SCHEDULE A (Form 990)

Organization Exempt Under 501(c)(3)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 (or Form 990EZ).

Employer identification number Name Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See specific instructions.) (List each one. If there are none, enter "None.") (e) Expense account (b) Title and average (d) Contributions to (c) Compensation employee and other (a) Name and address of employees paid more than \$30,000 hours per week devoted to position benefit plans allowances Total number of other employees paid over Part II Compensation of the Five Highest Paid Persons for Professional Services (See specific instructions.) (List each one. If there are none, enter "None.") (b) Type of service (c) Compensation (a) Name and address of persons paid more than \$30,000 Total number of others receiving over \$30,000 for Yes Part III Statements About Activities During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. \$ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred. 2 During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: **b** Lending of money or other extension of credit? . 2c c Furnishing of goods, services, or facilities? 2d d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . If the answer to any question is "Yes," attach a detailed statement explaining the transactions. 3 Do you make grants for scholarships, fellowships, student loans, etc.? Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)

	art IV Reason for Non-Private Four		·					
The	The organization is not a private foundation because it is (please check only ONE applicable box):							
5	A church, convention of churches,	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).						
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)						
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).						
8								
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name, city, and state						
		of hospital						
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Se 170(b)(1)(A)(iv). (Also complete Support Schedule.)							
11:	An organization that normally receives a substantial part of its support from a governmental unit or from the g Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)					ne general public.		
11	b A community trust. Section 170(b)	(1)(A)(vi). (Also c	omplete Support So	chedule.)				
12								
13	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).							
Pro	ovide the following information about the su	upported organiza	tions. (See instruct	ions for Part IV, bo	x 13.)			
(a) Name(s) of supported organization(s)						(b) Box number from above		
14								
	Support Schedule (Complete				T			
	Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)		
		1989	1988	1987	1986	Total		
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)							
16	Membership fees received							
	Gross receipts from admissions, mer-			,				
	chandise 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 activities not included in line 18							
20	Tax revenues levied for your benefit and either paid to you or expended on your behalf							
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.							
22	Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets							
	Total of lines 15 through 22							
	Line 23 minus line 17							
25	Enter 1% of line 23							
26	Organizations described in box 10 or 11: a Enter 2% of amount in column (e), lin b Attach a list (not open to public insp (other than a governmental unit or pu exceeded the amount shown in line 26	ection) showing ublicly supported	organization) whos	e total gifts for 19	86 through 1989			

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 ea each "disqualified person," and enter the sum of such amounts for each year:	ch yea	r fron	n,		
	(1989) (1988) (1987) (1986)		. .			
b	Attach a list showing, for 1986 through 1989, the name and amount included in line 17 for each person (other than "disqualifie persons") from whom the organization received more during that year than the larger of: (1) the amount on line 25 for the year or (2) \$5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:					
	(1989) (1988) (1987) (1986)					
28	For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1986 through 1989, 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.)					
Par	TV Private School Questionnaire (To be completed ONLY by schools that checked box 6 in Part IV)					
	(10 be completed 01121 by someon mat oncome box o m.1 are 17)		Yes	No		
29	Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other		(1)	(2)		
	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:					
	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?	32d	,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,		
	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:	33a		<i>\\\\\\\\</i>		
a	Students' rights or privileges?	33b				
b	Admissions policies?	33c		<u> </u>		
C	Employment of faculty or administrative staff?	33d				
d	Scholarships or other financial assistance? (See instructions.)	33e				
e	Educational policies?	33f				
T	Use of facilities?	33g				
g	Athletic programs?	33h				
h	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?	34b				
	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				

Part VI Lobbying Expenditures by P (To be completed ONLY by a	ublic Charities (In eligible organ	see instructions) ization that filed	l Form 5768)		
Check here ▶ a ☐ If the organization be	ongs to an affiliate	d group (see instru	ctions).		
Check here ▶ b ☐ If you checked a and Limits on	e instructions).	(a) Affiliated group totals	(b) To be completed for AL electing organizations		
 37 Total lobbying expenses to influence a le 38 Total lobbying expenses (add lines 36 and 39 Other exempt purpose expenses (see Padd Total exempt purpose expenses (add lined 41 Lobbying nontaxable amount. Enter the sunder the following table— If the amount on line 40 is— Not over \$500,000 	Influence public opinion				
Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000	\$175,000 plus 10% of \$225,000 plus 5% of 6% of line 41)	the excess over \$1,000 the excess over \$1,500 	0,000		
44 Excess of line 38 over line 41			44		
(Some organizations that r	nade a section 501	Period Under So. (h) election do not actions for lines 45-	have to complete a	l of the five colum	ns
		Lobbying Expen	ses During 4-Year	Averaging Period	
Calendar year (or fiscal year beginning in) ▶	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(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).					

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Par	t VII	Information Re Organizations	garding Transfe	rs To and Transactions an	d Relationships With Noncharitable	Exempt		
51	desc	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?						
а	Transfers from the reporting organization to a noncharitable exempt organization				nization of:	51a(i)		
		Cash						
	٠,	(ii) Other assets						
b		Other Transactions: (i) Sales of assets to a noncharitable exempt organization						
	٠, .					b(i) b(ii)		
	٠,			able exempt organization		b(iii)		
						b(iv)		
			-			b(v)		
						b(vi)		
C	Sha	ring of facilities, equ	uipment, mailing lis	ts or other assets, or paid emp	oyees	С		
d	fair	market value of the s	roods other assets	or services given by the reporting	The "Amount involved" column below should g organization. If the organization received cate the value of the goods, other assets, or	less than fair	r market	
(a Line		no. (b) (c) Name of noncharitable exempt organization Description or		(d) Description of transfers, transactions, and sharing arrangement				
					74			
	-							
				MANAGE				
	des	cribed in section 50 (es," complete the f	1(c) of the Code (of ollowing schedule.	ther than section 501(c)(3)) or	one or more tax-exempt organizations in section 527?		□ No	
	(a) Name of organization		(b) Type of organization	(c) Description of relations	nip			