1989 OTA 990 Master File Record Element Specifications

c(3) Datafile

c(4-9) Datafile

Record Size = 2153 Characters
Block Size = 2153 Characters

Record Size = 1877 Characters

Block Size = 1877 Characters

Labels have been omitted.

		Begi	nning			(enerated
Element	Element	Char	acter	Char	Data	Type	Entered
No.	Name	c3 c	(4-9)	Lngth		Sign	Filled
E001	Record Number	1	(1)	4	N		G
E002	Name of Organization	5	(5)	35	A		Ε
E003	Employer Identification No.	40	(40)	9	N		E,F
E004	Document Locator Number	49	(49)	14	N		F
E005	Sample Code	63	(63)	2	N	•	G
E006	Reject Code	65	(65)	1	N		G
E007-1	Accounting Period (Yr)	66	(66)	2	N		
E007-3	Accounting Period (Mo)	68	(68)	2	N		
E009	State	70	(70)	2	A		
E010	Zip Code	72	(72)	5	N		
E011	Exemption	77	(77)	2	N		
E012 🤣	Group	79	(79)	1	A		
E013	Affiliates	80	(80)	1	A		
E014	Group Exemption No.	81	(81)	4	N		
E015	Part VII Question 78(B)	85	(85)	1	A		E
E016	Part VII Question 79	86	(86)	1	A		Ε
E017	Part VII Question 80	87	(87)	1	A		Ę
E018*	Schedule-A EIN	88		9	N		F
E019*	Schedule-A-Part IV-Status	97		2	N		E
E020*	Schedule-A-Part V-Line 29	99		1	A		E
E021	Direct Public Support	100	(88)	12	NR	+	
E022	Indirect Public Support	112	(100)	12	NR	+	
E023	Government Grants	124	(112)	12	NR	+	
E024	Total Contributions	136	(124)	12	NR	+	
E025	Program Service Revenue	148	(136)	12	NR	+	
E026	Dues and Assessments	160	(148)	12	NR	+	
E027	Interest	172	(160)	12	NR	+	
E028	Dividends	184	(172)	12	NR	+	
E029	Gross Rents	196	(184)	12	NR	+	
E030	Rental Expenses	208	(196)		NR	+	
E031	Net Rental Expenses	220	(208)		NR	+/-	
€032	Other Investment Income	232	(220)	12	NR	+	
E033	Gross Amount From Sale of						
	Assets	244	(232)		NR	+	
E034	Cost or Other Assets	256	(244)		NR	+	
E035	Gain (Loss)	268	(256)	12	NR	+/-	
E036	Gross Maint. From Sale of						
	Assets	280	(268)		NR	+	
E037	Cost or Other Basis	292	(280)		NR	+	
E038	Gain (Loss)	304	(292)		NR	+/-	
E039	Total Gain (Loss)	316	(304)	•	NR	+/-	
E040	Gross Revenue of Fundraising	328	(316)		NR	+	
E041	Direct Expense	340	(328)		NR	+	
E042	Net Income	352	(340)		NR	+/-	
E043	Gross Sales	364	(352)		NR	+	
E044	Cost Of Goods Sold	376	(364)		NR	+	
E045	Gross Profit (Loss)	388	(376)		NR	+/-	
E046	Other Revenue	400	(388)		NR	+/-	
E047	Total Revenue	412	(400)		NR	+/-	
E048	Program Services	424	(412)		NR	+	
E049	Management And General	436	(424)		NR	+	
E050	Fund Raising	448	(436)	12	NR	+	

E051	Payments to Affiliates	460		12	NR	+	
F025	Total Expenses	472	(460)	12	NR	+	
E053	Excess	484	(472)	12	NR	+/-	
E054	Fund Balance Beginning of						
	Year	496	(484)	12	NR	+/-	
E055	Other Changes	508	(496)	12	NR	+/-	
E056	Fund Balance End of Year	520	(508)	12	NR	+/-	
E057	Grants and Allocations	532	(520)	12	NR	+	
€058	Specific Assistance to						
	Individuals	544	(532)	12	NR	+	
E059	Benefits Paid	556	(544)	12	NR	+	
E060	Compensation of Officers-						
	Column A	568	(556)	12	NR	+	G
E061	Compensation of Officers-						
	Column B	580	(568)	12	NR	+	
E062	Compensations of Officers-						
	Column C	592	(580)	12	NR	+	
E063	Compensation of Officers-						
	Column D	604	(592)	12	NR	+	
E064	Other Salaries and Wages-						
	Column A	616	(604)	12	NR	+	G
E065	Other Salaries and Wages-						
	Column B	628	(616)	12	NR	+	
E066	Other Salaries and Wages-						
	Column C	640	(628)	12	NR	+	
E067	Other Salaries and Wages-						
	Column D	652	(640)	12	NR	+	
E068	Pension Plan Contributions-						
	Column A	664	(652)	12	NR	+	G
E069	Pension Plan Contributions-						
	Column 8	676	(664)	12	NR	+	
E070	Pension Plan Contributions-						
	Column C	688	(676)	12	NR	+	
E071	Pension Plan Contributions-						
	Column D	700	(688)	12	NR	+	
E072	Other Employee Benefits-						
	Column A	712	(700)	12	NR	+	G
E073	Other Employee Benefits-						
	Column 8	724	(712)	12	NR	+	
E074	Other Employee Benefits-						
	Column C	736	(724)	12	NR	+	
E075	Other Employee Benefits-						
	Column D	748	(736)	12	NR	+	
E076	Payroll Taxes-Column A	760	(748)	12	NR	+	G
£077	Payroll Taxes-Column B	772	(760)	12	NR	+	
E078	Payroli Taxes-Column C	784	(772)	12	NR	+	
£079	Payroll Taxes-Column D	796	(784)	12	NR	+	
E080	Professional Fundraisng Fees	808	(796)	12	NR	+	
£081	Accounting Fees-Column A	820	(808)	12	NR	+	G
€082	Accounting Fees-Column B	832	(820)	12	NR	+	
E083	Accounting Fees-Column C	844	(832)	12	NR	+	
E084	Accounting Fees-Column D	856	(844)	12	NR	+	
E085	Legal Fees-Column A	868	(856)	12	NR	+	G
E086	Legal Fees-Column B	880	(868)	12	NR	+	
E087	Legal Fees-Column C	892	(880)	12	NR	+	
E088	Legal Fees-Column D	904	(892)	12	NR	+	
E089	Supplies-Column A	916	(904)	12	NR	+	G
E090	Supplies-Column B	928	(916)	12	NR	+	
E091	Supplies-Column C	940	(928)	12	NR	+	
E092	Supplies-Column D	952	(940)	12	NR	+	
	••	·	•				

