

1986 OTA 990 Master File Record Element Specifications

Labels Are Omitted

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data	Type Sign	Generated Must Enter Must Fill
1	E001	Record Number	1	4	N		G
2	E002	Name of Organization	5	35	A		E
3	E003	Employee Identification No.	40	9	N		E,F
4	E004	Document Locator Number	49	14	N		F
5	E005	Sample Code	63	2	N		G
6	E006	Reject Code	65	1	N		G
7	E007-1	Accounting Period (Yr)	68	2	N		
8	E007-3	Accounting Period (Mo)	66	2	N		
9	E009	State	70	2	A		
10	E010	Zip Code	72	5	N		
11	E011	Exemption	77	2	N		
12	E012	Group	79	1	A		
13	E013	Affiliates	80	1	A		
14	E014	Group Exemption No.	81	4	N		
15	E015	Part VII Question 78(B)	85	1	A		E
16	E016	Part VII Question 79	86	1	A		E
17	E017	Part VII Question 80	87	1	A		E
18	E018	Schedule-A EIN	88	9	N		F
19	E019	Schedule-A-Part IV-Status	97	2	N		E
20	E020	Schedule-A-Part V-Line 29	99	1	A		E
21	E021	Direct Public Support	100	12	NR	+	
22	E022	Indirect Public Support	112	12	NR	+	
23	E023	Government Grants	124	12	NR	+	
24	E024	Total Contributions	136	12	NR	+	
25	E025	Program Service Revenue	148	12	NR	+	
26	E026	Dues and Assessments	160	12	NR	+	
27	E027	Interest	172	12	NR	+	
28	E028	Dividends	184	12	NR	+	
29	E029	Gross Rents	196	12	NR	+	
30	E030	Rental Expenses	208	12	NR	+	
31	E031	Net Rental Expenses	220	12	NR	+/-	
32	E032	Other Investment Income	232	12	NR	+	
33	E033	Gross Amount From Sale of Assets	244	12	NR	+	
34	E034	Cost or Other Assets	256	12	NR	+	
35	E035	Gain (Loss)	268	12	NR	+/-	
36	E036	Gross Maint. From Sale of Assets	280	12	NR	+	
37	E037	Cost or Other Basis	292	12	NR	+	
38	E038	Gain (Loss)	304	12	NR	+/-	
39	E039	Total Gain (Loss)	316	12	NR	+/-	
40	E040	Gross Revenue of Fundraising	328	12	NR	+	
41	E041	Direct Expense	340	12	NR	+	
42	E042	Net Income	352	12	NR	+/-	
43	E043	Gross Sales	364	12	NR	+	
44	E044	Cost Of Goods Sold	376	12	NR	+	
45	E045	Gross Profit (Loss)	388	12	NR	+/-	
46	E046	Other Revenue	400	12	NR	+/-	

