services provided; 501(c)(3) and (4)	Yes No 5 \$ 2,800 6,000 Expenses (Required for 501(c)(3) and (4) organizations ar
f 14 Repo educt f "Ye iii) th Par Desc he r brgan	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  Orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost amount allocated to management and general \$ 1111	43f 44 an (B) (Fig. 1) (B) (Fig	Program services)  9,600; (ii) th  00; and (iv) th  shments (See in  exempt purposes.  tion for each progo o enter the amoun  5,954 hours  5 cases were	any joint costs from the amount allocated amount allocated instructions.)  Fully describe the syram title. Section to figrants and allow of counseling assisted involves.	to program services to fundraising \$ services provided; 501(c)(3) and (4) cations to others.	Yes No 2,800 6,000 Expenses (Required for 501(c)(3) and (4) organizations ar 4947(a)(1) trusts; option
f 44 Reposeduce f "Ye (iii) th Par Describe re	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  orting of Joint Costs.—Did you report in columnational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost amount allocated to management and general \$_1 till Statement of Program Service Accordibe what was achieved in carrying out the organizations and section 4947(a)(1) charitable trusts in Counseling - The organization provindividuals and families. A total	43f 44 In (B) (I compliation's of formanust als vided of 63 a gra	Program services)  9,600; (ii) th  00; and (iv) th  shments (See in  exempt purposes.  tion for each progo o enter the amoun  5,954 hours  5 cases were	any joint costs from the amount allocated e amount of grants and allocated e counseling assisted investional affilia	to program services to fundraising \$ services provided; 501(c)(3) and (4) cations to others.	Yes No 2,800 6,000 Expenses (Required for 501(c)(3) and (4) organizations ar 4947(a)(1) trusts; option
f #Yeeduco f #Yeeduco	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  Orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost amount allocated to management and general \$ 1111 Statement of Program Service Accribe what was achieved in carrying out the organizations and section 4947(a)(1) charitable trusts in Counseling - The organization provindividuals and families. A total individuals. The agency also made	43f 44 In (B) (I I I I I I I I I I I I I I I I I I I	Program services)  9,600; (ii) th  00; and (iv) th  shments (See in  exempt purposes.  tion for each progo o enter the amoun  5,954 hours  5 cases were  nt to its nat nts and allocations  0 children ir	any joint costs from the amount allocated e amount	to program services to fundraising \$  services provided; 501(c)(3) and (4) cations to others.  g to  plying 2,426  ate for a  )  milies. This	Yes No 2,800 6,000  Expenses (Required for 501(c)(3) and (4) organizations ar 4947(a)(1) trusts; option for others.)
f 144  Report of "Yes and the report of the	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  Orting of Joint Costs.—Did you report in columnational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost a amount allocated to management and general \$ 111	43f 44 an (B) (I compliation's of formal of 63 a gra (Gran ced 5 parer e 65 h (Gran	Program services)  9,600; (ii) th  00; and (iv) th  shments (See in  exempt purposes.  tion for each progo o enter the amoun  5,954 hours  5 cases were  nt to its nat  its and allocations  to children in  nts. Five ado  come studies on  nts and allocations  ones and allocations	any joint costs from the amount allocated e amount to figure and title. Section to figure and allocated involvement affiliance \$ 3,000 en adoptive famptions involvement e amount e amoun	to program services to fundraising \$  services provided; 501(c)(3) and (4) cations to others.  g to plving 2,426 ate for a  milies. This red children ing this  )	Yes No 2,800 6,000 .  Expenses (Required for 501(c)(3) and (4) organizations ar 4947(a)(1) trusts: optior for others.)
f i4  Report deduction of "Yes	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost a amount allocated to management and general \$ 111	43f 44 an (B) (I compliation's of formal of 63 a gra (Gran ced 5 parer e 65 h (Gran	Program services)  9,600; (ii) th  00; and (iv) th  shments (See in  exempt purposes.  tion for each progo o enter the amoun  5,954 hours  5 cases were  nt to its nat  its and allocations  to children in  nts. Five ado  come studies on  nts and allocations  ones and allocations	any joint costs from the amount allocated e amount to figure and title. Section to figure and allocated involvement affiliance \$ 3,000 en adoptive famptions involvement e amount e amoun	to program services to fundraising \$  services provided; 501(c)(3) and (4) cations to others.  g to plving 2,426 ate for a  milies. This red children ing this  )	Yes No 2,800 6,000  Expenses (Required for 501(c)(3) and (4) organizations ar 4947(a)(1) trusts; option for others.)
f 14  Report of Yes 14  Report	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  Orting of Joint Costs.—Did you report in columnational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost a amount allocated to management and general \$ 111	43f 44 In (B) (I I I I I I I I I I I I I I I I I I I	9,600; (ii) the 100 ; and (iv) the shments (See in exempt purposes, tion for each progo enter the amount 5,954 hours to its nathes and allocations on the studies of the st	any joint costs from the amount allocated e amount allocated e amount allocated instructions.)  Fully describe the section of grant sand allocated investional affiliates \$ 3,000 and adoptive famptions involves \$ completed during \$ \$ completed Service \$ \$ control \$ \$ completed Service \$ \$ control \$ \$ control \$ \$ \$ control \$ \$ \$ control \$ \$ \$ \$ control \$ \$ \$ \$ control \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	to program services to fundraising \$	Yes N 2,800 6,000 Expenses (Required for 501(c)(3 and (4) organizations at 4947(a)(1) trusts; option for others.)