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E093	Telephone-Column A	964	(952)	12	NR	+	G
1:094	Telephone-Column B	976	(964)	12	NR .	+	-
E095	•	988	(976)	12	NR	+	
E095	Telephone-Column C Telephone-Column D		(988)		NR	+	
			(1000)		NR	+	
E097	Postage and Shipping-Col. A		(1012)		NR	+	
E098	Postage and Shipping-Col. B		(1012)		NR	+	
E099	Postage and Shipping-Col. C				NR	+	
E100	Postage and Shipping-Col. D		(1036)				_
E101	Occupancy-Column A		(1048)		NR	+	G
E102	Occupancy-Column B		(1060)		NR	+	
E103	Occupancy-Column C		(1072)		NR	+	
E104	Occupancy-Column D	1096	(1084)	12	NR	+	
E105	Equipment Rental and Expenses						_
	Column A	1108	(1096)	12	NR	+	G
E106	Equipment Rental and Expenses						
	Column B	1120	(1108)	12	NR	+	
E107	Equipment Rental and Expenses						
	Column C	1132	(1120)	12	NR	+	
E108	Equipment Rental and Expenses						
	Column D	1144	(1132)	12	NR	+	
E109	Printing and Publications						
	Column A	1156	(1144)	12	NR	+	G
E110	Printing and Publications						
	Column B	1168	(1156)	12	NR	+	
E111	Printing and Publications						
	Column C	1180	(1168)	12	NR	+	
E112	Printing and Publications						
	Column D	1192	(1180)	12	NR	+	
E113	Travel-Column A	1204	(1192)	12	NR	+	G
E114	Travel-Column B	1216	(1204)	12	NR	+	
E115	Travel-Column C	1228	(1216)	12	NR	+	
E116	Travel-Column D	1240	(1228)	12	NR	+	
E117	Conferences, Conventions and		• •				
	Meetings-Column A	1252	(1240)	12	NR	+	G
E118	Conferences, Conventions and		•				
	Meetings-Column B	1264	(1252)	12	NR	+	
E119	Conferences, Conventions and		(,,	· -	••••		
L.117	Meetings-Column C	1276	(1264)	12	NR	+	
€120	Conferences, Conventions and		(,,,,	•-			
£120	Meetings-Column D	1288	(1276)	12	NR	+	
E121	Interest-Column A		(1288)		NR	+	G
E122	Interest-Column 8		(1300)		NR	+	•
E123	Interest-Column C		(1312)		NR	· +	
E123	Interest-Column D		(1324)		NR	· •	
E124	Depreciation, Depletion, Etc.		(1364)	12	MIX	•	
E123	Column A		(1336)	12	NR	+	G
E434	Depreciation, Depletion, Etc.		(1330)	12	MK	•	ų
E126			/17/05	42	ND		
-437	Column B		(1348)	12	NR	•	
E127	Depreciation, Depletion, Etc.		/17/05	12	ND		
	Column C		(1360)	12	NR	•	
£128	Depreciation, Depletion, Etc.			40		_	
	Column D		(1372)		NR	+	
E149	Total Other Expenses -	1396	(1384)	12	NR	+	
-4	Column A (lines a-f)			40		_	
£150	Total Other Expenses -	1408	(1396)	12	NR	+	
	Column B (lines a-f)						
E151	Total Other Expenses -	1420	(1408)	12	NR	. +	
	Column C (lines a-f)						
E152	Total Other Expenses -	1432	(1420)	12	NR	+	
	Column D (lines a-f)						

E153	Total Functional Expenses-						
	Column A	1444 (1432)	12	NR	+	G	
E154	Total Functional Expenses-						
	Column B	1456 (1444)	12	NR	+		
E155	Total Functional Expenses-						
	Column C	1468 (1456)	12	NR	+		
E156	Total Functional Expenses-						
	Column D	1480 (1468)	12	NR	+		
E161	Cash	1492 (1480)		NR	+		
E162	Savings	1504 (1492)		NR	+		
£163	Accounts Receivable	1516 (1504)		NR	+/-		
					-		
E164	Pledges Receivable	1528 (1516)		NR	+/-		
E165	Grants Receivable	1540 (1528)	12	NR	+		
E166	Receivables Due From Offices						
	Directors, Trustees	1552 (1540)	12	NR	+		
E167	Other Notes and Loans						
	Receivables	1564 (1552)	12	NR	+/-		
E168	Inventories Column A	1576 (1564)	12	NR	+		
E169	Inventories Column B	1588 (1576)	12	NR	+		
E170	Prepaid Expenses	1600 (1588)	12	NR	+		
E171	Investments-Securities						
	Column A	1612 (1600)	12	NR	+		
E172	Investments-Securities		-				
· -	Column B	1624 (1612)	12	NR	+		
E173	Investments-Land, Buildings	(1012)					
6113		1636 (1624)	12	NR	+		
-47/	and Equipment						
E174	Investments-Other	1648 (1636)		NR	+		
E175	Land, Building and Equip.	1660 (1648)		NR	+		
E176	Other Assets	1672 (1660)		NR	+/-		
E177	Total Assets-Column A	1684 (1672)	12	NR	+		
E178	Total Assets-Column B	1696 (1684)	12	NR	+		
E179	Accounts Payable	1708 (1696)	12	NR	+		
E180	Grants Payable	1720 (1708)	12	NR	+		
E181	Revenue Designated for						
	Future Periods	1732 (1720)	12	NR	+		
E182	Loans From Officers,						
	Directors, Trustees	1744 (1732)	12	. NR	+		
E183	Mortgages and Other Notes	(1752)			•		
2103		1756 (1744)	12	NR	+		
E19/	Payable Other Liebilities						
E184	Other Liabilities	1768 (1756)		NR	+/-		
E185	Total Liabilities Col. A	1780 (1768)		NR	+		
E186	Total Liabilities Col. B	1792 (1780)	12	NR	+		
E194	Total Fund Balances or Net						
	Worth Column A	1804 (1792)	12	NR	+/-		
E195	Total Fund Balances or Net						
	Worth Column B	1816 (1804)	12	NR	+/-		
E196	Total Fund Balances	1828 (1816)	12	NR	+/-		
E197*	Expenses Paid in Connection						
•	With Legislative Activities	1840	12	NR	+		
E198*	Gifts, Grants, and Contr.	· -					
2.70	Received Column A	1852	12	NR	+		ė
E199*		1072		75	•		
こ リファ"	Gifts, Grants, and Contr	104/	13	N.			
	Received Column E	1864	12	NR	+		
E200*	Membership Fees Received						
	Column A	1876	12	NR	+		
E201*	Membership Fees Received						
	Column E	1888	12	NR	+		
E202*	Gross Receipts-Column A	1900	12	NR	+		
E203*	Gross Receipts-Column E	1912	12	NR	+		
E204*	Gross Income Column A		12	NR	+		