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data	Type Sign	Generated Must Enter Must Fill
47	E047	Total Revenue	412	12	NR	+/-	
48	E048	Program Services	424	12	NR	+	
49	E049	Management And General	436	12	NR	+	
50	E050	Fund Raising	448	12	NR	+	
51	E051	Payments to Affiliates	460	12	NR	+	
52	E052	Total Expenses	472	12	NR	+	
53	E053	Excess	484	12	NR	+/-	
54	E054	Fund Balance Beginning of Year	496	12	NR	+/-	
55	E055	Other Changes	508	12	NR	+/-	
56	E056	Fund Balance End of Year	520	12	NR	+/-	
57	E057	Grants and Allocations	532	12	NR	+	
58	E058	Specific Assistance to Individuals	544	12	NR	+	
59	E059	Benefits Paid	556	12	NR	+	
60	E060	Compensation of Officers-Column A	568	12	NR	+	G
61	E061	Compensation of Officers-Column B	580	12	NR	+	
62	E062	Compensations of Officers-Column C	592	12	NR	+	
63	E063	Compensation of Officers-Column D	604	12	NR	+	
64	E064	Other Salaries and Wages-Column A	616	12	NR	+	G
65	E065	Other Salaries and Wages-Column B	628	12	NR	+	
66	E066	Other Salaries and Wages-Column C	640	12	NR	+	
67	E067	Other Salaries and Wages-Column D	652	12	NR	+	
68	E068	Pension Plan Contributions-Column A	664	12	NR	+	G
69	E069	Pension Plan Contributions-Column B	676	12	NR	+	
70	E070	Pension Plan Contributions-Column C	688	12	NR	+	
71	E071	Pension Plan Contributions-Column D	700	12	NR	+	
72	E072	Other Employee Benefits-Column A	712	12	NR	+	G
73	E073	Other Employee Benefits-Column B	724	12	NR	+	
74	E074	Other Employee Benefits-Column C	736	12	NR	+	
75	E075	Other Employee Benefits-Column D	748	12	NR	+	
76	E076	Payroll Taxes-Column A	760	12	NR	+	G
77	E077	Payroll Taxes-Column B	772	12	NR	+	
78	E078	Payroll Taxes-Column C	784	12	NR	+	

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data	Type Sign	Generated Must Enter Must Fill
79	E079	Payroll Taxes-Column D	796	12	NR	+	
80	E080	Professional Fundraising Fees	808	12	NR	+	
81	E081	Accounting Fees-Column A	820	12	NR	+	G
82	E082	Accounting Fees-Column B	832	12	NR	+	
83	E083	Accounting Fees-Column C	844	12	NR	+	
84	E084	Accounting Fees-Column D	856	12	NR	+	
85	E085	Legal Fees-Column A	868	12	NR	+	G
86	E086	Legal Fees-Column B	880	12	NR	+	
87	E087	Legal Fees-Column C	892	12	NR	+	
88	E088	Legal Fees-Column D	904	12	NR	+	
89	E089	Supplies-Column A	916	12	NR	+	G
90	E090	Supplies-Column B	928	12	NR	+	
91	E091	Supplies-Column C	940	12	NR	+	
92	E092	Supplies-Column D	952	12	NR	+	
93	E093	Telephone-Column A	964	12	NR	+	G
94	E094	Telephone-Column B	976	12	NR	+	
95	E095	Telephone-Column C	988	12	NR	+	
96	E096	Telephone-Column D	1000	12	NR	+	
97	E097	Postage and Shipping-Col. A	1012	12	NR	+	G
98	E098	Postage and Shipping-Col. B	1024	12	NR	+	
99	E099	Postage and Shipping-Col. C	1036	12	NR	+	
100	E100	Postage and Shipping-Col. D	1048	12	NR	+	
101	E101	Occupancy-Column A	1060	12	NR	+	G
102	E102	Occupancy-Column B	1072	12	NR	+	
103	E103	Occupancy-Column C	1084	12	NR	+	
104	E104	Occupancy-Column D	1096	12	NR	+	
105	E105	Equipment Rental and Expenses Column A	1108	12	NR	+	G
106	E106	Equipment Rental and Expenses Column B	1120	12	NR	+	
107	E107	Equipment Rental and Expenses Column C	1132	12	NR	+	
108	E108	Equipment Rental and Expenses Column D	1144	12	NR	+	
109	E109	Printing and Publications Column A	1156	12	NR	+	G
110	E110	Printing and Publications Column B	1168	12	NR	+	
111	E111	Printing and Publications Column C	1180	12	NR	+	
112	E112	Printing and Publications Column D	1192	12	NR	+	
113	E113	Travel-Column A	1204	12	NR	+	G
114	E114	Travel-Column B	1216	12	NR	+	
115	E115	Travel-Column C	1228	12	NR	+	
116	E116	Travel-Column D	1240	12	NR	+	
117	E117	Conferences, Conventions and Meetings-Column A	1252	12	NR	+	G
118	E118	Conferences, Conventions and Meetings-Column B	1264	12	NR	+	

