

1989 OTA 990 Master File Record Element Specifications

c(3) Datafile

c(4-9) Datafile

Record Size = 2153 Characters

Record Size = 1877 Characters

Block Size = 2153 Characters

Block Size = 1877 Characters

Labels have been omitted.

Element No.	Element Name	Beginning			Data Type	Generated	
		Character c3	Char c(4-9)	Char Lngth		Sign	Entered Filled
E001	Record Number	1	(1)	4	N		G
E002	Name of Organization	5	(5)	35	A		E
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		E
E017	Part VII Question 80	87	(87)	1	A		E
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)	12	NR	+	
E031	Net Rental Expenses	220	(208)	12	NR	+/-	
E032	Other Investment Income	232	(220)	12	NR	+	
E033	Gross Amount From Sale of Assets	244	(232)	12	NR	+	
E034	Cost or Other Assets	256	(244)	12	NR	+	
E035	Gain (Loss)	268	(256)	12	NR	+/-	
E036	Gross Maint. From Sale of Assets	280	(268)	12	NR	+	
E037	Cost or Other Basis	292	(280)	12	NR	+	
E038	Gain (Loss)	304	(292)	12	NR	+/-	
E039	Total Gain (Loss)	316	(304)	12	NR	+/-	
E040	Gross Revenue of Fundraising	328	(316)	12	NR	+	
E041	Direct Expense	340	(328)	12	NR	+	
E042	Net Income	352	(340)	12	NR	+/-	
E043	Gross Sales	364	(352)	12	NR	+	
E044	Cost Of Goods Sold	376	(364)	12	NR	+	
E045	Gross Profit (Loss)	388	(376)	12	NR	+/-	
E046	Other Revenue	400	(388)	12	NR	+/-	
E047	Total Revenue	412	(400)	12	NR	+/-	
E048	Program Services	424	(412)	12	NR	+	
E049	Management And General	436	(424)	12	NR	+	
E050	Fund Raising	448	(436)	12	NR	+	

E051	Payments to Affiliates	460	(448)	12	NR	+	
E052	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	+	
E058	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 B	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 B	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
E077	Payroll Taxes-Column B	772	(760)	12	NR	+	
E078	Payroll Taxes-Column C	784	(772)	12	NR	+	
E079	Payroll Taxes-Column D	796	(784)	12	NR	+	
E080	Professional Fundraising Fees	808	(796)	12	NR	+	
E081	Accounting Fees-Column A	820	(808)	12	NR	+	G
E082	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	+	

E093	Telephone-Column A	964 (952)	12	NR	+	G
E094	Telephone-Column B	976 (964)	12	NR	+	
E095	Telephone-Column C	988 (976)	12	NR	+	
E096	Telephone-Column D	1000 (988)	12	NR	+	
E097	Postage and Shipping-Col. A	1012 (1000)	12	NR	+	
E098	Postage and Shipping-Col. B	1024 (1012)	12	NR	+	
E099	Postage and Shipping-Col. C	1036 (1024)	12	NR	+	
E100	Postage and Shipping-Col. D	1048 (1036)	12	NR	+	
E101	Occupancy-Column A	1060 (1048)	12	NR	+	G
E102	Occupancy-Column B	1072 (1060)	12	NR	+	
E103	Occupancy-Column C	1084 (1072)	12	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 Meetings-Column C	1276 (1264)	12	NR	+	
E120	Conferences, Conventions and Meetings-Column D	1288 (1276)	12	NR	+	
E121	Interest-Column A	1300 (1288)	12	NR	+	G
E122	Interest-Column B	1312 (1300)	12	NR	+	
E123	Interest-Column C	1324 (1312)	12	NR	+	
E124	Interest-Column D	1336 (1324)	12	NR	+	
E125	Depreciation, Depletion, Etc. Column A	1348 (1336)	12	NR	+	G
E126	Depreciation, Depletion, Etc. Column B	1360 (1348)	12	NR	+	
E127	Depreciation, Depletion, Etc. Column C	1372 (1360)	12	NR	+	
E128	Depreciation, Depletion, Etc. Column D	1384 (1372)	12	NR	+	
E149	Total Other Expenses - Column A (lines a-f)	1396 (1384)	12	NR	+	
E150	Total Other Expenses - Column B (lines a-f)	1408 (1396)	12	NR	+	
E151	Total Other Expenses - Column C (lines a-f)	1420 (1408)	12	NR	+	
E152	Total Other Expenses - Column D (lines a-f)	1432 (1420)	12	NR	+	