E205*	Gross Income Column E	1936	12	NR	+ .	
:206*	Net Income Column A	1948	12	NR	+/-	
E207*	Net Income Column E	1960	12	NR	+/-	
E208*	Tax Revenues Column A	1972	12	NR	+	
E209*	Tax Revenues Column E	1984	12	NR	+	
E210*	Value of Services or Facil.					
	Furnished by Gov. Col. A	1996	12	NR	+	
E211*	Value of Services or Faci .					
	Furnished by Gov. Col. E	2008	12	NR	+	
E212*	Other Income Column A	2020	12	NR	+ ·	
E213*	Other Income Column E	2032	12	NR	+	
E214*	Total Column A	2044	12	NR	+	
E215*	Total Column B	2056	12	NR	+	
E216*	Line 24 Minus Line 18 Col. A	2068	12	NR	+	
E217*	Line 24 Minus Line 18 Col. B	2080	12	NR	+	
E218*	1% of Line 24	2092	12	NR	+	
E219	Reserved					
E220	Reserved					
E221	Reserved					
E222	Reserved					
E223	Reserved					
E224	Reserved					
E225	Reserved					
E226	Reserved					
E227	Reserved					
E218	Reserved					
E229	Reserved					
E230	Reserved					
E231	Reserved					
E232	Reserved					
£233	Reserved					
E234	Reserved					
£235	Reserved					
E315	Reserved		_			
E400	Status Code	2104 (1828)		N		
E401	Accept Code	2105 (1829)	1	N		
E402	Reserved					
E403	Reserved					
E990	Block Number					
E996	Reserved		_			
E997	Sample Count	2106 (1830)		N		
E998	Population Count	2112 (1836)		N		
E999	Weight	2118 (1842)	6	N		
E1000	Filler		_			
E1001	Editor Code (left justified)	2124 (1848)		N		G
E1002	Error Res. Clerk (lft just.)	2127 (1851)		N 		G
E1004	Date Last Modified	2130 (1854)		N		G
E1005	Return Year	2139 (1863)		N		
E1006	SCPL	2141 (1865)		N		_
E1007	Generated Sample Code	2151 (1875)		N Con cub-	lina\ =4	G
. FORM	990 references consist of part	, tine, and	cotumn	COL SUD-	tine) of	ıτe

[.] Form 990 references consist of part, line, and column (or sub-line) of item on return. References to Schedule A begin with "A."

[.] Each record is delimited by a one-character carriage return.

1989 OTA 990EZ Master File Record Element Specifications

c(3) Datafile

c(4-9) Datafile

c(3) Datafile Record Size = 838 characters

Record Size = 562 characters Block Size = 562 characters

Block Size = 838 characters

Labels have been omitted

	Labels have bee	U OW	itte	a			
Elmnt.	Element	Beg	in.	Char.		Type	Generated
No.	Name	Cha	r.	Lngth.	Data	Sign	Must Enter
		с3 (c4-9				Must Fill
EZ02	Name of organization	1	1	35	A		E
EZ03	Employer identification number	36	36	9	N		E
EZ04	Document locator number	45	45	14	N		F
EZ05	Sample code	59	59	2	N		G
EZ06	Reject code	61	61	1	N		G
EZ07_1	Accounting period (year)	62	62	2	N		
EZ07_3	Accounting period (month)	64	64	2	N		
EZ09	State	66	66	2	A		
EZ10	Zip code	68	68	5	N		
EZ11	Exemption	73	73	2	N	·	
EZ12	Part V question 35(b)	75	75	1	A		E
EZ13	Part V question 36	76	76	1	Ä		E
EZ14*	Schedule A EIN	77		9	N		F
EZ15*	Schedule A Part IV Status	86		2	N		E
EZ16*	Schedule A Part V line 29	88		1	A		E
EZ17	Contributions, gifts, grants	89	77	12	NR	+	_
EZ18	Program service revenue	101		12	NR	+	
EZ19	Dues and assessments		101		NR	+	
EZ20	Investment income		113		NR	+/-	
EZZO	Gross amount from sale of	رعا	113	12	MN	•/-	
E 2 2 1		177	125	12	NR	+	
e222	assets		137		NR NR	+	
EZ22	Cost or other basis		149		NR	+/-	
EZ23	Gain (loss)		161		NR NR	+/-	
EZ24	Gross revenue of fundraising		173		NR NR	+	
EZ25	Direct expense		185		NR	+/-	
EZ26	Net income		197		NR	+/-	
EZ27	Gross sales		209		NR	•	
EZ28	Cost of goods sold		221		NR	+/-	
EZ29	Gross profit (loss)		233		NR	+/-	
EZ30 EZ31	Other revenue Total revenue		245		NR NR	+/-	
EZ32			257		NR NR	+	
EZ33	Grants paid Benefits paid to members	_	269		NR NR	+	
EZ34	Salaries and compensation		281		NR.	+	
	Professional fees		293		NR	+	
EZ35 EZ36	Occupancy, rent, utilities		305		NR	+	
EZ37	Printing, publications		317		NR	+/-	
EZ38	Other expenses		329		NR	+/-	
EZ39	Total expenses		341		NR	+/-	
EZ40	Excess (or deficit)		353		NR	+/-	
EZ41	Fund balance, BOY		365		NR	+/-	
EZ42	Other changes		377		NR	+/-	
EZ43	Fund balance, EOY		389		NR	+/-	
EZ44	Cash, savings, investments		401		NR	+	
EZ45	Land and buildings		413		NR	+	
EZ46	Other assets		425		NR	+	
EZ47	Total assets, BOY		437		NR	+	
EZ48	Total assets, EOY		449		NR	+	
EZ49	Total liabilities, BOY		461		NR	+	
EZ50	Total liabilities, EOY		473		NR	+/-	
EZ51	Fund balance, BOY		485		NR	+/-	4
EZ52	Fund balance, EOY		497		NR	+/-	
	•					-	

EZ197*	Expenses paid in connection					
-	with legislative activities	521	12	NR	+	
EZ198*	Gifts, grants, contributions					
	received, Column A	533	12	NR	+	
EZ199*	Gifts, grants, contributions					
	received, Column E	545	12	NR	+	
EZ200*	Membership fees received					
	Column A	557	12	NR	+	
EZ201*	Membership fees received					
	Column E	569	12	NR	+	
EZ202*	Gross receipts, Column A	581	12	NR	+/-	
EZ203*	Gross receipts, Column E	593	12	NR	+/-	
£Z204*	Gross income, Column A	605	12	NR	+ 1	
EZ205*	Gross income, Column E	617	12	NR	+	
EZ206*	Net income, Column A	629	12	NR	+/-	
EZ207*	Net income, Column E	641	12	NR	+/-	
EZ208*	Tax revenues, Column A	653	12	NR	+	
EZ209*	Tax revenues, Column E	665	12	NR	+	
EZ210*	Value of services or facil.					
,	furnished by gov., Column A	677	12	NR	+	
EZ211*	Value of services or facil.					
	furnished by gov., Column E	689	12	NR	+	
EZ212*		701	12	NR	+/-	
EZ213*	Other income, Column E	713	12	NR	+/-	
EZ214*	Total, Column A	725	12	NR	+	
EZ215*	Total, Column E	737	12	NR	+	
EZ216*	Line 24 minus line 18, Col. A	749	12	NR	+	
EZ217*	Line 24 minus line 18, Col. E	761	12	NR	+	
EZ218*	1% of line 24	773	12	NR	+	
EZ400	Status code	785 509	1	N		
EZ401	Accept code	786 510	1	N		
EZ997	Sample count	787 511	6	N		
EZ998	Population count	793 517	6	N		
EZ999	Weight	799 523	6	N		
EZ1001	Editor code (left justified)	805 529	5	N		G
EZ1002	Error res. clerk (left just.)	810 534	5	N		G
EZ1004	Date last modified	815 539		N		G
EZ1005	Return year	824 548		N		
EZ1006	SCPL	826 550		N		
EZ1007	Generated sample code	836 560		N		G
	· · · · · · · · · · · · · · · · · · ·					

^{*} Elements EZ14 thru EZ16 and EZ197 thru EZ218 are present only for c(3)'s.

