

5 = church
6 = school
7 = Hospital

8 = Fed / State / Local Gov. Unit
9 = med Research Org w/ Hospital
10 = Org w/ College Univ. (public)

11 = org funded gov unit
from private pay

0344m

1985 OTA 990 Master File Record Element Specifications SOE2REC6

Record Size = ~~2190~~ Characters
Block Size = ~~8250~~ Characters

2199
2199

Labels Are Omitted

12 = org record unrelated from mem

13 = how 4th done

14 = public refly

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data Type	Type Sign	Form 990 Reference
1	E001	Record Number	1	4	N		Generated
2	E002	Name of Organization	5	35	A		top
3	E003	Employee Identification No.	40	9	N		top
4	E004	Document Locator Number	49	14	N		top
5	E005	Sample Code	63	2	N		editing
6	E006	Reject Code	65	1	N		editing
7	E007-1	Accounting Period (Yr)	68	2	N		top
8	E007-3	Accounting Period (Mo)	66	2	N		top
9	E009	State	70	2	A		top
10	E010	Zip Code	72	5	N		top
11	E011	Exemption	77	2	N		top
12	E012	Group	79	1	A		top
13	E013	Affiliates	80	1	A		top
14	E014	Group Exemption No.	81	4	N		top
15	E015	Part VII Question 78(B)	85	1	A		VII78
16	E016	Part VII Question 79	86	1	A		VII79
17	E017	Part VII Question 80	87	1	A		VII80
18	E018	Schedule-A EIN	88	9	N		A, top
19	E019	Schedule-A-Part IV-Status	97	2	N		A, IV
20	E020	Schedule-A-Part V-Line 29	99	1	A		A, V29
21	E021	Direct Public Support	100	12	NR	+	I1a
22	E022	Indirect Public Support	112	12	NR	+	I1b
23	E023	Government Grants	124	12	NR	+	I1c
24	E024	Total Contributions	136	12	NR	+	I1d
25	E025	Program Service Revenue	148	12	NR	+	I2
26	E026	Dues and Assessments	160	12	NR	+	I3
27	E027	Interest	172	12	NR	+	I4
28	E028	Dividends	184	12	NR	+	I5
29	E029	Gross Rents	196	12	NR	+	I6a
30	E030	Rental Expenses	208	12	NR	+	I6b
31	E031	Net Rental Expenses	220	12	NR	+/-	I6c
32	E032	Other Investment Income	232	12	NR	+	I7
33	E033	Gross Amount From Sale of Assets (Securities)	244	12	NR	+	I8a
34	E034	Cost or Other Assets (Sec.)	256	12	NR	+	I8b
35	E035	Gain (loss)(Securities)	268	12	NR	+/-	I8c
36	E036	Gross Maint. From Sale of Assets (Other)	280	12	NR	+	I8a
37	E037	Cost or Other Basis (Other)	292	12	NR	+	I8a
38	E038	Gain (loss) (Other)	304	12	NR	+/-	I8c
39	E039	Total Gain (Loss)	316	12	NR	+/-	I8c
40	E040	Gross Revenue of Fundraising	328	12	NR	+	I9a
41	E041	Direct Expense	340	12	NR	+	I9b
42	E042	Net Income	352	12	NR	+/-	I9c
43	E043	Gross Sales	364	12	NR	+	I10a
44	E044	Cost Of Goods Sold	376	12	NR	+	I10b
15	E045	Gross Profit (Loss)	388	12	NR	+/-	I10c
46	E046	Other Revenue	400	12	NR	+/-	I11