f 14  Report of Yes 14  Report	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  Orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost amount allocated to management and general \$ 1111 Statement of Program Service Accribe what was achieved in carrying out the organizations and section 4947(a)(1) charitable trusts in izations and section 4947(a)(1) charitable trusts in Counseling - The organization provindividuals and families. A total individuals. The agency also made research project.  Adoption Services - The agency pla included counseling for 189 birth from foreign countries. There were year. (This program was assisted by \$8,000 of donated services in 1	43f 44 In (B) (I I I I I I I I I I I I I I I I I I I	9,600; (ii) the 100 ; and (iv) the shments (See in exempt purposes, tion for each progo enter the amount 5,954 hours to its nathes and allocations on the studies of the st	any joint costs from the amount allocated e amount allocated e amount allocated instructions.)  Fully describe the section of grants and allocated investing assisted investing assisted investing assisted investing assisted investing assisted investing and affiliated services.	to program services to fundraising \$	X Yes No September 19 No September 2,800 Septe
f fil4  Report of "Year of the report of the	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  Orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost amount allocated to management and general \$ 1111 Statement of Program Service Accribe what was achieved in carrying out the organizations and section 4947(a)(1) charitable trusts in izations and section 4947(a)(1) charitable trusts in Counseling - The organization provindividuals and families. A total individuals. The agency also made research project.  Adoption Services - The agency pla included counseling for 189 birth from foreign countries. There were year. (This program was assisted by \$8,000 of donated services in 1	43f 44 an (B) (I compliation's one of 63 a gra   (Gran ced 5 paren e 65 h   (Gran 992.) ganiz	Program services)  9,600; (ii) th  00; and (iv) th  shments (See in  exempt purposes.  tion for each progo o enter the amoun  5,954 hours  5 cases were  nt to its nat  nts and allocation:  0 children in  nts. Five ado  come studies conts and allocation:  Under the Ad  ations for results and allocation:	any joint costs from the amount allocated e amount at the section of grants and allocated involved assisted involved e amount affiliated service e allocated services \$ 21,000	to program services to fundraising \$	Yes No 2,800 6,000 .  Expenses (Required for 501(c)(3) and (4) organizations ar 4947(a)(1) trusts: optior for others.)
f fil4  Report of "Year of the report of the	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  Orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost amount allocated to management and general \$ 111	43f 44 In (B) (I I I I I I I I I I I I I I I I I I I	Program services)  9,600; (ii) th  00; and (iv) th  shments (See in  exempt purposes.  tion for each progount on the amoun  5,954 hours  5 cases were  nt to its nat  its and allocations  O children in  nts. Five adoptome studies on  one studies on  under the Ad  ations for results and allocations  that and allocations  under the Ad  ations for results and allocations  dren in 16 fos	any joint costs from the amount allocated e amount e a	to program services to fundraising \$ services provided; 501(c)(3) and (4) cations to others.  If to program services to fundraising \$ services provided; 501(c)(3) and (4) cations to others.  If to program and the program in the program and the program an	X Yes No September 19 No September 2,800 Septe
f fil4  Report of "Year of the report of the	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.  Orting of Joint Costs.—Did you report in columational campaign and fundraising solicitation?  s," enter (i) the aggregate amount of these joint cost a amount allocated to management and general \$ 111	43f 44 an (B) (Final State of	Program services)  9,600; (ii) th  00; and (iv) th  shments (See in  exempt purposes.  tion for each progount on the amoun  5,954 hours  5 cases were  nt to its nat  its and allocations  O children in  nts. Five adoptome studies on  one studies on  under the Ad  ations for results and allocations  that and allocations  under the Ad  ations for results and allocations  dren in 16 fos	any joint costs from the amount allocated e amount allocated e amount allocated instructions.)  Fully describe the section of grant sand allocated investions and allocated investional affiliates \$ 3,000 andoptive famptions involved the section services \$ 21,000 attentions as	to program services to fundraising \$ services provided; 501(c)(3) and (4) cations to others.  If to program services to fundraising \$ services provided; 501(c)(3) and (4) cations to others.  If to program and the program in the program and the program an	Expenses (Required for 501(c)(3) and (4) organizations ar 4947(a)(1) trusts; option for others.)  \$257,800
f f 144  Report of "Yee iii) the Part of the report of the	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15. Orting of Joint Costs.—Did you report in columnational campaign and fundraising solicitation? s," enter (i) the aggregate amount of these joint costs amount allocated to management and general \$2 till Statement of Program Service Accordibe what was achieved in carrying out the organizations and section 4947(a)(1) charitable trusts in inizations and section 4947(a)(1) charitable trusts in Counseling - The organization provindividuals and families. A total individuals. The agency also made research project.  Adoption Services - The agency plaincluded counseling for 189 birth from foreign countries. There were year. (This program was assisted by \$8,000 of donated services in 1 the agency made grants to three organization-place children.	43f 44 In (B) (I I I I I I I I I I I I I I I I I I I	9,600; (ii) the 100; and (iv) the shments (See in exempt purposes, tion for each progo on enter the amount 5,954 hours of the same allocations of the studies of the studies of the same allocations. Under the Admits and allocations of the same all	any joint costs from the amount allocated enstructions.)  Fully describe the struction and the section of grants and allocated inversional affiliates \$ 3,000 and adoptive famptions involved and the section section services \$ 21,000 attentions Action Services \$ 11,900	to program services to fundraising \$ services provided; 501(c)(3) and (4) cations to others.  If to program services to fundraising \$ services provided; 501(c)(3) and (4) cations to others.  If to program and the program in the program and the program an	Yes