[.] Each record is delimited by a one character carrige return.

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c) (except black lung benefit trust or private foundation) of the Internal Revenue Code or section 4947(a)(1) trust

(See separate instructions.)

Department of the Freasury Internal Revenue Service

Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction E.

OMB No. 1545-0047

1989

	C	andar rear 1909, or inscar rear Deginning		i	.989. and en				· 19 E007-
Use H	RS	Name or organization						ion number (see	instruction \$)
label.		E002					003		
Other wise.		Address (number and street) or P.O. box number	r			B State reg	stration r	number (see inst	ruction E)
pieasi print									
or typ		City or town, state, and ZIP code				C If applicat	tion for eve	emption is bendi	ag speck
		E009, E010				here ▶			_
Che	ck typ	pe of organization—Exempt under section ▶ . [3501(c	R011 (insert numbe	r), E Acci	ounting metho		n 🗀 Accrual	
QR	<u> </u>	_ section 4947(a)(1) trust (see instruction C7 an	d questi	on 92.)		Other (specify)	<u> </u>		
is th	iis a g	roup return (see instruction Q) filed for affiliates?.	E01	2 🗆 Yes 🗀 N		ther answer in	Fis "Yes."	enter four-aigit	group
If "Y	'es." e	enter the number of affiliates for which this return	is filed		exer	nption numbe	r (GEN) ►	•	•
		eparate return filed by a group affiliate?					014		
1 Chec	ck her	re if your gross receipts are normally not more	than \$25	5.000 (see instruction	B11). You do	not have to fi	е а соток	eted return with I	RS: but if you
	iveu o	The mail, you should file a retu	rn witho	ut financiai data (see in	istruction A).	Some states r	equire a co	mpleted return.	
iote:	Form	990EZ is available for organizations with gross re	ceipts le	ss than \$100.000 an	d total asset	s less than \$2	50.000 at	end of year.	
01(0	c)(3)	organizations and 4947(a)(1) trusts mus	also c	omplete and attac	h Schedul	e A (Form 99	0). (See	instructions.)	
Part	31	Statement of Revenue, Expenses and	Chan	gas in Nat Assat	e or Fund	Palanes			
		The state of the s	1 011011	iges in idet veref	.s or Fund	balances			
	1	Contributions, gifts, grants, and similar arr	ounts r	eceived:	·				
	a	•			1a E02	1_			
	ь	Indirect public support			1b E02	2			
	С			[1c - E02	3			
į	d						1d	E024	
ĺ	2	Program service revenue (from Part VII, lin	e 93)				2	E025	
	3							E026	
	4	Interest on savings and temporary cash inv	estmen	its			4	E027	
	5	Dividends and interest from securities					5	E028	
	6a					29	WWW.		
- 1	ь	Less: rental expenses							
. !	c	Net rental income (loss)					6c	E031	
- E	7	Other investment income (describe				· · · · · · · · · · · · · · · · · · ·	7	E032	 -
Revenue	8a	Gross amount from sale of assets other		(A) Securities	(B)	Other	WIIIIIA		-
₽	-	than inventory	8a	E033	8a FO	36	<i>-{///////</i> }		
ļ	Ь	Less: cost or other basis and sales expenses	86	E034	86 EQ				
İ	c	_	8c			38	8d	E039	İ
į	9	Special fundraising events and activities (a				 	Management of the Control of the Con		
	а	Gross revenue (not including \$		onedaic see man	uctions).		W////////////////////////////////////		ininininininininininininininininininin
į		of contributions reported on line 1a)		!	9a E0	40	W/////A		
1	b								
1	c	Net income (line 9a less line 9b)					9c	E042	1
	10a	Gross sales less returns and allowances				43	Willia		
1	ь	Less: cost of goods sold							
	c	Gross profit (loss) (attach schedule)			· ·		10c!	E045	
ĺ	11	Other revenue (from Part VII, line 103)					11 '	E046	
1	12	Total revenue (add lines 1d. 2, 3, 4, 5, 6c, 7	. 8d. 9c	, 10c. and 11)			12	E047	1
. 1	13	Program services (from line 44, column (B					13	E048	
•	14	Management and general (from line 44, col	mn (۲)،))(see instructions)			14	E049	
De n	15	Fundraising (from line 44, column (D)) (see	e instru	rtions)			15	E050	
X	16	Payments to affiliates (attach schedule—s	ee inst	ructions)			16	E051	
i	17	Total expenses (add lines 16 and 44, colu	mn (A)))			17	E052	
V9 4	18	Excess (deficit) for the year (subtract line I					18	E052 E053	
sets	19	Net assets or fund balances at beginning o	fvear/	irom line 74. colum	ια (Δ <u>))</u>		19	E054	
Ass	19 20	Other changes in net assets or fund balance	es (atta	ich explanation)	···(でか ・		20	E055	
:	21	Net assets or fund balances at end of year (a	dd lines	18, 19, and 20)			21	E056	
or Pag	perwo	ork Reduction Act Notice, see page 1 of the ins							990 19891

Do ==	Functional Expenses 502(c)(3) and (c)(4) organitinglude amounts reported on line	zations and 4947(a			
	o. 9p. 10p. or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fungraising
22	Grants and allocations (attach schedule)		E057		
23	Specific assistance to individuals	<u></u>	E058		GUAGUUGUUGU SAA AA
24	Benefits paid to or for members $ ilde{}_{-}$ $ ilde{}_{-}$ $ ilde{}_{-}$ $ ilde{}_{-}$ $ ilde{}_{-}$ $ ilde{}_{-}$		E059		<i>Chillianni ann an /i>
	Compensation of officers, directors, etc	E060	E061	E062	E063
26	Other salaries and wages .	E064	E065	E066	E067
	Pension plan contributions	E068	E069	<u> E070</u>	E071
28	Other employee benefits	E072	E073	<u> E074</u>	E075
29	Payroil taxes	E076	E077	<u> E078</u>	E079
	Professional fundraising fees		<i>Yalia ka /i>	B allanda ka	
31	Accounting fees	E081	E082	E083	E084
	Legal fees	E085	E086	E087	E088
33	Supplies	E089	E090 ·	E091	E092
34	Telepnone	E093	E094	E095	E096
	Postage and shipping	E097	E098	E099	E100
	Occupancy	E101	E102	E103	E104
	Equipment rental and maintenance	E105	E106	E107	E108
38	Printing and publications	E109	E110	E111	E112
39	Travel	E113	E114	E115	E116
	Conferences, conventions, and meetings	E117	E118	E119	E120
41	Interest	E121	F122	F123	F124
42	Depreciation, depletion, etc. (attach schedule)	E125	E126	F127	F128
43	Other expenses (itemize): a				
ь					
c					
ď				ļ	
e					
f		F149	E150	E151	E152
44	Total functional expenses (add lines 22 through 43) Organizations completing columns B-D, carry these totals to lines i3-15.	E153	E154	E155	E156
art III	Statement of Program Service Accomplishm			: 2100	
	pe what was achieved in carrying out your exempt purpo	•		ded: the number of	Expenses
person	s benefited; or other relevant information for each projecter the amount of grants to others.	gram title. Section	501(c)(3) and (4)	organizations must	Required for section 501(c)(3) and (4) organ tions; optional for other
		(Gı	ants and allocation	ns \$)	
		(Gı	ants and allocation	15.35	
-		,,,			
		(Gı	ants and allocation	15 🔰)	<u> </u>
		·			
	program services (attach schedule)		ants and allocation		