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data	Type Sign	Form 990 Reference
47	E047	Total Revenue	412	12	NR	+/-	II2
48	E048	Program Services	424	12	NR	+	II3
49	E049	Management And General	436	12	NR	+	II4
50	E050	Fundraising	448	12	NR	+	II5
51	E051	Payments to Affiliates	460	12	NR	+	II6
52	E052	Total Expenses	472	12	NR	+	II7
53	E053	Excess	484	12	NR	+/-	II8
54	E054	Fund Balance Beginning of Year	496	12	NR	+/-	II9
55	E055	Other Changes	508	12	NR	+/-	II20
56	E056	Fund Balance End of Year	520	12	NR	+/-	II21
57	E057	Grants and Allocations	532	12	NR	+	II22B
58	E058	Specific Assistance to Individuals	544	12	NR	+	II23B
59	E059	Benefits Paid	556	12	NR	+	II24B
60	E060	Compensation of Officers-Column A	568	12	NR	+	II25A
61	E061	Compensation of Officers-Column B	580	12	NR	+	II25B
62	E062	Compensation of Officers-Column C	592	12	NR	+	II25C
63	E063	Compensation of Officers-Column D	604	12	NR	+	II25D
64	E064	Other Salaries and Wages-Column A	616	12	NR	+	II26A
65	E065	Other Salaries and Wages-Column B	628	12	NR	+	II26B
66	E066	Other Salaries and Wages-Column C	640	12	NR	+	II26C
67	E067	Other Salaries and Wages-Column D	652	12	NR	+	II26D
68	E068	Pension Plan Contributions-Column A	664	12	NR	+	II27A
69	E069	Pension Plan Contributions-Column B	676	12	NR	+	II27B
70	E070	Pension Plan Contributions-Column C	688	12	NR	+	II27C
71	E071	Pension Plan Contributions-Column D	700	12	NR	+	II27D
72	E072	Other Employee Benefits-Column A	712	12	NR	+	II28A
73	E073	Other Employee Benefits-Column B	724	12	NR	+	II28B
74	E074	Other Employee Benefits-Column C	736	12	NR	+	II28C
75	E075	Other Employee Benefits-Column D	748	12	NR	+	II28D
76	E076	Payroll Taxes-Column A	760	12	NR	+	II29A
77	E077	Payroll Taxes-Column B	772	12	NR	+	II29B
78	E078	Payroll Taxes-Column C	784	12	NR	+	II29C

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data	Type Sign	Form 990 Reference
79	E079	Payroll Taxes-Column D	796	12	NR	+	II29D
80	E080	Professional Fundraising Fees	808	12	NR	+	II30D
81	E081	Accounting Fees-Column A	820	12	NR	+	II31A
82	E082	Accounting Fees-Column B	832	12	NR	+	II31B
83	E083	Accounting Fees-Column C	844	12	NR	+	II31C
84	E084	Accounting Fees-Column D	856	12	NR	+	II31D
85	E085	Legal Fees-Column A	868	12	NR	+	II32A
86	E086	Legal Fees-Column B	880	12	NR	+	II32B
87	E087	Legal Fees-Column C	892	12	NR	+	II32C
88	E088	Legal Fees-Column D	904	12	NR	+	II32D
89	E089	Supplies-Column A	916	12	NR	+	II33A
90	E090	Supplies-Column B	928	12	NR	+	II33B
91	E091	Supplies-Column C	940	12	NR	+	II33C
92	E092	Supplies-Column D	952	12	NR	+	II33D
93	E093	Telephone-Column A	964	12	NR	+	II34A
94	E094	Telephone-Column B	976	12	NR	+	II34B
95	E095	Telephone-Column C	988	12	NR	+	II34C
96	E096	Telephone-Column D	1000	12	NR	+	II34D
97	E097	Postage and Shipping-Col. A	1012	12	NR	+	II35A
98	E098	Postage and Shipping-Col. B	1024	12	NR	+	II35B
99	E099	Postage and Shipping-Col. C	1036	12	NR	+	II35C
100	E100	Postage and Shipping-Col. D	1048	12	NR	+	II35D
101	E101	Occupancy-Column A	1060	12	NR	+	II36A
102	E102	Occupancy-Column B	1072	12	NR	+	II36B
103	E103	Occupancy-Column C	1084	12	NR	+	II36C
104	E104	Occupancy-Column D	1096	12	NR	+	II36D
105	E105	Equipment Rental and Expenses Column A	1108	12	NR	+	II37A
106	E106	Equipment Rental and Expenses Column B	1120	12	NR	+	II37B
107	E107	Equipment Rental and Expenses Column C	1132	12	NR	+	II37C
108	E108	Equipment Rental and Expenses Column D	1144	12	NR	+	II37D
109	E109	Printing and Publications Column A	1156	12	NR	+	II38A
110	E110	Printing and Publications Column B	1168	12	NR	+	II38B
111	E111	Printing and Publications Column C	1180	12	NR	+	II38C
112	E112	Printing and Publications Column D	1192	12	NR	+	II38D
113	E113	Travel-Column A	1204	12	NR	+	II39A
114	E114	Travel-Column B	1216	12	NR	+	II39B
115	E115	Travel-Column C	1228	12	NR	+	II39C
116	E116	Travel-Column D	1240	12	NR	+	II39D
117	E117	Conferences, Conventions and Meetings-Column A	1252	12	NR	+	II40A
118	E118	Conferences, Conventions and Meetings-Column B	1264	12	NR	+	II40B