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)	12	NR	+	
E162	Savings	1504 (1492)	12	NR	+	
E163	Accounts Receivable	1516 (1504)	12	NR	+/-	
E164	Pledges Receivable	1528 (1516)	12	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 and Equipment	1636 (1624)	12	NR	+	
E174	Investments-Other	1648 (1636)	12	NR	+	
E175	Land, Building and Equip.	1660 (1648)	12	NR	+	
E176	Other Assets	1672 (1660)	12	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 Payable	1756 (1744)	12	NR	+	
E184	Other Liabilities	1768 (1756)	12	NR	+/-	
E185	Total Liabilities Col. A	1780 (1768)	12	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. Received Column A	1852	12	NR	+	
E199*	Gifts, Grants, and Contr. 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	1924	12	NR	+	

E205*	Gross Income Column E	1936	12	NR	+
E206*	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				
E233	Reserved				
E234	Reserved				
E235	Reserved				
E315	Reserved				
E400	Status Code	2104 (1828)	1	N	
E401	Accept Code	2105 (1829)	1	N	
E402	Reserved				
E403	Reserved				
E990	Block Number				
E996	Reserved				
E997	Sample Count	2106 (1830)	6	N	
E998	Population Count	2112 (1836)	6	N	
E999	Weight	2118 (1842)	6	N	
E1000	Filler				
E1001	Editor Code (left justified)	2124 (1848)	3	N	G
E1002	Error Res. Clerk (lft just.)	2127 (1851)	3	N	G
E1004	Date Last Modified	2130 (1854)	9	N	G
E1005	Return Year	2139 (1863)	2	N	
E1006	SCPL	2141 (1865)	10	N	
E1007	Generated Sample Code	2151 (1875)	2	N	G

- . 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

Record Size = 838 characters

Record Size = 562 characters

Block Size = 838 characters

Block Size = 562 characters

Labels have been omitted

Elmnt. No.	Element Name	Begin. Char.			Type	Generated
		Char.	Lngh.	Data		
		c3	c4-9			Must Enter 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	A	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	89	12	NR	+
EZ19	Dues and assessments	113	101	12	NR	+
EZ20	Investment income	125	113	12	NR	+/-
EZ21	Gross amount from sale of assets	137	125	12	NR	+
EZ22	Cost or other basis	149	137	12	NR	+
EZ23	Gain (loss)	161	149	12	NR	+/-
EZ24	Gross revenue of fundraising	173	161	12	NR	+
EZ25	Direct expense	185	173	12	NR	+
EZ26	Net income	197	185	12	NR	+/-
EZ27	Gross sales	209	197	12	NR	+
EZ28	Cost of goods sold	221	209	12	NR	+
EZ29	Gross profit (loss)	233	221	12	NR	+/-
EZ30	Other revenue	245	233	12	NR	+/-
EZ31	Total revenue	257	245	12	NR	+/-
EZ32	Grants paid	269	257	12	NR	+
EZ33	Benefits paid to members	281	269	12	NR	+
EZ34	Salaries and compensation	293	281	12	NR	+
EZ35	Professional fees	305	293	12	NR	+
EZ36	Occupancy, rent, utilities	317	305	12	NR	+
EZ37	Printing, publications	329	317	12	NR	+/-
EZ38	Other expenses	341	329	12	NR	+/-
EZ39	Total expenses	353	341	12	NR	+/-
EZ40	Excess (or deficit)	365	353	12	NR	+/-
EZ41	Fund balance, BOY	377	365	12	NR	+/-
EZ42	Other changes	389	377	12	NR	+/-
EZ43	Fund balance, EOY	401	389	12	NR	+/-
EZ44	Cash, savings, investments	413	401	12	NR	+
EZ45	Land and buildings	425	413	12	NR	+
EZ46	Other assets	437	425	12	NR	+
EZ47	Total assets, BOY	449	437	12	NR	+
EZ48	Total assets, EOY	461	449	12	NR	+
EZ49	Total liabilities, BOY	473	461	12	NR	+
EZ50	Total liabilities, EOY	485	473	12	NR	+/-
EZ51	Fund balance, BOY	497	485	12	NR	+/-
EZ52	Fund balance, EOY	509	497	12	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	+/-	
EZ204*	Gross income, Column A	605	12	NR	+	
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*	Other income, Column A	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	9	N		G
EZ1005	Return year	824 548	2	N		
EZ1006	SCPL	826 550	10	N		
EZ1007	Generated sample code	836 560	2	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 carriage return.