Part IV Balance Sheets

	ote: Where required, attached schedules and amounts in be for end-of-year amounts only	the description column should	(A) Beginning of year		(B) End of year
A E	Assets	!			
45 46	Cash—noninterest-bearing	•		45	E161
10	Savings and temporary cash investments			46	F162
47a	Accounts receivable	1472	1		1
	Less: allowance for doubtful accounts			47c	5163
-	Less. allowance for doubtin accounts			THINING.	E163
48a	Pledges receivable		1	WIIIII	
b	Less: allowance for doubtful accounts	48h	; i	480	E164
49	Grants receivable		1 .	48c	
50	Receivables due from officers, directors, trustees,	and how amployage (attach			E165
-	schedule)	and key employees (attach	ı	50	E166
51a	Other notes and loans receivable (attach schedule)	151ai		TOTAL TOTAL	F100
				516	E167
52	Inventories for sale or use		F168	51c:	
53	Prepaid expenses and deferred charges		- 100	53	F169
54	Investments—securities (attach schedule)		E171	54	E170 +
-	investments—land, buildings, and equipment:			7////////	
	basis	55a			
ь	Less: accumulated depreciation (attach	338			Ì
	schedule)	EEL		55c	E173
	Investments—other (attach schedule)				
	Land, buildings, and equipment: basis			56	E174
	Less: accumulated depreciation (attach schedule)			57c	E175
	·)		58	E175
5 <u>9</u>	Total assets (add lines 45 through 58)	1	E177	59	E1/6 E178
	Liabilities				<u> </u>
60	Accounts payable and accrued expenses			60	E179
61	Grants payable			61	E180
	Support and revenue designated for future periods (a	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	62	E181
63	Loans from officers, directors, trustees, and key empl	ilaunos (attach schadula)	1	63	E182
64	Mortgages and other notes payable (attach schedule)	Noyees (attach schedule)		64	E183
65	Other liabilities (describe ➤)		65	E184
66	Total liabilities (add lines 60 through 65)	/	E185	66	E186
	Fund Balances or Net Assets			VIIIII	
Organ	nizations that use fund accounting, check here	and complete lines			
	67 through 70 and lines 74 and 75.	and complete in a			1
	Current unrestricted fund			67a	1
ь	Current restricted fund			67b	
	Land, buildings, and equipment fund			68	
	Endowment fund			69	
0	Other funds (describe ►			70	<u> </u>
	nizations that do not use fund accounting, check here			VIIIIIII	<u> </u>
	lines 71 through 75.	and complete			I
	Capital stock or trust principal			71	
72	Paid-in or capital surplus			72	
73	Retained earnings or accumulated income	• • • • • • • • •		73	
_	Total fund balances or net assets (see instructions)		F194	74	E195
75	Total liabilities and fund balances/net assets (see	instructions)	<u> </u>	75	E195 E196

Pa	List of Officers, Directors, and Trustees	(List each one even if not	Compensated	See occasion	Page
_	(A) Name and address	(8) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter zero)	(D) Contributions to employee benefit plans	(E) Expense account and other
	•••••		3.7.3.	Content Clars	allowances
<u>:-</u>					
ič	rt-VI Other Information				
76 77 78a	Did you engage in any activity not previously reported to If "Yes," attach a detailed description of each activity. Were any changes made in the organizing or governing If "Yes," attach a conformed copy of the changes. Did your organization have unrelated business gross inco. If "Yes," have you filed a transfer.	documents, but not reported	to IRS?	by this return?	Yes No 76
_	If "Yes," have you filed a tax return on Form 990-T, Exe At any time during the year, did you own a 50% or greater If "Yes," complete Part IX.	mpt Organization Business in	TOOME Tay Don.		786 E015
7 9	Was there a liquidation, dissolution, termination, or sub if "Yes," attach a statement as described in the instruc	tions		_ it	79 F01 6
80a	Are you related (other than by association with a statewing	de or nationwide organization) through commo	5 membembio	
	governing bodies, trustees, officers, etc., to any other exer If "Yes," enter the name of the organization ▶	npt or nonexempt organization	? (See instruction	s.)	80a E01/7
815	Enter amount of a class	and check whether it is	☐ exempt OR	nonexempt.	
h	Enter amount of political expenditures, direct or indirect Did you file Form 1120-POL U.S. Income Tay Return 6	t, as described in the instruc	tions. 81a		
82a	Did you file Form 1120-POL, U.S. Income Tax Return for Did you receive donated services or the use of material less than fair rental value?	or Certain Political Organizat	tions, for this yea	?	815
					82a
P	If "Yes," you may indicate the value of these items h	ere. Do not include this an	ount as		
	revenue in carci or as an expense in Part II. See instruct	ions for reporting in Part III	18261		
b	Did anyone request to see either your annual return or e If "Yes," did you comply as described in the instructions	xemption application (or bot	h)?	-	83a
84a	Did you solicit any contributions or gifts that were not ta: If "Yes," did you include with every solicitation on over-	: (See General Instruction L)		836
ь	an exple	SS Statement that such con-	tribustione de dista		84a
	accounts: (See General Institution M.)			1	84b :
934	occupit July (5) or (6) organizations.—Did you she	nd any amounts in attached	- 4- 1-44	ublic opinion	
	about legislative matters or referendums? (See instruction if "Yes," enter the total amount spent for this purpose.	and and Regulations coation.	1.162-20(c).)		85a
86	Section 501(c)(7) organizations. —Enter:	•••••••	<u>[85b]</u>		
	Initiation fees and capital contributions included on line	12.	86a		
þ	Gross receipts, included on line 12, for public use of club	facilities (See instructions)	OCL		
C	oves the club's governing instrument or any written	policy statement provide for	ar discrimination	against any	
87	Section 501(c)(12) organizations.—Enter amount of:	ons.)			86c
- b	Gross income received from members or shareholders .		87a		
•	Gross income received from other sources (Do not net ar against amounts due or received from them.) .	mounts due or paid to other	sources		
-	rubiic interest law firms. — Attach information described	in the incompanion			
07	List the states with which a copy of this return is filed >				
	a a) and you might fall ally balt of volit accust	MTIMO /*** ****** **		·	90 ' I
		Telephor	1е по. ▶		
92	Section 4947(a)(1) trusts filing Form 990 in lieu of Form	1041 116 514			eck here
	and enter the amount of tax-exempt interest received or a	accrued during the tax year.	▶ 192 1		