Form 990 (1992) Page **3** 

#### Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
Assets			
45 Cash—non-interest-bearing	\$ 4,000	45	\$ 6,400
46 Savings and temporary cash investments	244,700	46	222,100
47a Accounts receivable47a\$ 1,800b Less: allowance for doubtful accounts47b200	1,800	47c	1,600
<b>48a</b> Pledges receivable			
b Less: allowance for doubtful accounts 48b 11,200	46,000	48c	58,900
<b>49</b> Grants receivable	4,600	49	5,800
Receivables due from officers, directors, trustees, and key employees (attach schedule)		50	
51a Other notes and loans receivable (attach schedule) 51a		E4 -	
<b>b</b> Less: allowance for doubtful accounts	C 100	51c	T 000
52 Inventories for sale or use	6,100 9,600	52 53	7,000 13,800
53 Prepaid expenses and deferred charges	430,700	54	474,400
54 Investments—securities (attach schedule)	430,700	34	4/4,400
55a Investments—land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule) 55b		55c	
Schedule)		56	
56 Investments—other (attach schedule)		30	
and the same graph and a familiary and a same same same same same same same sa	168,500	57c	174,800
b Less: accumulated depreciation (attach schedule) 57b 13,200 58 Other assets (describe ► )	100,500	58	174,000
59 Total assets (add lines 45 through 58) (must equal line 75)	\$916,000	59	\$964,800
Liabilities	40=07000		4202,000
60 Accounts payable and accrued expenses	\$ 46,000	60	\$ 39,300
61 Grants payable		61	,,
<b>62</b> Support and revenue designated for future periods (attach schedule)	61,600	62	59,600
63 Loans from officers, directors, trustees, and key employees (attach schedule).		63	
64 Mortgages and other notes payable (attach schedule)	3,600	64	3,200
65 Other liabilities (describe ► Payable under capital lease )		65	10,200
66 Total liabilities (add lines 60 through 65)	\$111,200	66	\$112,300
Fund Balances or Net Assets			
Organizations that use fund accounting, check here ►  and complete lines 67 through 70 and lines 74 and 75 (see instructions).			
67a Current unrestricted fund	\$446,300	67a	\$485,100
<b>b</b> Current restricted fund	10,000	67b	6,400
<b>68</b> Land, buildings, and equipment fund	156,800	68	166,200
<b>69</b> Endowment fund	191,700	69	194,800
70 Other funds (describe ►)	-0-	70	-0-
Organizations that do not use fund accounting, check here ► and complete lines 71 through 75 (see instructions).			
71 Capital stock or trust principal		71	
72 Paid-in or capital surplus		72	
73 Retained earnings or accumulated income		73	
74 Total fund balances or net assets (add lines 67a through 70 OR lines 71 through 73: column (A) must equal line 19 and column (B) must equal			
line 21)	\$804,800	74	\$852,500
75 Total liabilities and fund balances/net assets (add lines 66 and 74)	\$916,000	75	\$964,800

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 the organization's programs and accomplishments.