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

Department of the Treasury
Internal Revenue Service

(See separate instructions.)

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 1989, and ending **E007-3** 19**E007-1**

Use IRS label. Otherwise, please print or type.	Name of organization E002	A Employer identification number (see instruction S) E003
	Address (number and street) or P.O. box number	B State registration number (see instruction E)
	City or town, state, and ZIP code E009, E010	C If application for exemption is pending, check here <input type="checkbox"/>

D Check type of organization—Exempt under section 501(c) **E011** (insert number), OR section 4947(a)(1) trust (see instruction C7 and question 92.)

E Accounting method: Cash Accrual Other (specify)

F Is this a group return (see instruction Q) filed for affiliates? **E012** Yes No
If "Yes," enter the number of affiliates for which this return is filed
Is this a separate return filed by a group affiliate? **E013** Yes No

G If either answer in F is "Yes," enter four-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 if you received a Form 990 Package in the mail, you should file a return without financial data (see instruction A). Some states require a completed return.

Note: Form 990EZ is available for organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.
501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

Part I Statement of Revenue, Expenses and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Direct public support	1a	E021			
	b Indirect public support	1b	E022			
	c Government grants	1c	E023			
	d Total (add lines 1a through 1c) (attach schedule—see instructions)	1d	E024			
	2 Program service revenue (from Part VII, line 93)	2	E025			
	3 Membership dues and assessments	3	E026			
	4 Interest on savings and temporary cash investments	4	E027			
	5 Dividends and interest from securities	5	E028			
	6a Gross rents	6a	E029			
	b Less: rental expenses	6b	E030			
	c Net rental income (loss)	6c	E031			
7 Other investment income (describe <input type="checkbox"/>)	7	E032				
Revenue	8a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
		8a	E033	8a	E036	
		8b	E034	8b	E037	
		8c	E035	8c	E038	8d
Revenue	9 Special fundraising events and activities (attach schedule—see instructions):					
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	E040			
	b Less: direct expenses	9b	E041			
	c Net income (line 9a less line 9b)	9c	E042			
Revenue	10a Gross sales less returns and allowances	10a	E043			
	b Less: cost of goods sold	10b	E044			
	c Gross profit (loss) (attach schedule)	10c	E045			
	11 Other revenue (from Part VII, line 103)	11	E046			
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	E047			
Expenses	13 Program services (from line 44, column (B)) (see instructions)	13	E048			
	14 Management and general (from line 44, column (C)) (see instructions)	14	E049			
	15 Fundraising (from line 44, column (D)) (see instructions)	15	E050			
	16 Payments to affiliates (attach schedule—see instructions)	16	E051			
	17 Total expenses (add lines 16 and 44, column (A))	17	E052			
Net Assets	18 Excess (deficit) for the year (subtract line 17 from line 12)	18	E053			
	19 Net assets or fund balances at beginning of year (from line 74, column (A))	19	E054			
	20 Other changes in net assets or fund balances (attach explanation)	20	E055			
	21 Net assets or fund balances at end of year (add lines 18, 19, and 20)	21	E056			

Part IV Balance Sheets

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

Part V List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) 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 allowances
.....				
.....				
.....				
.....				
.....				
.....				