33 Prog		Officiated bost	ness income	Excluded by sectio	n 510 513, or 51	
	ram service revenue;	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exem
(a) _				1		i
(b) _						
(c) _		<u> </u>				4
(a) _		- -		<u>i</u>		
(e) _		-				
	sec from government	_				
94 Mem	ees from government agencies bership dues and assessments		 	! !		<u> </u>
95 Interi	est on savings and temporary cash investme					
96 Divid	ends and interest on securities	mis .				
	ental income (loss) from real estate:					HUNGUHUUMAHUUMAHUU
	ebt-financed property	•		<u> </u>	<u>aaaamaanaanaanaanaanaanaanaanaanaanaanaa</u>	<u>SONUMBUUM MUMAUUM MAANAA MAA</u>
(b) n	ot debt-financed property					-
98 Net r	ental income (loss) from personal property					
99 Othe	r investment income	· ·				
	(loss) from sales of assets other than inventor				-	
01 Net ii	ncome from special fundraising events	,			·	
102 Gross	profit (loss) from sales of inventory			1		
03 Other	revenue: (a)					
(b) _				 		-
(c) _						
						
(e) _	otal (add columns (b), (d), and (e))					·
Part VIII	olus line 1d. Part I, should equal the amount Relationship of Activities to the Ac	complishment of E	xempt Puri	nosas		
Line No. ▼	Explain below how each activity for w accomplishment of your exempt purp	hich income is reporte	ed in column (a) of Part VII cont	ributed import s).	antly to the
	Explain below how each activity for w	hich income is reporte	ed in column (a) of Part VII cont	ributed import s).	antly to the
	Explain below how each activity for w	hich income is reporte	ed in column (a) of Part VII cont	ributed import s).	antly to the
	Explain below how each activity for w	hich income is reporte	ed in column (a) of Part VII cont	ributed imports).	antly to the
▼	Explain below how each activity for w accomplishment of your exempt purp	hich income is reporte oses (other than by p	ed in column (roviding funds	e) of Part VII cont for such purpose	s).	
Part IX	Explain below how each activity for w	hich income is reporte oses (other than by p	ed in column (roviding funds	e) of Part VII cont for such purpose for such purpose if you answere	s).	
Part IX	Explain below how each activity for waccomplishment of your exempt purp	bsidiaries (Comple	ed in column (roviding funds	e) of Part VII cont for such purpose for such purpose if you answere	d "Yes" to qu	uestion 78c)
Part IX	Explain below how each activity for waccomplishment of your exempt purp	bsidiaries (Comple	ed in column (roviding funds	e) of Part VII cont for such purpose for such purpose if you answere	d "Yes" to qu	uestion 78c)
Part IX	Explain below how each activity for waccomplishment of your exempt purp	bsidiaries (Comple	ed in column (roviding funds	e) of Part VII cont for such purpose for such purpose if you answere	d "Yes" to qu	uestion 78c)
Part IX	Explain below how each activity for waccomplishment of your exempt purp	bsidiaries (Comple	ed in column (roviding funds	e) of Part VII cont for such purpose for such purpose if you answere	d "Yes" to qu	uestion 78c)
Part IX	Explain below how each activity for waccomplishment of your exempt purp	bsidiaries (Comple	ed in column (roviding funds	e) of Part VII cont for such purpose for such purpose if you answere	d "Yes" to qu	uestion 78c)
Part IX Na	Explain below how each activity for waccomplishment of your exempt purp	bsidiaries (Comple Percentage of ownership interest	ed in column (roviding funds	e) of Part VII cont for such purpose if you answere re of activities	d "Yes" to qu Total income	End-of-year assets
Part IX Na	Explain below how each activity for waccomplishment of your exempt purp Information Regarding Taxable Sume, address, and employer identification number of corporation or partnership Under penalties of periury, I declare that I have example to the sum of the sum	bsidiaries (Comple Percentage of ownership interest	ed in column (roviding funds) ete this Part Natu business accompanying sir) is based on all	if you answere re of activities	d "Yes" to qu Total income	End-of-year assets
Part IX	Explain below how each activity for waccomplishment of your exempt purp Information Regarding Taxable Sume, address, and employer identification number of corporation or partnership Under penalties of perjury, I declare that I have example in the strue, correct, and complete. Declaration of the strue, correct, and complete.	bsidiaries (Comple Percentage of ownership interest	ed in column (roviding funds	e) of Part VII cont for such purpose if you answere re of activities	d "Yes" to qu Total income	End-of-year assets

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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 (or Form 990EZ).

OMB No 1545-0047

Employer identification number

1989

Pa	Compensation of the Five Highest Pai (See specific instructions.) (List each of	d Employees Other Than one. If there are none, enter	Officers, Direc "Nane.")	tors, and Trustees	5		
	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		nse acc o other wances	
		·					
				-			
						<u>-</u>	
\$3	al number of other employees paid over						
Pa	(See specific instructions.) (List each						
	(a) Name and address of persons paid more to	han \$30,000	(b) Type	of service	(e) Co	mpensa	ition
	•••••						
	al number of others receiving over \$30,000 for fessional services						
Pa	art III Statements About Activities					Yes (1)	No (2)
1	During the year, have you attempted to influent influence public opinion on a legislative matter or		legislation, includ		1		
	If "Yes," enter the total expenses paid or incurred	in connection with the legis	lative activities.	<u>E197</u>	. <i>\\\\\\\\</i>		
	Complete Part VI of this form for organizations th statement. For other organizations checking "Yes activities and a classified schedule of the expense:	," attach a statement giving					
2	During the year, have you, either directly or indire principal officer, or creator of your organization, o affiliated as an officer, director, trustee, majority of	ectly, engaged in any of the r any taxable organization or	r corporation with v				
a	Sale, exchange, or leasing of property?				. 2a	ļ	<u> </u>
Ь	Lending of money or other extension of credit? .					ļ	
	Furnishing of goods, services, or facilities?					-	
	Payment of compensation (or payment or reimbu	•	•			-	<u> </u>
ė	Transfer of any part of your income or assets?				. 2e		
_	If the answer to any question is "Yes," attach a de				3	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
3	Do you make grants for scholarships, fellowships				• •		
4	Attach a statement explaining how you determine in furtherance of your charitable programs qualify	that individuals or organizat to receive payments. (See s	pecific instructions	ursements from you i.)	VIIIII		