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data	Type Sign	Form 990 Reference
119	E119	Conferences, Conventions and Meetings-Column C	1276	12	NR	+	II40C
120	E120	Conferences, Conventions and Meetings-Column D	1288	12	NR	+	II40D
121	E121	Interest-Column A	1300	12	NR	+	II41A
122	E122	Interest-Column B	1312	12	NR	+	II41B
123	E123	Interest-Column C	1324	12	NR	+	II41C
124	E124	Interest-Column D	1336	12	NR	+	II41D
125	E125	Depreciation, Depletion, Etc. Column A	1348	12	NR	+	II42A
126	E126	Depreciation, Depletion, Etc. Column B	1360	12	NR	+	II42B
127	E127	Depreciation, Depletion, Etc. Column C	1372	12	NR	+	II42C
128	E128	Depreciation, Depletion, Etc. Column D	1384	12	NR	+	II42D
129	E149	Total Other Expenses - Column A (lines a-f)-	1396	12	NR	+	II43A
130	E150	Total Other Expenses - Column B (lines a-f)	1408	12	NR	+	II43B
131	E151	Total Other Expenses - Column C (lines a-f)	1420	12	NR	+	II43C
132	E152	Total Other Expenses - Column D (lines a-f)	1432	12	NR	+	II43D
133	E153	Total Functional Expenses-Column A	1444	12	NR	+	II44A
134	E154	Total Functional Expenses-Column B	1456	12	NR	+	II44B
135	E155	Total Functional Expenses-Column C	1468	12	NR	+	II44C
136	E156	Total Functional Expenses-Column D	1480	12	NR	+	II44D
137	E157	Fees From Government Agencies- Prog. Ser. Column	1492	12	NR	+	IVa
138	E158	Fees From Government Agencies- Other Rev. Column	1504	12	NR	+	IVa
139	E159	Total Program Service Revenue	1516	12	NR	+	IVf
140	E160	Total Other Revenue	1528	12	NR	+/-	IVg
141	E161	Cash	1540	12	NR	+	V45B
142	E162	Savings	1552	12	NR	+	V46B
143	E163	Accounts Receivable	1564	12	NR	+/-	V47B
144	E164	Pledges Receivable	1576	12	NR	+/-	V48B
145	E165	Grants Receivable	1588	12	NR	+	V49B
146	E166	Receivables Due From Offices Directors, Trustess	1600	12	NR	+	V50B
147	E167	Other Notes and Loans Receivables	1612	12	NR	+/-	V51B

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data	Type Sign	Form 990 Reference
148	E168	Inventories Column A	1624	12	NR	+	V52A
149	E169	Inventories Column B	1636	12	NR	+	V52B
150	E170	Prepaid Expenses	1648	12	NR	+	V53B
151	E171	Investments-Securities Column A	1660	12	NR	+	V54A
152	E172	Investments-Securities Column B	1672	12	NR	+	V54B
153	E173	Investments-Land, Buildings and Equipment	1684	12	NR	+	V55B
154	E174	Investments-Other	1696	12	NR	+	V56B
155	E175	Land, Building and Equipment	1708	12	NR	+	V57B
156	E176	Other Assets	1720	12	NR	+/-	V58B
157	E177	Total Assets-Column A	1732	12	NR	+	V59A
158	E178	Total Assets-Column B	1744	12	NR	+	V59B
159	E179	Accounts Payable	1756	12	NR	+	V60B
160	E180	Grants Payable	1768	12	NR	+	V61B
161	E181	Revenue Designated for Future Periods	1780	12	NR	+	V62B
162	E182	Loans From Officers, Directors, Trustees	1792	12	NR	+	V63B
163	E183	Mortgages and Other Notes Payable	1804	12	NR	+	V64B
164	E184	Other Liabilities	1816	12	NR	+/-	V65B
165	E185	Total Liabilities Col. A	1828	12	NR	+	V66A
166	E186	Total Liabilities Col. B	1840	12	NR	+	V66B
167	E194	Total Fund Balances or Net Worth Column A	1852	12	NR	+/-	V74A
168	E195	Total Fund Balances or Net Worth Column B	1864	12	NR	+/-	V74B
169	E196	Total Fund Balances	1876	12	NR	+/-	V75B
170	E197	Expenses Paid in Connection With Legislative Activities	1888	12	NR	+	A, IIII
171	E198	Gifts, Grants, and Contr. Received Column A	1900	12	NR	+	A, IV15a
172	E199	Gifts, Grants, and Contr. Received Column E	1912	12	NR	+	A, IV15e
173	E200	Membership Fees Received Column A	1924	12	NR	+	A, IV16a
174	E201	Membership Fees Received Column E	1936	12	NR	+	A, IV16e
175	E202	Gross Receipts-Column A	1948	12	NR	+	A, IV17a
176	E203	Gross Receipts-Column E	1960	12	NR	+	A, IV17e
177	E204	Gross Income Column A	1972	12	NR	+	A, IV18a
178	E205	Gross Income Column E	1984	12	NR	+	A, IV18e
179	E206	Net Income Column A	1996	12	NR	+/-	A, IV19a
180	E207	Net Income Column E	2008	12	NR	+/-	A, IV19e
181	E208	Tax Revenues Column A	2020	12	NR	+	A, IV20a
182	E209	Tax Revenues Column E	2032	12	NR	+	A, IV20e
183	E210	Value of Services or Facil. Furnished by Gov. Col. A	2044	12	NR	+	A, IV21a