Form 990 (1992) Page **4** 

	t V List of Officers, Directors, Trustees, an	d Kev Emplovees (List ea	ach one even if no	ot compensated.	See ins	structions.)
T GI	(A) Name and address	(B) Title and average hours per week devoted to position		(D) Contributions to employee benefit plans	(E)	Expense and other owances
1	nita Hurlimann O Paradise Drive, Utopia, PA 11111	President 10 hrs./wk.	-0-	-0-		-0-
1	ohn S. Brown, Ph.D.  5 Heavenly Place, Utopia, PA 11111  anet Newhouse	Executive Director 50 hrs./wk. Vice President	\$42,800	\$1,810		-0-
	0 Musical Drive, Utopia, PA 11111	10 hrs./wk.	-0-	-0-		-0-
	im Jones Scenic Rd., Utopia, PA 11111	Treasurer 2 hrs./wk.	-0-	-0-		-0-
Did a orgai	nny officer, director, trustee, or key employee receive nization and all related organizations, of which more tes," attach schedule (see instructions).	aggregate compensation of			Yes	s 🗷 No
	: Section 501(c)(3) organizations and section 4947(a)(1)	) truste must also complete	and attach School	ulo A (Form 990)		Yes No
76	Did the organization engage in any activity not profif "Yes," attach a detailed description of each act	eviously reported to the Intivity.	ternal Revenue S	Service?	76	X
77	Were any changes made in the organizing or gove If "Yes," attach a conformed copy of the changes	•	reported to the	IRS?	77	X
	Did the organization have unrelated business gross inco	ũ.	•	,	78a	X
	If "Yes," has it filed a tax return on Form 990-T, Exe	. •		,	78b 78c	N/A X
C	At any time during the year, did the organization own a If "Yes," complete Part IX.	50% of greater interest in a ta	ixable corporation	or partnership?	700	21
79	Was there a liquidation, dissolution, termination, or	substantial contraction duri	ng the year? (See	e instructions.)	79	х
	If "Yes," attach a statement as described in the in	nstructions.				
80a	Is the organization related (other than by association of the state of				80a	x
h	membership, governing bodies, trustees, officers, etc., to a lf "Yes," enter the name of the organization ▶		ot organization? (Se	ee instructions.)	oua	A
	and		exempt OR	nonexempt.		
81a	Enter amount of political expenditures, direct or indirect	t, as described in the instruction	ons <b>81a</b>	-0-		
	Did the organization file Form 1120-POL, U.S. Income		•	•	81b	X
82a	Did the organization receive donated services or t or at substantially less than fair rental value?	he use of materials, equipr		at no charge	82a	х
b	If "Yes," you may indicate the value of these items revenue in Part I or as an expense in Part II. See it			\$8,000		
	Did anyone request to see either the organization				83a	X
	If "Yes," did the organization comply as described			on L.)	83b 84a	N/A X
	Did the organization solicit any contributions or gill "Yes," did the organization include with every s			contributions	044	
D	or gifts were not tax deductible? (See General Ins				84b	N/A
85a	Section 501(c)(5) or (6) organizations.—Did the organ	nization spend any amounts			85a	N/A
h	opinion about legislative matters or referendums? (S If "Yes," enter the total amount spent for this purp	•	1	2-20(C).)   <b>N/A</b>	UJa	N/A
86	Section 501(c)(7) organizations.—Enter:					
а	Initiation fees and capital contributions included of	on line 12	86a	N/A		
	Gross receipts, included on line 12, for public use			N/A		
С	Does the club's governing instrument or any writte person because of race, color, or religion? (If "Yes			n against any	86c	N/A
87	Section 501(c)(12) organizations.—Enter amount of		ristructions.) .			21/22
	Gross income received from members or shareho		87a	N/A		
b	Gross income received from other sources. (Do no		076	N/A		
88	sources against amounts due or received from the Public interest law firms.—Attach information des			11/23		
89	List the states with which a copy of this return is		nia			
90	During this tax year did the organization maintain any p	art of its accounting / tax reco	ords on a compute		90	х
91	The books are in care of ► Nancy Ward	-i- Da				
92	Located at ► 1414 West Ash Drive, Utop Section 4947(a)(1) charitable trusts filing Form 990 in		duciary Income Ta			111 here ▶
	and enter the amount of tax-exempt interest received or		•	N/A	SHOOK	