5 6				for definitions.)				
6	ne organization is not a private foundation because it is (please check only ONE applicable box):							
				170(b)(1)(A)(i).				
~		•						
7		_						
8		_			MANAGE			
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 → of hospital →							
10								
11	Section 170(b)(1)(A)(vi). (Also co	omplete Support So	chedule.)					
12	8 An organization that normally rectaxable income (less section 511 of its support from contribution functions—subject to certain exceptions.	tax) from busines ons, membership	ises acquired by the fees, and gross re	e organization after eccipts from activ	June 30, 1975, ai ities related to it	nd (b) more tha		
13	9 An organization that is not control described in: (1) boxes 5 through section 509(a)(3).	olled by any disquant 12 above; or (2)	ilified persons (othe section 501(c)(4), (er than foundation r (5), or (6), if they m	nanagers) and sup leet the test of sec	oports organizate tion 509(a)(2)		
Pr	ovide the following information about the s	supported organiza	tions. (See instructi	ions for Part IV, box	13.)			
_	(a)	Name of support	ed organizations			(b) Box num from abo		
_				·				
	<u> </u>			 		 		
_						!		
14								
_	Support Schedule (Complete		,	, 		unting.		
	Calendar year (or fiscal year beginning in) ▶	(a) 1988	(b)	(c) 1986	(d) 1985	Total		
	Gifts, grants, and contributions received. (Do							
15	not include unusual grants. See line 28.)	E198		İ		E199		
_	not include unusual grants. See line 28.) Membership fees received	E198 E200				E199 E201		
16	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.,							
16	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. 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	E200				E201		
16	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. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and	E200				E201		
18	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 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	E200 E202				E201		
16 17 18	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. 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.	E200 E202 E204				E201 E203		
16 17 18	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. 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. Net income from unrelated business activities not included in line 18. Tax revenues levied for your benefit and either paid to you or expended on your behalf. 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	E200 E202 E204 E206 E208				E203 E205 E207 E209		
16 17 18 20 21	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. 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. Net income from unrelated business activities not included in line 18. Tax revenues levied for your benefit and either paid to you or expended on your behalf. The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or	E200 E202 E204 E206				E201 E203 E205 E207		
16 17 18 20 21	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 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 Net income from unrelated business activities not included in line 18 Tax revenues levied for your benefit and either paid to you or expended on your behalf. 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. Other income. Attach schedule. Do not in-	E200 E202 E204 E206 E208				E201 E203 E205 E207 E209 E211 E213		
16 17 18 20 21 21	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. Gross income from interest, dividends, amounts received from payments on securities ioans (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. Net income from unrelated business activities not included in line 18. Tax revenues levied for your benefit and either paid to you or expended on your behalf. 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. Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets.	E200 E202 E204 E206 E208				E201 E203 E205 E207 E209		

35

34b

Part	Support Schedule (continued) (Complete only if you checked box 10, 11, or 12 on page 2.)			age
	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 e each "disqualified person," and enter the sum of such amounts for each year:			
	(1988) (1987) (1986) (1985)			
	Attach a list showing, for 1985 through 1988, the name and amount included in line 17 for each person (other that persons") from whom the organization received more during that year than the larger of: the amount on line 25 \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excesses the persons of the sum of these excesses the persons of the sum o	n ''disc	ualified	į
	(1988) (1987) (1986) (1985)			
		1988. grant,	attach a and a b)) 1
	(To be completed ONLY by schools that checked box 6 in Part IV)			
• [Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other		Yes (1)	
•	services and a resolution of your governing body?	29	F020	<u> </u>
) [Oo 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 incholarships?	30		
tl	Have you publicized your racially nondiscriminatory policy through 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 hat 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.)	31		
	o you maintain the following:			
a R	ecords indicating the racial composition of the student body, faculty, and administrative staff?	32a		"
D K	lecords documenting that scholarships and other financial assistance are awarded on a racially ondiscriminatory basis?	32ь		
	opies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		_
	opies of an inlaterial used by you or on your behalf to solicit contributions?	32d		_
- 11	ratement.)			
D	o you discriminate by race in any way with respect to:			
St	raderics rights of privileges?	22-1		•
• ~	armasions policies:	225		
	inproviment of faculty or administrative staff?	22-		
	shold ships of other financial assistance? (See instructions)	33d		_
Lie	ducational policies?	33e		_
-	or reconstruction of the second of the secon	33f		
	mode programs:	33g	- 	_
• • • • • • • • • • • • • • • • • • • •	YOU answered "Yes" to any of the above places outline (II)	33h		77
	atement.)			
	you receive any financial aid or assistance from a governmental agency?			
-	your source any financial aid or assistance from a governmental agency?	34a	1	

b Has your right to such aid ever been revoked or suspended?

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.)

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

Part VI Lobbying Expenditures by F	ublic Charities	see instructions)			
(10 be completed ONLY by	an eligible orgar	ization that file	i Form 5768)		
Check here ▶ a	longs to an affiliate "limited control";	ed group (see instru Provisions apply (se	ctions). e instructions).		
	Lobbying Exp			(a) Affiliated group totals	(b) To be completed for AU electing organizations
39 Other exempt purpose expenses (see Pa 40 Total exempt purpose expenses (see Pa 41 Lobbying nontaxable amount. Enter the the following table— If the amount on line 40 is— Not over \$500.000 Over \$500.000 but not over \$1,000.000	gislative body ad 37) rt VI instructions) es 38 and 39) (see smaller of \$1,000, The lobbying a 20% of the amoun \$100,000 plus 159	instructions). 000 or the amount nontaxable amount t on line 40. 6 of the excess over \$5	determined under		
Over \$1,500,000 42 Grassroots nontaxable amount (enter 25 (Complete lines 43 and 44. File Form 4720 if e 43 Excess of line 36 over line 42 44 Excess of line 38 over line 41	\$225,000 plus 5% of line 41) ither line 36 exceeds	nstructions). OO or the amount determined under on time 40. of the excess over \$500.000 of the excess over \$1,000,000 of the excess over \$1,500,000			
(Some organizations that n	nade a section 501	(b) election do not	have to complete all	of the five colum	ns
		Lobbying Expens	ses During 4-Year Av	eraging Period	
Calendar year (or fiscal year beginning in) ▶	(a) 1989		1 ''' (٠,,	(e) Total
45 Lobbying nontaxable amount (see instructions) .					
46 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))			//////////////////////////////////////		%

Pai	ŧVI	Information Re Organizations	garding Transfe	rs To and Transactions and	Relationships With Noncharitable Exem	pt				
51	in s	the reporting organ	ization directly or i he Code (other th	ndirectly engage in any of the f an section 501(c)(3) organiza	ollowing with any other organization described tions) or in section 527, relating to political	Yes No				
2				o a noncharitable exempt organ						
						i				
Ь	(ii) Other assets									
	(i) Sales of assets to a noncharitable exempt organization									
	(ii) Purchases of assets from a noncharitable exempt organization									
		(iv) Reimbursement arrangements								
c	Sha	ring of facilities, equ	uipment, mailing lis	ts or other assets, or paid emplo	oyees					
<u>,</u>	fair	market value of the g	goods, other assets.	or services given by the reporting	ne "Amount involved" column below should always organization. If the organization received less than ate the value of the goods, other assets, or service	fair market				
	no.	(b) Amount involved	Name of nonci	(c) haritable exempt organization	(d) Description of transfers, transactions, and sharing	arrangements				
			<u> </u>		<u> </u>					
				-						
—										
	in s	ection 501(c) of the Yes," complete the f	Code (other than s	section 501(c)(3)) or in section !	or more tax-exempt organizations described 527?	Yes 🗍 No				
	_	(a) Name of orga	anization	(b) Type of organization	(c) Description of relationship					
	<u>.</u>									
	_				<u> </u>					
	_									
	_									
	_									
	_		<u> </u>							
	_		 							
										

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c) (except black lung benefit trust or private foundation) of the internal Revenue Code or section 4947(a)(1) trust

1989, and ending

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year Note: You may be required to use a copy of this return to satisfy state reporting requirements. See instruction E. For the calendar year 1989, or fiscal year beginning