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data	Type Sign	Generated Must Enter Must Fill
119	E119	Conferences, Conventions and Meetings-Column C	1276	12	NR	+	
120	E120	Conferences, Conventions and Meetings-Column D	1288	12	NR	+	
121	E121	Interest-Column A	1300	12	NR	+	G
122	E122	Interest-Column B	1312	12	NR	+	
123	E123	Interest-Column C	1324	12	NR	+	
124	E124	Interest-Column D	1336	12	NR	+	
125	E125	Depreciation, Depletion, Etc. Column A	1348	12	NR	+	G
126	E126	Depreciation, Depletion, Etc. Column B	1360	12	NR	+	
127	E127	Depreciation, Depletion, Etc. Column C	1372	12	NR	+	
128	E128	Depreciation, Depletion, Etc. Column D	1384	12	NR	+	
129	E149	Total Other Expenses - Column A (lines a-f)-	1396	12	NR	+	
130	E150	Total Other Expenses - Column B (lines a-f)	1408	12	NR	+	
131	E151	Total Other Expenses - Column C (lines a-f)	1420	12	NR	+	
132	E152	Total Other Expenses - Column D (lines a-f)	1432	12	NR	+	
133	E153	Total Functional Expenses-Column A	1444	12	NR	+	G
134	E154	Total Functional Expenses-Column B	1456	12	NR	+	
135	E155	Total Functional Expenses-Column C	1468	12	NR	+	
136	E156	Total Functional Expenses-Column D	1480	12	NR	+	
137	E157	Fees From Government Agencies- Prog. Ser. Column	1492	12	NR	+	
138	E158	Fees From Government Agencies- Other Rev. Column	1504	12	NR	+	
139	E159	Total Program Service Revenue	1516	12	NR	+	
140	E160	Total Other Revenue	1528	12	NR	+/-	
141	E161	Cash	1540	12	NR	+	
142	E162	Savings	1552	12	NR	+	
143	E163	Accounts Receivable	1564	12	NR	+/-	
144	E164	Pledges Receivable	1576	12	NR	+/-	
145	E165	Grants Receivable	1588	12	NR	+	
146	E166	Receivables Due From Offices Directors, Trustess	1600	12	NR	+	
147	E167	Other Notes and Loans Receivables	1612	12	NR	+/-	

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data	Type Sign	Generated Must Enter Must Fill
148	E168	Inventories Column A	1624	12	NR	+	
149	E169	Inventories Column B	1636	12	NR	+	
150	E170	Prepaid Expenses	1648	12	NR	+	
151	E171	Investments-Securities Column A	1660	12	NR	+	
152	E172	Investments-Securities Column B	1672	12	NR	+	
153	E173	Investments-Land, Buildings and Equipment	1684	12	NR	+	
154	E174	Investments-Other	1696	12	NR	+	
155	E175	Land, Building and Equipment	1708	12	NR	+	
156	E176	Other Assets	1720	12	NR	+/-	
157	E177	Total Assets-Column A	1732	12	NR	+	
158	E178	Total Assets-Column B	1744	12	NR	+	
159	E179	Accounts Payable	1756	12	NR	+	
160	E180	Grants Payable	1768	12	NR	+	
161	E181	Revenue Designated for Future Periods	1780	12	NR	+	
162	E182	Loans From Officers, Directors, Trustees	1792	12	NR	+	
163	E183	Mortgages and Other Notes Payable	1804	12	NR	+	
164	E184	Other Liabilities	1816	12	NR	+/-	
165	E185	Total Liabilities Col. A	1828	12	NR	+	
166	E186	Total Liabilities Col. B	1840	12	NR	+	
167	E194	Total Fund Balances or Net Worth Column A	1852	12	NR	+/-	
168	E195	Total Fund Balances or Net Worth Column B	1864	12	NR	+/-	
169	E196	Total Fund Balances	1876	12	NR	+/-	
170	E197	Expenses Paid in Connection With Legislative Activities	1888	12	NR	+	
171	E198	Gifts, Grants, and Contr. Received Column A	1900	12	NR	+	
172	E199	Gifts, Grants, and Contr. Received Column E	1912	12	NR	+	
173	E200	Membership Fees Received Column A	1924	12	NR	+	
174	E201	Membership Fees Received Column E	1936	12	NR	+	
175	E202	Gross Receipts-Column A	1948	12	NR	+	
176	E203	Gross Receipts-Column E	1960	12	NR	+	
177	E204	Gross Income Column A	1972	12	NR	+	
178	E205	Gross Income Column E	1984	12	NR	+	
179	E206	Net Income Column A	1996	12	NR	+/-	
180	E207	Net Income Column E	2008	12	NR	+/-	
181	E208	Tax Revenues Column A	2020	12	NR	+	
182	E209	Tax Revenues Column E	2032	12	NR	+	
183	E210	Value of Services or Facil. Furnished by Gov. Col. A	2044	12	NR	+	