Part VI Other Information

	Yes	No
76 Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	76	
77 Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.	77	
78a Did your 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 At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.	78a 78b 78c	E015
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.	79	E016
80a Are you 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.) b If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.	80a	E017
81a Enter amount of political expenditures, direct or indirect, as described in the instructions. 81a	81a	
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	81b	
82a Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III 82b	82a 82b	
83a Did anyone request to see either your annual return or exemption application (or both)? b If "Yes," did you comply as described in the instructions? (See General Instruction L.)	83a 83b	
84a Did you solicit any contributions or gifts that were not tax deductible? b If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction N.)	84a 84b	
85a Section 501(c)(5) or (6) organizations.—Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c).) b If "Yes," enter the total amount spent for this purpose. 85b	85a 85b	
86 Section 501(c)(7) organizations.—Enter: a Initiation fees and capital contributions included on line 12. 86a b Gross receipts, included on line 12, for public use of club facilities (See instructions.) 86b 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.) 86c	86a 86b 86c	
87 Section 501(c)(12) organizations.—Enter amount of: a Gross income received from members or shareholders 87a b Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b	87a 87b	
88 Public interest law firms.—Attach information described in the instructions.		
89 List the states with which a copy of this return is filed ► _____		
90 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	90	
91 The books are in care of ► _____ Telephone no. ► _____ Located at ► _____		
92 Section 4947(a)(1) trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return.— Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. 92		

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
93 Program service revenue:					
(a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
(f) _____					
(g) Fees from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest on securities					
97 Net rental income (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income (loss) from personal property					
99 Other investment income					
100 Gain (loss) from sales of assets other than inventory					
101 Net income from special fundraising events					
102 Gross profit (loss) from sales of inventory					
103 Other revenue: (a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
104 Subtotal (add columns (b), (d), and (e))					
105 TOTAL (add line 104, columns (b), (d), and (e))					

(Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets

Please Sign Here

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.

Signature of officer _____ Date _____ Title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____
 Firm's name (or yours if self-employed) and address _____ ZIP code _____
 Check if self-employed

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

E019

The organization is not a private foundation because it is (please check only **ONE** applicable 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)(ii). 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)
	1988	1987	1986	1985	Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	E198				E199
16 Membership fees received	E200				E201
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's 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
5 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 1985 through 1988 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here

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:
 (1988) (1987) (1986) (1985)

b Attach a list showing, for 1985 through 1988, 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:
 (1988) (1987) (1986) (1985)

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1985 through 1988, 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	
		(1)	(2)
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?	E020	
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 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 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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
33	Do you discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance? (See instructions.)	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	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?	34a	
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.	34b	
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.)	35	

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 totals	(b) To be completed for ALL electing organizations
36 Total (grassroots) lobbying expenses to influence public opinion		
37 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—		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000		
The lobbying nontaxable amount is—		
20% of the amount on line 40.		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenses During 4-Year Averaging Period				
	(a) 1989	(b) 1988	(c) 1987	(d) 1986	(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))					
50 Grassroots lobbying expenses (see instructions)					

Form **990EZ**

Short Form Return of Organization Exempt From Income Tax

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

1989

Department of the Treasury
Internal Revenue Service

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

▶ 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 1989 and ending **EZ07 3** 19 **EZ07**

Use IRS label. Otherwise, please print or type.	Name of organization EZ02	A Employer identification number (see instruction R2) EZ03
	Address (number and street or P.O. box number)	B State registration number(s) (see instruction E10)
	City or town, state, and ZIP code EZ09 EZ10 EZ	C If application for exemption is pending, check here <input type="checkbox"/>

D Check type of organization—Exempt under section ▶ 501(c) (**11**) (insert number). OR ▶ section 4947(a)(1) trust (See instruction C7 and question 42.)

