## **SCHEDULE A** (Form 990)

Name

## Organization Exempt Under 501(c)(3)

(Except Private Foundation), 501(e), 501(f), 501(k), or Section 4947(a)(1) Charitable Trust Supplementary Information

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 (or Form 990EZ).

Pai	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Truste (See specific instructions.) (List each one. If there are none, enter "None.")							
(a) N	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	accou	Expension and observed Expension Exp	other	
Tota \$30,	I number of other employees paid over 000							
Par	Compensation of the Five Higher (See specific instructions.) (List ea					<u> </u>	<u> </u>	
	(a) Name and address of persons paid more		(b) Type of service			(c) Compensation		
	I number of others receiving over \$30,000 for essional services ▶							
Par	rt III Statements About Activities					Yes	No	
1	During the year, have you attempted to influer influence public opinion on a legislative matter		legislation, includi		1			
	If "Yes," enter the total expenses paid or incurred							
	Organizations that made an election under section	ion 501(h) by filing Form 576	8 must complete F					
	organizations checking "Yes," attach a stateme either complete Part VI-B or attach a classified			tive activities AND				
2	During the year, have you, either directly or indirectly o	•		a trustee, director.				
_	principal officer, or creator of your organization, is affiliated as an officer, director, trustee, majo	or any taxable organization of	or corporation with					
а		· · · · · · · · · · · · ·	_		2a	<i>N</i> //////	(///////	
b	Lending of money or other extension of credit?				2b		<u> </u>	
C	Furnishing of goods, services, or facilities? .			2c		-		
d e	Payment of compensation (or payment or reimble Transfer of any part of your income or assets?				2d 2e		<del>                                     </del>	
e	If the answer to any question is "Yes," attach a							
3	Do you make grants for scholarships, fellowship	ps, student loans, etc.?			3		 ////////	
4	Attach a statement explaining how you determine you in furtherance of your charitable programs	zations receiving gr . (See specific inst	rants or loans from ructions.)					

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Pai	rt IV Reason for Non-Private Founda	ition Status (S	See instruction	ns for definition	าร.)	
The	organization is not a private foundation because	it is (please chec	k only <b>ONE</b> app	plicable box):		
5	☐ A church, convention of churches, or associ	iation of churche	s. Section 170(b	o)(1)(A)(i).		
6	☐ A school. Section 170(b)(1)(A)(ii). (Also comp	olete Part V, page	e 3.)			
7	☐ A hospital or a cooperative hospital service	organization. Sec	ction 170(b)(1)(A	)(iii).		
8	☐ A Federal, state, or local government or go	vernmental unit. S	Section 170(b)(1)	)(A)(v).		
9	A medical research organization operated in	n conjunction with	n a hospital. Sec	ction 170(b)(1)(A)(	iii). Enter name,	city, and state of
10	hospital ►  An organization operated for the benefit of a (Also complete Support Schedule.)	college or universi	ity owned or ope	rated by a goverr	nmental unit. Sect	ion 170(b)(1)(A)(iv)
11a	☐ An organization that normally receives a s Section 170(b)(1)(A)(vi). (Also complete Supp		its support fro	m a government	al unit or from t	he general public
11b	☐ A community trust. Section 170(b)(1)(A)(vi).		upport Schedule	e.)		
12	☐ An organization that normally receives: (a) r	· · · · · · · · · · · · · · · · · · ·	• •		ent income and ι	unrelated business
	taxable income (less section 511 tax) from I					
	its support from contributions, membership f				charitable, etc., t	functions—subject
	to certain exceptions. See section 509(a)(2)	. (Also complete :	Support Schedu	ıle.)		
13	An organization that is not controlled by an					
	described in: <b>(1)</b> boxes 5 through 12 abov section 509(a)(3).	e; or (2) section	501(C)(4), (5), Or	(6), if they mee	t the test of sec	tion 509(a)(2). See
Prov	ide the following information about the supporte	d organizations. (	See instructions	for Part IV, box	13.)	
	· · · · · · · · · · · · · · · · · · ·	-		, , , , , , , , , , , , , , , , , , , ,		(b) Box number
	(a) Name(s) o	of supported orga	inization(s)			from above
14	☐ An organization organized and operated to	test for public sa	fety. Section 50	9(a)(4). (See spec	cific instructions.)	<u> </u>
	Support Schedule (Complete only if yo	ou checked box 1	0, 11, or 12 abo	ove.) Use cash m	ethod of accoun	ting.
	Calendar year (or fiscal	(a)	(b)	(c)	(d)	(e)
	year beginning in) . ▶	1990	1989	1988	1987	Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16	Membership fees received					
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					
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					
19	Net income from unrelated business					
20	activities not included in line 18					
20	Tax revenues levied for your benefit and					
21	either paid to you or expended on your behalf The value of services or facilities furnished to					
۷.	you by a governmental unit without charge. Do					
	not include the value of services or facilities					
22	generally furnished to the public without charge					
22	Other income. Attach schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					+
23 24	Line 23 minus line 17					
24 25	Enter 1% of line 23				1	
25 26	Organizations described in box 10 or 11:			1	1	<u> </u>
20 a	Enter 2% of amount in column (e), line 24.					
b	Attach a list (not open to public inspection) sho	wing the name o	f and amount c	ontributed by eac	ch person (other	
	than a governmental unit or publicly supported the amount shown in line 26a. Enter the sum o	l organization) wh	nose total gifts f	or 1987 through	1990 exceeded	
	the amount shown in line 20a. Enter the sum o	Continued of			<u> •</u>	1
		(Continued b	n page 3)			