Part	VII Analysis of Income	e-Producing Act	tivities				
Enter	gross amounts unless other	wise	Unrelated b	usiness income	Excluded by sec	tion 512, 513, or 514	(e) Related or exempt
indica	ated.		(a)	(b)	(c)	(d)	function income
	rogram service revenue:		Business code	Amount	Exclusion code	Amount	(See instructions.)
•	a) Consultation fees						\$2,300
	o)		-		<u> </u>		
	c)		-				
	d)						
	e)		-				
(f)	•		-				200
	g) Fees from government age						300
	Membership dues and assessi					414 000	1,600
	nterest on savings and temporary				14	\$14,800	
	Dividends and interest from se				14	16,400	
	let rental income or (loss) fror						
	a) debt-financed property .						
	not debt-financed property						
	let rental income or (loss) from p						
	Other investment income				10	500	
	Sain or (loss) from sales of assets	,			18	500	
	let income from special fundr	•			1	10,400	400
<b>102</b> G	Gross profit or (loss) from sale	s of inventory			10	2 200	400
	Other revenue: (a) Sale o				18	2,800	
(b	o)						
(c	<u> </u>						
	d)						
	e)		-/	•		<b>444</b> 000	44.500
	Subtotal (add columns (b), (d),					\$44,900	\$4,600
	OTAL (add line 104, columns (Line 105 plus line 1d, Part I,					. •	\$49,500
Part					t Durnoses		
						montantly to the	occomplishment
Line I ▼							iccomplishment
93	-					70 111311 40110113.)	
93						is furthers	our exempt
		ensuring qua				ITS TUIT CHEELS	Our exempt
94			_			and advise	on problem
		our staff as					
	programs.	Our Scarr as	part or our	L COUIDEIII	g, adoptio	ir, and rosce	LCALE
10		ional materia	als to memb	erg and ner	gong recei	zina counsel	ingpart
		rall counseli			BOILD I CCCI	ving counser	ing pare
	01 0ul 0ve	LUII COUNDCII	ng program	•			
Part	IX Information Regard	ing Taxable Sub	sidiaries (Cor	mplete this Pa	rt if the "Yes	" box on 78c is	s checked.)
	Name, address, and employer ide		Percentage of	•	re of	Total	End-of-year
	number of corporation or parti		nership interest		activities	income	assets
	′A						
	<del></del>						
<u> </u>	Se Under penalties of perjury, I o	declare that I have exar	mined this return, in	ncluding accompan	ying schedules an	d statements, and to	the best of my
Pleas	any knowledge	ue, correct, and comple	ete. Declaration of p	preparer (other than	officer) is based of	on all information of v	which preparer has
Sign	1 In Oakin	) X A	ronun	3/23/93	3 1	xecutive Di	rector
Here	Signature of officer			Date	Title		
	Preparer's				Date		
Paid	signature				- 3.0		Check if self-employed ►
Prepare					J		3cii-cilipioved F
Use On					ZIP	code	self-employed > _

#### **SCHEDULE A** (Form 990)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust Supplementary Information

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 (or Form 990EZ).

Name			Employer identificat	ion nun	ibei	
Family Service Agency of Utopia,			12 345678			
Compensation of the Five Higher (See specific instructions.) (List ea				nd Tru	ustee	:S
(a) Name and address of employees paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	accour	Expens nt and o wance:	other
Roshan Contractor, M.S.W. 41 Allegro Way, Utopia, PA	Dep. to the Direct 45 hrs./wk.	or \$36,000	\$1,634		-0-	
Mehroo Aziz	Ch. Counseling Ser		71,034		-0-	
50 Mountain View, Utopia, PA	45 hrs./wk.	32,000	1,490		-0-	
Jo Modificatii view, Ocopia, ia	TO ILIBO / WK.	32,000	1,130			
Total number of other employees paid over	_					
\$30,000	-0-					
Compensation of the Five Higher (See specific instructions.) (List example 1) (A) Name and address of persons paid more	ach one. If there are no	ne, enter "None.		<b>(c)</b> Co	mpensa	—— ation
None						
Total number of others receiving over \$30,000 for professional services						
Part III Statements About Activities					Yes	No
1 During the year, has the organization attempte		te, or local legislat	ion, including any	1		x
attempt to influence public opinion on a legisla If "Yes," enter the total expenses paid or incurred		ng activities				
Organizations that made an election under sec	•	· ·				
organizations that made an election dider sector organizations checking "Yes," must complete F the lobbying activities.		•				
During the year, has the organization, either dir of its trustees, directors, principal officers, or cre any such person is affiliated as an officer, director	eators, or with any taxable o	rganization or corp	oration with which			
				2a		х
<ul><li>b Lending of money or other extension of credit?</li></ul>				2b		х
c Furnishing of goods, services, or facilities? .				2c		х
<b>d</b> Payment of compensation (or payment or reiml				2d	х	
e Transfer of any part of its income or assets? .				<b>2</b> e		х
If the answer to any question is "Yes," attach a						
3 Does the organization make grants for scholars	ships, fellowships, student lo	oans, etc.?		3		х
4 Attach a statement explaining how the organiza or loans from it in furtherance of its charitable p						