Line No.	Element	Element Name	Begin Char.	Char. Length	Data	Type Sign	Generated Must Enter Must Fill
184	E211	Value of Services or Facil. Furnished by Gov. Col. E	2056	12	NR	+	
185	E212	Other Income Column A	2068	12	NR	+	
186	E213	Other Income Column E	2080	12	NR	+	
187	E214	Total Column A	2092	12	NR	+	
188	E215	Total Column B	2104	12	NR	+	
189	E216	Line 24 Minus Line 18 Col. A	2116	12	NR	+	
190	E217	Line 24 Minus Line 18 Col. B	2128	12	NR	+	
191	E218	1% of Line 24	2140	12	NR	+	
192	E219	Reserved					
193	E220	Reserved					
194	E221	Reserved					
195	E222	Reserved					
196	E223	Reserved					
197	E224	Reserved					
198	E225	Reserved					
199	E226	Reserved					
200	E227	Reserved					
201	E218	Reserved					
202	E229	Reserved					
203	E230	Reserved					
204	E231	Reserved					
205	E232	Reserved					
206	E233	Reserved					
207	E234	Reserved					
208	E235	Reserved					
209	E315	Reserved					
210	E400	Status Code	2152	1	N		
211	E401	Accept Code	2153	1	N		
212	E402	Reserved					
213	E403	Reserved					
214	E990	Block Number					
215	E996	Reserved					
216	E997	Sample Count	2154	6	N		
217	E998	Population Count	2160	6	N		
218	E999	Weight	2166	6	N		
219	E1000	Filler					
220	E1001	Editor Code (left justified)	2172	3	N		G
221	E1002	Error Res. Clerk (left just.)	2175	3	N		G
222	E1004	Date Last Modified	2178	9	N		G
223	E1005	Return Year	2187	2	N		
224	E1006	SCPL	2189	10	N		

For the calendar year 1986, or fiscal year beginning

1986, and ending **E007-3**

19**E007-1**

Use IRS label otherwise, please print or type	Name of organization E002	A Employer identification number (see instructions) E003
	Address, number and street:	B State registration number (see instructions)
	City, town, state, and ZIP code E009, E010	C Section 501(c)(3) trust or section 4947(a)(1) trust (see instructions)

D Check type of organization—Exempt under section of: 501(c) **E011** Insert number, OR section 4947(a)(1) trust. Check here if application for exemption is pending

E Accounting method: Cash Accrual Other (specify):

F Is this a group return (see instruction) filed for affiliates? **E012** yes No
 If yes, enter the number of affiliates for which this return is filed: **E013** yes No

G If yes, do either: give your eight-digit group exemption number (GEN) **E014**

H Check here if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS but should file a return without financial data if you were mailed a Form 990-PAY (see instruction A). Some states may require a completed return.