Line No.	Element No.	Element Name	Begin Char.	Char. Length	Data	Type Sign	Form 990 Reference
184	E211	Value of Services or Facil. Furnished by Gov. Col. E	2056	12	NR	+	A,IV21e
185	E212	Other Income Column A	2068	12	NR	+	A,IV22a
186	E213	Other Income Column E	2080	12	NR	+	A,IV22e
187	E214	Total Column A	2092	12	NR	+	A,IV23a
188	E215	Total Column B	2104	12	NR	+	A,IV23e
189	E216	Line 24 Minus Line 18 Col. A	2116	12	NR	+	A,IV24a
190	E217	Line 24 Minus Line 18 Col. B	2128	12	NR	+	A,IV24e
191	E218	1% of Line 24	2140	12	NR	+	A,IV25a
192	E219	Reserved					
193	E220	Reserved					
194	E221	Reserved					
195	E222	Reserved					
196	E223	Reserved					
197	E224	Reserved					
198	E225	Reserved					
199	E226	Reserved					not on tape
200	E227	Reserved					
201	E218	Reserved					
202	E229	Reserved					
203	E230	Reserved					
204	E231	Reserved					
205	E232	Reserved					
206	E233	Reserved					
207	E234	Reserved					
208	E235	Reserved					
209	E315	Reserved					
210	E400	Status Code	2152	1	N		Generated
211	E401	Accept Code	2153	1	N		Generated
212	E402	Reserved					
213	E403	Reserved					
214	E990	Block Number					
215	E996	Reserved					
216	E997	Sample Count	2154	6	N		
217	E998	Population Count	2160	6	N		
218	E999	Weight	2166	6	N		
219	E1000	Filler					
220	E1001	Editor Code (left justified)	2172	3	N		Generated
221	E1002	Error Res. Clerk (left just.)	2175	3	N		Generated
222	E1004	Date Last Modified	2178	9	N		Generated
223	E1005	Return Year	2187	2	N		Generated
224	E1006	SCPL (not used for 1985)	2189	10	N		

Form 990 reference consists 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.

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

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

For the calendar year 1985, or fiscal year beginning 1985, 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 L) E003
	Address (number and street)	B State registration number (see instruction D)
	City or town, state, and ZIP code E009, E010	C If address changed, check here <input type="checkbox"/>

D Check type of organization—Exempt under section 501(c) (E01) (insert number), OR section 4947(a)(1) trust Check here if application for exemption is pending

E Accounting method Cash Accrual Other (specify)

F Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here (see instruction C10)

G Is this a group return (see instruction J) filed for affiliates? E012 Yes No If "Yes" to either, give four-digit group exemption number
Is this a separate return filed by a group affiliate? E013 Yes No (GEN) E014

- Check here if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS but should file a return without financial data if you were mailed a Form 990 Package (see instruction A). Some States may require a completed return.
- Check here if gross receipts are normally more than \$25,000 and line 12 is \$25,000 or less. Complete Parts I (except lines 13-15), III, IV, VI, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,000, complete the entire return.