chedule A (Form 990) 1992	Page 2
sheddle 77 (Ferri 776) 1772	ruge =

	rt IV Reason for Non-Private Founda				s.)			
The	organization is not a private foundation because	e it is (please ched	ck only <b>ONE</b> app	licable box):				
5	☐ A church, convention of churches, or associ	ciation of churche	es. Section 170(b)	)(1)(A)(i).				
6	☐ A school. Section 170(b)(1)(A)(ii). (Also com	plete Part V, page	e 3.)					
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).							
8								
9	A medical research organization operated in hospital ▶	n conjunction witl	h a hospital. Sec	tion 170(b)(1)(A)(ii	i). Enter name, o	city, and state of		
10	An organization operated for the benefit of a (Also complete Support Schedule.)	college or univers	ity owned or oper	ated by a governr	mental unit. Secti	on 170(b)(1)(A)(iv).		
11a	An organization that normally receives a s Section 170(b)(1)(A)(vi). (Also complete Sup	•	f its support fron	n a governmenta	Il unit or from th	e general public.		
11b	☐ A community trust. Section 170(b)(1)(A)(vi).	(Also complete S	upport Schedule.	)				
12	☐ An organization that normally receives: (a)							
	taxable income (less section 511 tax) from							
	its support from contributions, membership				charitable, etc., fu	unctions—subject		
	to certain exceptions. See section 509(a)(2)			•				
13	An organization that is not controlled by ar described in: (1) boxes 5 through 12 abov section 509(a)(3).)							
Prov	ide the following information about the supporte	ed organizations.	(See instructions	for Part IV, box	13.)			
	(a) Name(s)	of supported orga	anization(s)			(b) Box number		
						from above		
14	☐ An organization organized and operated to	test for public sa	fety. Section 509	(a)(4). (See speci	fic instructions.)			
	Support Schedule (Complete only if yo	u checked box 10	0, 11, or 12 abov	e.) <b>Use cash me</b>	thod of accoun	ting.		
Cale	ndar year (or fiscal year beginning in) . <b>•</b>	<b>(a)</b> 1991	<b>(b)</b> 1990	<b>(c)</b> 1989	<b>(d)</b> 1988	(e) Total		
15	Gifts, grants, and contributions received. (Do							
	not include unusual grants. See line 28.), .	\$742,300	\$696,800	\$640,600	\$594,300	\$2,674,000		
16	Membership fees received	1,100	1,500	1,500	1,400	5,500		
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	21 200	26 400	30 600	24 000	112 100		
18	charitable, etc., purpose	31,200	26,400	30,600	24,900	113,100		
10	received from payments on securities loans							
	(section 512(a)(5)), rents, royalties, and							
	unrelated business taxable income (less section 511 taxes) from businesses acquired by							
	the organization after June 30, 1975	26,000	27,700	22,100	20,400	96,200		
19	Net income from unrelated business							
	activities not included in line 18							
20	Tax revenues levied for the organization's benefit							
21	and either paid to it or expended on its behalf .  The value of services or facilities furnished to the							
<b>2</b> I	organization by a governmental unit without charge.							
	Do not include the value of services or facilities generally furnished to the public without charge.							
22	Other income. Attach schedule. Do not include							
	gain or (loss) from sale of capital assets							
23	Total of lines 15 through 22	\$800,600	\$752,400	\$694,800	\$641,000	\$2,888,800		
24	Line 23 minus line 17	\$769,400	\$726,000	\$664,200	\$616,100	\$2,775,700		
25	Enter 1% of line 23	\$ 8,006	\$ 7,524	\$ 6,948	\$ 6,410			
26	Organizations described in box 10 or 11:							
a b	Enter 2% of amount in column (e), line 24. Attach a list (not open to public inspection) sho		of and amount co		h person (other	\$ 55,514		
~	than a governmental unit or publicly supported	d organization) wh	nose total gifts fo	or 1988 through	1991 exceeded			
	the amount shown in line 26a. Enter the sum of	t all excess amou	unts here	<u></u>	<u> ▶</u>	-0-		

