



STATE OF ARIZONA
CORPORATION COMMISSION



NONPROFIT CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

FOR FISCAL YEAR ENDING 12/31/95

DUE ON OR BEFORE 06/15/96

The following information is required by A.R.S. 510-1081 for all domestic and foreign nonprofit corporations authorized to conduct affairs in Arizona. The Commission's authority to prescribe this form is A.R.S. 510-1092. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation Name: B'nai B'rith Covenant House of Tucson, Arizona, Inc.
Address: 4414 E. 2nd Street

City, State, Zip: Tucson, AZ 85711

Corporation File: 0526656-0

Domicile: Arizona

Type: Non-Profit

Arizona Statutory Agent:

Street Address: Lawrence S. Rollin, Esq. *✓*
33 N. Stone Ave., Suite 2100
(NOT P.O. BOX)

City, State, Zip: Tucson, AZ 85701-1415

~ If appointing a new statutory agent, the new agent MUST consent to that appointment and PRESIDENT or VICE PRESIDENT must sign this report. ~

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Lawrence S. Rollin
Statutory Agent

Foreign Corporations list Address in Domicile Jurisdiction:

JK Street/P. O. Box City, State, (Country) Zip *12/94*

1. Check one or more of the categories below which best describe the CHARACTER OF AFFAIRS conducted by your corporation in Arizona.

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> Charitable | 11. <input type="checkbox"/> Cultural |
| 2. <input type="checkbox"/> Benevolent | 12. <input type="checkbox"/> Athletic |
| 3. <input type="checkbox"/> Educational | 13. <input type="checkbox"/> Science/Research |
| 4. <input type="checkbox"/> Civic | 14. <input type="checkbox"/> Hospital/Health Care |
| 5. <input type="checkbox"/> Patriotic | 15. <input type="checkbox"/> Agricultural |
| 6. <input type="checkbox"/> Political | 16. <input type="checkbox"/> Horticultural |
| 7. <input type="checkbox"/> Religious | 17. <input type="checkbox"/> Animal Husbandry |
| 8. <input type="checkbox"/> Social | 18. <input type="checkbox"/> Professional, commercial, industrial
or trade association. |
| 9. <input type="checkbox"/> Fraternal | 19. <input type="checkbox"/> Other _____ |
| 10. <input type="checkbox"/> Literary | |

EXT

NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒

26 - 100 ☐

101 - 500 ☐

Over 500 ☐

2. OFFICERS

SEE ATTACHED 990 STATEMENT 8

PRESIDENT: _____

VICE PRESIDENT: _____

Address: _____

Address: _____

Date taking office: __/__/__

Date taking office: __/__/__

SECRETARY: _____

TREASURER: _____

Address: _____

Address: _____

Date taking office: __/__/__

Date taking office: __/__/__

3. DIRECTORS

SEE ATTACHED LIST

NAME: _____

NAME: _____

Address: _____

Address: _____

Date taking office: __/__/__

Date taking office: __/__/__

NAME: _____

NAME: _____

Address: _____

Address: _____

Date taking office: __/__/__

Date taking office: __/__/__

~~ Attach Additional Sheets if Necessary ~~

Statement 8
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Contrib.	Expense Pln Account/Other
STRAUSS, GERD 3681 N. RIVER CANYON ROAD TUCSON, AZ 85715	PRESIDENT 5	0	0	0
LEINWAND, HAROLD 37401 S. SAMANIEGO DR. TUCSON, AZ 85737	VICE-PRESIDENT 1	0	0	0
HERRON, MARSHALL 2549 E. LESTER TUCSON, AZ 85716-3038	SEC./TREASURER 1	0	0	0
GORALNIK, NATHAN 6205 N. WINDEMERE TUCSON, AZ 85705	DIRECTOR 1	0	0	0
SILVER, RICHARD A., M.D. 6161 E. FINISTERRA TUCSON, AZ 85715	DIRECTOR 1	0	0	0
MORRISON, HARRY L. P.O. BOX 40100 TUCSON, AZ 85714-0100	DIRECTOR 1	0	0	0
BRIEFER, ANDREW 5995 E. GRANT RD., SUITE 100 TUCSON, AZ 85712	DIRECTOR 1	0	0	0
SPEAR, HANS 8111 E. BROADWAY, #301 TUCSON, AZ 85710-3937	DIRECTOR 1	0	0	0
GREENBERG, MILTON 4941 E. MISSION HILL PLACE TUCSON, AZ 85718	DIRECTOR 1	0	0	0
GOLDSCHMIDT, CAROLYN B. 177 N. CHURCH AVE., #200 TUCSON, AZ 85701	DIRECTOR 1	0	0	0

Statement 8 (Continued)

Form 990, Part V

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title & avg. Hrs/wk devoted	Comp.	Employee Ben. Contrib.	Expense Pln Account/ Other
ABRAMS, SEYMOUR, COL. 3026 PLACITA CHOOR TUCSON, AZ 85715	DIRECTOR 1	0	0	0
BERNSTEIN, ROBERT 6383 N. CALLE COMPECHE TUCSON, AZ 85715-1279	DIRECTOR 1	0	0	0
MENDENHAL, ANITA 6331 N. LIME WAY TUCSON, AZ 85741	DIRECTOR 1	0	0	0
GERBER, JOSEPH 2706 E. MAGEE RD. TUCSON, AZ 85741	DIRECTOR 1	0	0	0
JURKOWITZ, HARVEY 6841 E. FIELDSTONE LANE TUCSON, AZ 85715-2078	DIRECTOR 1	0	0	0
	Total	\$ 0	0	0

0526656-0

Part IV Balance Sheets (See instructions on pages 17-19.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash - non-interest-bearing	23,751	45	13,771
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	35		
	b Less: allowance for doubtful accounts		47c	35
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		50	
	51a Other notes and loans receivable (attach schedule)		51c	
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	3,723
	54 Investments - securities (attach schedule)		54	
	55a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis	3,979,571			
b Less: accumulated depreciation (attach schedule) ... Stmt. 3.	134,921	3,953,999	57c	3,844,650
58 Other assets (describe ► See Statement 4)	37,376	58	39,233	
59 Total assets (add lines 45 through 58) (must equal line 74)	4,034,707	59	3,901,412	
LIABILITIES	60 Accounts payable and accrued expenses	400,674	60	26,615
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . See . St. 5.	3,000	63	3,000
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) See . Statement . 6.	3,527,750	64b	3,894,000
	65 Other liabilities (describe ► See Statement 7)		65	14,272
66 Total liabilities (add lines 60 through 65)	3,931,424	66	3,937,887	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, bldg., and equipment fund		71	
	72 Retained earnings, accumulated income, endowment, or other funds	103,283	72	-36,475
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	103,283	73	-36,475
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	4,034,707	74	3,901,412	

5.A. CERTIFICATE OF DISCLOSURE (A.R.S. §10-1084)

Has any person serving either by election or appointment as officers, directors, trustees, or incorporators:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:
 - (a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) involved the violation of the consumer fraud laws of that jurisdiction, or
 - (c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES _____

NO ☒ _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

5.B. STATEMENT OF BANKRUPTCY (A.R.S. §10-1083)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes _____

Chapter _____

Date Filed _____

No ☒ _____

6. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By

Marshall Herson

Date 5-15-96

By

Candace J. Jansons

Date

5-15-96

Title

Deputy President

Title

Secretary