I Check here if gross receipts are normally more than \$25,000 and line 12 is \$25,000 or less. Complete Parts I, except lines 13, 15, 16, 17, 18, and 19, and only the indicated items in Parts II and V (see instruction D). If line 12 is more than \$25,000, complete the entire return.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

These columns are optional—see instructions

Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances		(A) Total	(B) Unrestricted Expendable	(C) Restricted Nonexpendable
Support and Revenue	1 Contributions, gifts, grants, and similar amounts received E021			
	a Direct public support E022			
	b Indirect public support E023			
	c Government grants			
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	E024		
	2 Program service revenue (from Part IV, line f)	E025		
	3 Membership dues and assessments	E026		
	4 Interest on savings and temporary cash investments	E027		
	5 Dividends and interest from securities	E028		
	6a Gross rents E029			
	b Minus: rental expenses E030			
	c Net rental income (loss)	E031		
7 Other investment income (Describe:)	E032			
8a Gross amount from sale of assets other than inventory	Securities E033			
	Other E036			
	b Minus: cost or other basis and sales expenses	E034 E037		
	c Gain (loss) (attach schedule)	E035 E038	E039	
	9 Special fundraising events and activities (attach schedule—see instructions)			
	a Gross revenue (not including \$ of contributions reported on line 1a)	E040		
b Minus: direct expenses E041				
c Net income (line 9a minus line 9b)	E043	E042		
10a Gross sales minus returns and allowances	E044			
	b Minus: cost of goods sold (attach schedule)	E044		
	c Gross profit (loss)	E045		
11 Other revenue (from Part IV, line g)	E046			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	E047			
Expenses	13 Program services (from line 44, column (B)) (see instructions)	E048		
	14 Management and general (from line 44, column (C)) (see instructions)	E049		
	15 Fundraising (from line 44, column (D)) (see instructions)	E050		
	16 Payments to affiliates (attach schedule—see instructions)	E051		
	17 Total expenses (add lines 16 and 44, column (A))	E052		
Fund Balances	18 Excess (deficit) for the year (subtract line 17 from line 12)	E053		
	19 Fund balances or net worth at beginning of year (from line 74, column (A))	E054		
	20 Other changes in fund balances or net worth (attach explanation)	E055		
	21 Fund balances or net worth at end of year (add lines 18, 19, and 20)	E056		

Part IV Program Service Revenue and Other Revenue (State Nature)

Program service revenue
Other revenue

a Fees from government agencies	E157	E158
b		
c		
d		
e		
f Total program service revenue (enter here and on line 2)	E159	
g Total other revenue (enter here and on line 11)		E160

Part V Balance Sheets If line 12 or Column (B) of line 59 is more than \$25,000, complete the entire balance sheet. If line 12, Part I, and Column (B) of line 59 are \$25,000 or less, you may complete only lines 59, 66, 74, and 75. See instructions.

Note: Columns (C) and (D) are optional. Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.