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

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

Part II Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Expenses	22 Grants and allocations (attach schedule)		E057		
	23 Specific assistance to individuals		E058		
	24 Benefits paid to or for members		E059		
	25 Compensation of officers, directors, etc.	E060	E061	E063	E063
	26 Other salaries and wages	E064	E065	E066	E067
	27 Pension plan contributions	E068	E069	E070	E071
	28 Other employee benefits	E072	E073	E074	E075
	29 Payroll taxes	E076	E077	E078	E079
	30 Professional fundraising fees				
	31 Accounting fees	E081	E082	E083	E084
	32 Legal fees	E085	E086	E087	E088
	33 Supplies	E089	E090	E091	E092
	34 Telephone	E093	E094	E095	E096
	35 Postage and shipping	E097	E098	E099	E100
	36 Occupancy	E101	E102	E103	E104
	37 Equipment rental and maintenance	E105	E106	E107	E108
	38 Printing and publications	E109	E110	E111	E112
	39 Travel	E113	E114	E115	E116
	40 Conferences, conventions and meetings	E117	E118	E119	E120
	41 Interest	E121	E122	E123	E124
	42 Depreciation, depletion, etc. (attach schedule)	E125	E126	E127	E128
	43 Other expenses (itemize): a				
b					
c					
d					
e					
f		E149	E150	E151	E152
44 Total functional expenses (add lines 22 through 43)		E153	E154	E155	E156

Part III Statement of Program Services Rendered

List each program service title on lines a through d; for each, identify the service output(s) or product(s) and report the quantity provided. Enter the total expenses attributable to each program service and the amount of grants and allocations included in that total. (See instructions for Part III.)

Expenses (Optional for some organizations—see instructions)

a	.....	(Grants and allocations \$)	
b	.....	(Grants and allocations \$)	
c	.....	(Grants and allocations \$)	
d	.....	(Grants and allocations \$)	
e	Other program service activities (attach schedule)	(Grants and allocations \$)	
f	Total (add lines a through e) (should equal line 44, column (B))		

Part IV Program Service Revenue and Other Revenue (State Nature)		Program service revenue	Other revenue
a	Fees from government agencies	E157	E158
b	.....	
c	.....	
d	.....	
e	.....	
f	Total program service revenue (enter here and on line 2)	E159	
g	Total other revenue (enter here and on line 11)		E160

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

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

	(A) Beginning of year	(B) Total	End of year	
			(C) Unrestricted, Expendable	(D) Restricted Nonexpendable
Assets				
45		E161		
46		E162		
47		E163		
48		E164		
49		E165		
50		E166		
51		E167		
52	E168	E169		
53		E170		
54	E171	E172		
55		E173		
56		E174		
57		E175		
58		E176		
59	E177	E178		
Liabilities				
60		E179		
61		E180		
62		E181		
63		E182		
64		E183		
65		E184		
66	E185	E186		
Fund Balances or Net Worth				
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.				
67	a			
	b			
68				
69				
70				
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.				
71				
72				
73				
74	E194	E195		
75		E196		

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

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

Part VII Other Information

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

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

Please Sign Here

Signature of officer: _____ Date: _____ Title: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed) and address: _____ ZIP code: _____

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:

(1984) (1983) (1982) (1981)

- b Attach a list showing, for 1981 through 1984, 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:

(1984) (1983) (1982) (1981)

- 28 For an organization described in boxes 10, 11, or 12, page 2, that received any unusual grants during 1981 through 1984, 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?		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Have you publicized your racially nondiscriminatory policy by newspaper or broadcast media during the period of solicitation for students or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Do you maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by you or on your behalf to solicit contributions? If you answered "No," to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Do you discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance (see instructions)?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extra-curricular activities? If you answered "Yes," to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Do you receive any financial aid or assistance from a governmental agency?		
b Has your right to such aid ever been revoked or suspended? If you answered "Yes," to either 34a or b, please explain using an attached separate statement		
35 Do you certify that you have complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75 50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation (see instructions for Part V)		

Part VI Lobbying Expenditures By Public Charities (See instructions)
(To be completed ONLY by an eligible organization that filed Form 5768.)

Check here **a** If the organization belongs to an affiliated group (see instructions).
 Check here **b** If you checked a and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses

(a) Affiliated group totals (b) To be completed by 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—

<p>If the amount on line 40 is—</p> <p>Not over \$500,000</p> <p>Over \$500,000 but not over \$1,000,000</p> <p>Over \$1,000,000 but not over \$1,500,000</p> <p>Over \$1,500,000</p>	<p>The lobbying nontaxable amount is—</p> <p>20% of the amount on line 40</p> <p>\$100,000 plus 15% of the excess over \$500,000</p> <p>\$1,750,000 plus 10% of the excess over \$1,000,000</p> <p>\$225,000 plus 5% of the excess over \$1,500,000</p>
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42 Grassroots nontaxable amount (enter 25% of line 41) _____
 (Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)

43 Excess of line 36 over line 42 _____

44 Excess of line 38 over line 41 _____

4-Year Averaging Period Under Section 501(h).

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45-50 for details.)

Lobbying Expenses During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a) 1985	(b) 1984	(c) 1983	(d) 1982	(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)					