Schedule A (Form 990) 1992 Page 3

Support Schedule (continued) (Complete only if you checked box 10, 11, or 12 on page 2.) Part IV N/A Organizations described in box 12, page 2: 27 Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year: **b** Attach a list showing, for 1988 through 1991, the name of, and amount included in line 17 for, each person (other than a "disqualified person") from whom the organization received more during that year than the larger of: **(1)** the amount on line 25 for the year; or **(2)** \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1988 through 1991, attach a list (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 specific instructions.) Part V **Private School Questionnaire** (To be completed ONLY by schools that checked box 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... Does the organization maintain the following: 32a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c 32d 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: 33 33a a Students' rights or privileges?.......... 33b 33c 33d Scholarships or other financial assistance? (See instructions.), . . . . . 33e 33f 33g 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a **34a** Does the organization receive any financial aid or assistance from a governmental agency? . . . . . Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . 34b

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

Page <b>4</b>	
<u> </u>	
(b) o be completed or ALL electing organizations	
V.	
d	
<b>(e)</b> Total	

Schedule A (Form 990) 1992 Lobbying Expenditures by Electing Public Charities (see instructions) Part VI-A (To be completed **ONLY** by an eligible organization that filed Form 5768) Check here ▶ **a** If the organization belongs to an affiliated group (see instructions). **b** If you checked **a** and "limited control" provisions apply (see instructions). Check here ▶ N/A (a) Affiliated group Limits on Lobbying Expenditures To totals ("Expenditures" means amounts paid or incurred) 36 Total lobbying expenditures to influence public opinion (grassroots lobbying). 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . 38 Total lobbying expenditures (add lines 36 and 37) . . . . . . . . . . . . 38 39 Other exempt purpose expenditures (see Part VI-A instructions) 39 40 40 Total exempt purpose expenditures (add lines 38 and 39) (see instructions) . . . 41 Lobbying nontaxable amount. Enter the amount from the following table-If the amount on line 40 is— The lobbying nontaxable amount is— Over \$500,000 but not over \$1,000,000. . \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000. \$225,000 plus 5% of the excess over \$1,500,000 42 Grassroots nontaxable amount (enter 25% of line 41). . . . . 42 43 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. 44 Caution: File Form 4720 if there is an amount on either line 43 or line 44. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45-50 for details.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) fiscal year beginning in) ▶ 1992 1991 1990 1989 45 Lobbying nontaxable amount instructions) . Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures (see instructions) 48 Grassroots nontaxable amount (see instructions) . 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures instructions) . . . . . . **Lobbying Activity by Nonelecting Public Charities** Part VI-B (For reporting by organizations that did not complete Part VI-A.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes No **Amount** attempt to influence public opinion on a legislative matter or referendum, through the use of: Paid staff or management (include compensation in expenses reported on lines c through h) . b С d Mailings to members, legislators, or the public . Publications or published or broadcast statements е . . . . . . . . f Direct contact with legislators, their staffs, government officials, or a legislative body. g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means h If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Page 5

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

From t Organizations

	Exempt Or	ganizations				
		•	3 0 0 3	following with any other organization describ on 527, relating to political organizations?	ed in se	ectior
			to a noncharitable exempt orga		Yes	No
	i) Cash			512/	)	х
-	i) Other assets			a(ii)		х
•	ther Transactions:					
	i) Sales of assets to	a noncharitable e	xempt organization	b(i)		x
			itable exempt organization			х
				b(iii)	х	
-						х
•						x
						X
			ship or fundraising solicitations			X
<b>d</b> If	the answer to any of t	the above is "Yes," of	complete the following schedule.	loyees		icate
m	arket value in any tran	nsaction or sharing a	rrangement, indicate in column (d	the value of the goods, other assets, or service	s receiv	/ed.
(a) Line no	(b) . Amount involved	Name of none	(c) charitable exempt organization	(d) Description of transfers, transactions, and sharing a	rrangeme	ants.
						SINS
b(iii	\$800	Fraternal	Society of Utopia	Rental of hall, kitchen, din		
				room equipment and supplies:		ne
				agency's annual dinner/dance	••	
				<b>*</b>		
			, 17			
de	escribed in section 50 "Yes," complete the	01(c) of the Code (	other than section 501(c)(3)) or in		es X	No
	<b>(a)</b> Name of organiz	ration	<b>(b)</b> Type of organization	<b>(c)</b> Description of relationship		
None	•					
			İ			