	(A) Beginning of year	(B) Total	End of year	
			(C) Unrestricted Expendable	(D) Restricted Nonexpendable
Assets				
45 Cash—non-interest bearing		E161		
46 Savings and temporary cash investments		E162		
47 Accounts receivable ▶ _____ minus allowance for doubtful accounts ▶ _____		E163		
48 Pledges receivable ▶ _____ minus allowance for doubtful accounts ▶ _____		E164		
49 Grants receivable		E165		
50 Receivables due from officers, directors, trustees, and key employees (attach schedule)		E166		
51 Other notes and loans receivable ▶ _____ minus allowance for doubtful accounts ▶ _____		E167		
52 Inventories for sale or use	E168	E169		
53 Prepaid expenses and deferred charges		E170		
54 Investments—securities (attach schedule)	E171	E172		
55 Investments—land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)		E173		
56 Investments—other (attach schedule)		E174		
57 Land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)		E175		
58 Other assets ▶ _____		E176		
59 Total assets (add lines 45 through 58)	✓ E177	✓ E178		
Liabilities				
60 Accounts payable and accrued expenses		E179		
61 Grants payable		E180		
62 Support and revenue designated for future periods (attach schedule)		E181		
63 Loans from officers, directors, trustees, and key employees (attach schedule)		E182		
64 Mortgages and other notes payable (attach schedule)		E183		
65 Other liabilities ▶ _____		E184		
66 Total liabilities (add lines 60 through 65)	E185	E186		
Fund Balances or Net Worth				
Organizations that use fund accounting, check here ▶ <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67 a Current unrestricted fund				
b Current restricted fund				
68 Land, buildings and equipment fund				
69 Endowment fund				
70 Other funds (Describe ▶ _____)				
Organizations that do not use fund accounting, check here ▶ <input type="checkbox"/> and complete lines 71 through 75.				
71 Capital stock or trust principal				
72 Paid-in or capital surplus				
73 Retained earnings or accumulated income				
74 Total fund balances or net worth (see instructions)	E194	E195		
75 Total liabilities and fund balances/net worth (see instructions)		E196		

Part VI List of Officers, Directors, and Trustees (List each officer, director, and trustee whether compensated or not.) (See instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employee benefit plans	(E) Expense account and other advances

Part VII Other Information

	Yes	No
76 Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities	<input type="checkbox"/>	<input type="checkbox"/>
77 Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input type="checkbox"/>
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? c If the organization has gross sales or receipts from business activities not reported on Form 990-T, attach a statement explaining your reason for not reporting them on Form 990-T	<input type="checkbox"/>	<input type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.	<input type="checkbox"/>	<input type="checkbox"/>
80 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? (See instructions.) If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.	<input type="checkbox"/>	<input type="checkbox"/>
81 a Enter amount of political expenditures, direct or indirect, as described in the instructions _____ b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	<input type="checkbox"/>	<input type="checkbox"/>
82 Did your organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part III. See instructions for reporting in Part III ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
83 Section 501(c)(5) or (6) organizations — Did the organization spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c)) If "Yes," enter the total amount spent for this purpose _____	<input type="checkbox"/>	<input type="checkbox"/>
84 Section 501(c)(7) organizations — Enter amount of a Initiation fees and capital contributions included on line 12 _____ b Gross receipts, included in line 12, for public use of club facilities (see instructions) _____ c Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85 Section 501(c)(12) organizations — Enter amount of a Gross income received from members or shareholders _____ b Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them) _____	<input type="checkbox"/>	<input type="checkbox"/>
86 Public interest law firms — Attach information described in the instructions	<input type="checkbox"/>	<input type="checkbox"/>
87 List the states with which a copy of this return is filed ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
88 During this tax year did you maintain any part of your accounting, tax records on a computerized system?	<input type="checkbox"/>	<input type="checkbox"/>
89 The books are in care of ▶ _____ Telephone no ▶ _____ Located at ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here	Signature of officer	Date	Title
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
Paid Preparer's Use Only	Firm's name (or your's if self-employed) and address	ZIP code	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name

Organization Exempt Under 501(c)(3)
(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Trust
Supplementary Information
▶ Attach to Form 990.

OMB No. 1545-0047

1986

Employer identification number

**Part I Compensation of Five Highest Paid Employees
Other Than Officers, Directors, and Trustees (See specific instructions)**

Name and address of employees paid more than \$30,000	Title and average hours per week devoted to position	Compensation	Contribution to employee benefit plan	Expense account and other allowances