E Check here if your gross receipts are normally not more than \$25,000. You need not file a completed return with IRS, but if you received a Form 990 Package in the mail, you should file a return without financial data (see instructions A4 and B10). Some states require a completed return.

F Enter your 1989 gross receipts (add lines 5b, 6b, 7b, and 9) ▶ \$ _____
If \$100,000 or more, you must file Form 990 instead of Form 990EZ.

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received (attach schedule—see instructions)	1	EZ17	
	2 Program service revenue	2	EZ18	
	3 Membership dues and assessments	3	EZ19	
	4 Investment income	4	EZ20	
	5a Gross amount from sale of assets other than inventory	5a	EZ21	
	b Less: cost or other basis and sales expenses	5b	EZ22	
	c Gain or (loss) (attach schedule)	5c	EZ23	
	6 Special events and activities (attach schedule—see instructions):			
	a Gross revenue (not including \$_____ of contributions reported on line 1)	6a	EZ24	
b Less: direct expenses	6b	EZ25		
c Net income (line 6a less line 6b)	6c	EZ26		
7a Gross sales less returns and allowances	7a	EZ27		
b Less: cost of goods sold	7b	EZ28		
c Gross profit or (loss)	7c		EZ29	
8 Other revenue (describe ▶ _____)	8	EZ30		
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	EZ31		
Expenses	10 Grants and similar amounts paid (attach schedule)	10	EZ32	
	11 Benefits paid to or for members	11	EZ33	
	12 Salaries, other compensation, and employee benefits	12	EZ34	
	13 Professional fees and payments to other independent contractors	13	EZ35	
	14 Occupancy, rent, utilities, and maintenance	14	EZ36	
	15 Printing, publications, postage, and shipping	15	EZ37	
	16 Other expenses (describe ▶ _____)	16	EZ38	
	17 Total expenses (add lines 10 through 16)	17	EZ39	
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	EZ40	
	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) (must agree with line 27, column (B))	21	EZ43	

Part II Balance Sheets—If Total assets on line 25, Column (B) are \$250,000 or more, you must file Form 990 instead of Form 990EZ.

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			22	EZ44
23 Land and buildings			23	EZ45
24 Other assets (describe ▶ _____)			24	EZ46
25 Total assets		EZ47	25	EZ48
26 Total liabilities (describe ▶ _____)		EZ49	26	EZ50
27 Net assets or fund balances (Column (B) must agree with line 21)		EZ51	27	EZ52

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

Form 990EZ (1989)

Part III Statement of Program Service Accomplishments—(See instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided, the number of persons benefited, or other relevant information for each program title. Section 501(c)(3) and (4) organizations must also enter the amount of grants to others.

	Expenses
	Required for section 501(c)(3) and (4) organizations; optional for others
28	
	(Grants \$)
29	
	(Grants \$)
30	
	(Grants \$)
31 Other program services (attach schedule)	(Grants \$)
32 Total program service expenses (add lines 28 through 31)	

Part IV List of Officers, Directors, and Trustees (List each one even if not compensated. See instructions.)

(A) Name and address	(B) 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 allowances

Part V Other Information—501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instruction C1.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.		
34 Were any changes made to the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		
35 If the organization had income from business activities, such as those reported on lines 2, 6, 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?		E712
b If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year?		E713
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		
38a 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 . . . 38b		
39 Section 501(c)(7) organizations.—Enter:		
a Initiation fees and capital contributions included on line 9 . . . 39a		
b Gross receipts, included on line 9, for public use of club facilities (see instructions) . . . 39b		
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.)		
40 List the states with which a copy of this return is filed. ▶		
41 The books are in care of ▶ Telephone no. ▶ Located at ▶		
42 Section 4947(a)(1) trusts filing Form 990EZ in lieu of Form 1041, U.S. Fiduciary Income Tax Return.— Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 42		

Please Sign Here

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.

Signature of officer	Date	Title
Preparer's signature	Date	Check if self-employed
Firm's name (or yours if self-employed) and address	ZIP code	