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

27 a	Organizations described in box 12, page 2:  Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each "disqualified person," and enter the sum of such amounts for each year:	:h year fror	n, each
	(1990) (1989) (1988) (1987)		
b	Attach a list showing, for 1987 through 1990, the name and amount included in line 17 for each person (other persons") from whom the organization received more during that year than the larger of: (1) the amount on line 2 (2) \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these exeach year:	25 for the y	year; or
28	(1990)		
20	(not open to public inspection) for each year showing the name of the contributor, the date and amount of the description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)		
Par	Private School Questionnaire (To be completed ONLY by schools that checked box 6 in Part IV)		
	(10 be completed often by sensors that encored box of in rain (17)		
29	Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other	Yes	s No
	governing instrument, or in a resolution of your governing body?	29	
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?	30	
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?	31	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Do you maintain the following:		
а	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	
С	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?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 a	Do you discriminate by race in any way with respect to:  Students' rights or privileges?	33a	//X//////
b	Admissions policies?	33b	
С	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance? (See instructions.).	33d	
е	Educational policies?	33e	
f	Use of facilities?	33f 33g	
g h	Athletic programs?	33h	
"	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
24	Do not granting and financial aid as acide to financial aid acide to	34a	
	Do you receive any financial aid or assistance from a governmental agency?	34a 34b	
D	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.)	35	

		Lobbying Expenses During 4-Year Averaging Period				
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 1991	<b>(b)</b> 1990	<b>(c)</b> 1989	<b>(d)</b> 1988	<b>(e)</b> 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)					
Pa	rt VI-B Lobbying Activity by Nonelec	cting Public Cl	narities			

During the year, did you attempt to influence national, state or local legislation, including any attempt to Yes No Amount influence public opinion on a legislative matter or referendum, through the use of: а b Paid staff or management (include compensation in expenses reported on lines c through h) С d Mailings to members, legislators, or the public . Publications or published or broadcast statements е Direct contact with legislators, their staffs, government officials, or a legislative body. g Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means h If "Yes" to any of the above, also attach a statement giving a detailed description of the activities.

(For **optional** reporting by organizations that did not complete Part VI-A.)

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Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exempt Or	ganizations				
51					following with any other organization describ on 527, relating to political organizations?	ed in s	ectior
а	Trar	nsfers from the rep	orting organization	to a noncharitable exempt orga	nization of:	Yes	No
	(i)	Cash			<u>51a(i</u>	)	
	(ii)						
b	Oth	er Transactions:					
	(i)	Sales of assets to	a noncharitable ex	kempt organization			
	(ii)	Purchases of asse	ets from a nonchari	itable exempt organization			
	(iii)	Rental of facilities	or equipment		b(iii)		
	(iv)	Reimbursement a	rrangements		b(iv)		
	(v)	Loans or loan gua	arantees		<u>b(v)</u>		
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations	b(vi)		
С		-			loyees <u>c</u>		
d					The "Amount involved" column below should alw		
	the i	fair market value of	the goods, other ass	sets, or services given by the repo	orting organization. If the organization received le the value of the goods, other assets, or service	ss than	fair
			isaction of sharing a			S recen	reu.
	a)	<b>(b)</b> Amount involved	Name of none	(c)	(d)	rrangom	onte
Line	HO.	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transactions, and sharing a	rrangem	ents
	des	cribed in section 50 'es," complete the		other than section 501(c)(3)) or i		es 🗆	] No
		(a)  Name of organization		<b>(b)</b> Type of organization	(c) Description of relationship		