Total number of other employees paid over \$30,000 ▶

**Part II Compensation of Five Highest Paid Persons for Professional Services
(See specific instructions)**

Name and address of persons paid more than \$30,000	Type of service	Compensation

Total number of others receiving over \$30,000 for professional services ▶

Part III Statements About Activities

- | | Yes (1) | No (2) |
|--|---------|--------|
| 1 During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?
If "Yes," enter the total expenses paid or incurred in connection with the legislative activities \$ <u>E197</u>
Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred. | | |
| 2 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer or creator of your organization, or any organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: | | |
| a Sale, exchange, or leasing of property? | | |
| b Lending of money or other extension of credit? | | |
| c Furnishing of goods, services, or facilities? | | |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | |
| e Transfer of any part of your income or assets? | | |
| If the answer to any question is "Yes," attach a detailed statement explaining the transactions. | | |
| 3 Do you make grants for scholarships, fellowships, student loans, etc.? | | |
| 4 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions) | | |

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

Part IV Reason for Non-Private Foundation Status (See instructions for definitions)

The organization is not a private foundation because it is (check applicable box; please check only **ONE** box)

- 5 1 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 2 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 7 3 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 4 A Federal, state or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 5 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter name, city, and state of hospital** ▶
- 10 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 11 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 12 8 An organization that normally receives (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
- 13 9 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) boxes 5 through 12 above or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name of supported organizations	(b) Box number from above

14 0 An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)
	1985	1984	1983	1982	Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	E198				E199
16 Membership fees received	E200				E201
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 charitable, etc., purpose	E202				E203
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	E204				E205
19 Net income from unrelated business activities not included in line 18	E206				E207
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf	E208				E209
21 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	E210				E211
22 Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets.	E212				E213
23 Total of lines 15 through 22	E214				E215
24 Line 23 minus line 17	E216				E217
25 Enter 1% of line 23	E218				
26 Organizations described in box 10 or 11:					
a Enter 2% of amount in column (e), line 24.					
b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1982 through 1985 exceeded the amount shown in 26a. Enter the sum of all excess amounts here					

(Continued on page 3)

Part IV Support Schedule (continued)(Complete only if you checked box 10, 11, or 12 on page 2)

27 Organizations described in box 12, page 2:

a 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:

(1985) (1984) (1983) (1982)

b Attach a list showing, for 1982 through 1985, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more, during that year, than the larger of: the amount on line 25 for the year or \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:

(1985) (1984) (1983) (1982)

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1982 through 1985, 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 above. (See specific instructions)

**Part V Private School Questionnaire
To Be Completed ONLY by Schools That Checked Box 6 in Part IV**

	Yes	No
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Have you publicized your racially nondiscriminatory policy by newspaper or broadcast media during the period of solicitation for students or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Do you maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by you or on your behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Do you discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance? (See instructions)		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Do you receive any financial aid or assistance from a governmental agency?		
b Has your right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached separate statement.		
35 Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V)		

Part VI Lobbying Expenditures by Public Charities (See instructions)
(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)
 Check here **b** If you checked **a** and "limited control" provisions apply (See instructions)

Limits on Lobbying Expenses

(a) Affiliated group total
 (b) To be completed for All electing organizations

Total (grassroots) lobbying expenses to influence public opinion _____
 Total lobbying expenses to influence a legislative body _____
38 Total lobbying expenses (add lines 36 and 37) _____
39 Other exempt purpose expenses (See Part VI instructions) _____
40 Total exempt purpose expenses (add lines 38 and 39) (See instructions) _____
41 Lobbying nontaxable amount. Enter the smaller of \$1,000,000 or the amount determined under the following table—

If the amount on line 40 is—	The lobbying nontaxable amount is—	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
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	\$225,000 plus 5% of the excess over \$1,500,000	

42 Grassroots nontaxable amount (enter 25% of line 41)
 (Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.) _____
43 Excess of line 36 over line 42 _____
44 Excess of line 38 over line 41 _____

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 Expenses During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a) 1986	(b) 1985	(c) 1984	(d) 1983	(e) Total
45 Lobbying nontaxable amount (See instructions)					
Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (See instructions)					
48 Grassroots nontaxable amount (See instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenses (See instructions)					