OMB No. 1545-1150 Expires 1-31-91

Use labe		EZ02		A Employer identification number (see instruction R2 EZO3		
	rwise, le	Address (number and street or P.O. box number)	·		n number(s) (see instruction £10	
or ty		City or town, state, and ZIP code		C if applyanting for		
		EZ09 EZ10 EZ	-	cneck nere ➤	exemption is pending.	
Che	k type	of organization—Exempt under section $\blacktriangleright \square 501(c)(11)$ (insert number), OR $\blacktriangleright \square$	section 494	17(a)(1) trust (See inst	ruction C7 and question 42.)	
.Ch	ck he	re 🖊 🗀 if your gross receipts are normally not more than \$25,000. You need r	not file a cor	moleted return with IR	S: but if you recovered a	
rui	טכב ווו	Fackage in the mail, you should file a return without financial data (see instru	ctions A4 ar	na B10). Some states	require a completed return	
Ent	er you	r 1989 gross receipts (add lines 5b, 6b, 7b, and 9)		. > s		
ar	100,0	Statement of Revenue, Expenses, and Changes in Net Asse				
	1	Contributions, gifts, grants, and similar amounts received (attach schi			1 EZ17	
	2	Program service revenue	eaul e - -se	e instructions) .	2 EZ18	
	3	Membership dues and assessments		· · · · · · · · · · · · · · · · · · ·	3 EZ19	
	4	Investment income			4 EZ20	
	5=	Gross amount from sale of assets other than inventory	5a	721	90000	
	Ь	Less: cost or other basis and sales expenses	5ь Г			
_	C	Gain or (loss) (attach schedule)			5c EZ23	
3	6	Special events and activities (attach schedule—see instructions):		• • • • •		
Kevenue		Gross revenue (not including \$ of contributions				
ž	_	reported on line 1)	62 6	Z24 1		
		Less: direct expenses		Z25		
	C	Net income (line 6a less line 6b).			6c EZ26	
	72	Net income (line 6a less line 6b)	7a E	727		
	b.	Less: cost of goods soid	7b E		E729	
i	C.	Gross profit or (loss)			7c	
	8	Other revenue (describe ▶		1	8 EZ30	
_	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		, ,	9 EZ31	
	10	Grants and similar amounts paid (attach schedule)				
i	11	Benefits paid to or for members			11 EZ33	
6	12	Salaries, other compensation, and employee benefits			12 EZ34	
Expenses	13	Professional fees and payments to other independent contractors			13 EZ35	
5	14	Occupancy, rent, utilities, and maintenance			14 EZ36	
- [15 .	Printing, publications, postage, and shipping.			15 EZ37	
	15	Other expenses (describe >		、	16 EZ38	
	17	Total expenses (add lines 10 through 16)		•	17 EZ39	
_	18	Excess or (deficit) for the year (line 9 less line 17)			18 EZ40	
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column	(A))			
		(must agree with end-of-year figure reported on prior year's return)			19 EZ41	
	20	Other changes in net assets or fund balances (attach explanation).			20 EZ42	
-	21	Net assets or fund balances at end of year (add lines 18 through 20)				
art	TI.	(must agree with line 27, column (B)) Balance Sheets—If Total assets on line 25, Column (B) are \$2	50.000	<u> </u>	21 EZ43	
(Form 990EZ.	250,000 d	or more, you must	file Form 990 instead of	
				(A) Beginning of ye	ar (B) End of year	
2 (Cash,	savings, and investments			221 EZ44	
3 !	and a	and buildings			231 EZ45	
		assets (describe ►)		241 EZ46	
_	_	assets		EZ47	25 EZ48	
		liabilities (describe ►)	EZ49	261 EZ50	
<u> </u>		ssets or fund balances (Column (B) must agree with line 21.) rk Reduction Act Notice, see page 1 of the separate instructions.	<u> </u>	F751	27! F752	

Preparer's Use Only Use Only Use Only	art III 🧢 S	tatement of Program Service Accompli	shments—(See instruc	tions.)		Expenses
(Grants 5) Other program service station schedule). (Grants 5) Other program service expenses (add lines 28 through 31). FIVE List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.) (A) Name and address (Si Trustees (List each one even if not compensated. See instructions.) (A) Name and address (Si Trustees (List each one even if not compensated. See instructions.) (A) Name and address (Si Trustees (List each one even if not compensated. See instructions.) (A) Name and address (Si Trustees (List each one even if not compensated. See instructions.) (A) Name and address (Si Trustees (List each one even if not compensated. See instructions.) (B) Commentation on the compensation of the seed of the see	scribe what wa	as achieved in carrying out your exempt purposes. Fully	describe the services provided, (4) organizations must also enti-	the number of persons ter the amount of grants	enetited, of I) organizations; potic
(Grants \$) Other grogram service scattach schedule) (Grants \$) Other grogram service scannes (add lines 28 through 31) (Grants \$) Total grogram service scannes (add lines 28 through 31) (Grants \$) (A) Name and address ((A) Compensation (Grants \$) (A) Name and address ((A) Compensation (Grants \$) (A) Name and address ((A) Compensation (Grants \$) (A) Name and address ((A) Compensation (Grants \$) (B) The and server ((A) Compensation (Grants \$) (A) Name and address ((A) Compensation (Grants \$) (A) Name and address ((A) Compensation (Grants \$) (B) The and server ((A) Compensation (Grants \$) (B) Compensation (Grants \$) (C) Compensation (Grants Grants				10 0(1161.3: 100/.0(1)	ers	
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(A) Name and address (B) Title and average hours per water (from the control of	Total pro	gram service expenses (add lines 28 through	31)			
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Other Information — 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instruction C1.) 3 Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity. 4 Were any changes made to the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes. 5 If the organization had income from business activities, such as those reported on lines 2, 5, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. 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? 16 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) 17 Enter amount of political expenditures, direct or indirect, as described in the instructions. If "Yes," attach a statement as described in the instructions. 18 Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year? 18 Did you borrow from or make any loans to any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If "Yes," attach the schedule specified in the instructions and enter the amount involved. Isability of the second of report of organizations.—Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities (see instructions). 2 Did the organizations.—Enter: 1 Telephone no. Experiment of the experiment of the experiment provide for discrimination against any person because of race, color, or religion? (See instructions). 1 Telephone no. Experi		(A) Name and address	hours per week	(if not paid.	to employee	account and oth
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NOT reported on Form 990-T. attach a statement explaining your reason for not reporting the income on Form 990-T. 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? If "Yes," attach a statement as described in the instructions 7a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 137a 177a	If "Yes	;" attach a conformed copy of the changes.			? (among others)), put
b If "Yes," have you filed a tax return on Form 990-T. Exempt Organization Business Income Tax Return, for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions 7a Enter amount of political expenditures, direct or indirect, as described in the instructions. Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year? Build you borrow from or make any loans to any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instructions and enter the amount involved. If "Yes," attach the schedule specified in the instru	NOT re	eported on Form 990-T, attach a statement exp	plaining your reason for no	it reporting the incor	ne on Form 990-	-1. Yaaaniina
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