Form 990 (1992) Schedule Acca	CIMICITO			
Part I, line 1d: Contribution	s, gifts, grants,	etc.		
No single contributor of	gave \$5,000 or mor	e during the year.		
Part I, line 8c: Sale of asset	s other than inve	ntory		
Proceeds from sales of Publicly traded sec Cost and sales expenses Gain		23,700		
Part I, line 9: Special fundra	aising events and	activities		
Gross revenue	Dinner/ dance . \$14,500	Celebrity auction \$9,200	Raffle \$4,700	Total \$28,400
Less: Direct expenses	11,200	_3,700	3,100	18,000
Net income	\$ 3,300	\$5,500	\$1,600	\$10,400
Part I, line 10: Sales			•	
Proceeds from sale of e Cost of publications so Gross profit	old	cations	\$1,400 . 1,000 \$ 400	
Part I, line 16:				
Payments to affiliates			\$12,400	
Two percent of unres were paid to the Nati Agencies for its gen affiliation agreeme	onal Association eral operations,	of Family Service as required by our		
Part II, line 22: Grants and a	llocations			
Family Counseling: National Association Family Service Agenc Milwaukee, Wisconsin	ies		. \$ <u>3,000</u>	
Adoption Services: National Association Family Service Agend	-		\$10,000	
Utopia Adolescent Ce Utopia, Pennsylvani			5,000	
Utopia Children's Se Utopia, Pennsylvani Total	a 11111			
Foster Home Care: Utopia Children's Se	ervices		\$ 5,000	
Utopia Adolescent Ce Total				

#### Part II, line 23: Specific assistance to individuals

Adoption assistance to low-income families										\$20,400
Reimbursement of out-of-pocket expenses										
for foster home care										
Total										\$45,800

Part II, line 42: Depreciation AND Part IV, line 57 -- Land, buildings, equipment

Asset	Date acquired	Cost	Prior years' depreciation	Method	Useful <u>life</u>	Current depreciation
Land	1990	\$ 45,500				
Office equip.	1985	3,000	\$2,450	S.L.	8 years	\$ 350
Office equip.	1992	11,500		S.L.	8 years	1,150
Building	1990	128,000	5,550	S.L.	30 years	_3,700
Total		\$188,000	\$8,000			\$5,200

Part IV, line 54: Investments - securities (end of year)

	Number of	Book Value
Common Stock	Shares	(cost)
A Corporation	4,000	\$ 98,000
B Corporation	1,600	17,400
C Corporation	1,000	22,100
D Corporation	1,200	58,200
E Corporation	800	43,700
F Corporation	2,000	109,200
G Corporation	1,000	62,400
H Corporation	600	16,500
I Corporation	900	46,900
Total		\$474,400

Part IV, line 62: Support and revenue designated for future periods

	1992	1993	1994	<u>Total</u>
Received prior to 1992	\$20,000	\$20,800	\$20,800	\$61,600
Received in 1992	(20,000)	9,000	9,000	18,000 (20,000)
Balance at end of 1992	\$ -0-	\$29,800	\$29,800	\$59,600

All of the above represent grants designated by contributors to support adoption services in future periods.

FAMILY SERVICE AGENCY OF UTOPIA, INC.

EIN: 12-3456789

Form 990 (1992) Schedule Attachment

Part IV, line 64: Mortgages and other notes payable

Mortgage Payable to State Bank of Utopia @6% per annum

\$3,200

Part V: List of Officers, Directors, Trustees, and Key Employees (Cont'd)

(A) (B) (C) (D) (E) Title & avg.

hrs.per week Cont. to devoted to employee

Name & devoted to employee Exp. acct. & address position Compensation benefit plans other allowances

Zenobia Boyce Secretary -0- -0- -0-

23 Wonderful Way 3 hrs./wk.

Utopia, PA 11111

FAMILY SERVICE AGENCY OF UTOPIA, INC.

EIN: 12-3456789

Attachment for Schedule A (Form 990) (1992)

Part III, Item 4

Organizations receiving grants are required to furnish:

- A copy of their section 501(c)(3) determination letter from the IRS.
- 2. Audited financial statements for the two preceding years.
- 3. Evidence of service quality and effectiveness in reaching poverty level population.
- 4. Quarterly report of services delivered.