

# Return of Organization Exempt From Income Tax

**1993**

Department of the Treasury  
Internal Revenue Service

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

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

This Form is Open to Public Inspection

**A** For the 1993 calendar year, OR tax year period beginning 1993, and ending 1993

<b>B</b> Check if: <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change of address	<b>C</b> Name of organization INTERNET MULTICASTING SERVICE, INC.		<b>D</b> Employer identification number 52-1827912
	Please use IRS label or print or type. Number and street (or P.O. box if mail is not delivered to street address)		<b>E</b> State registration number 3892324
	Room/suite THE NATIONAL PRESS BUILDING 1155		<b>F</b> Check <input type="checkbox"/> if exemption application is pending
	City, town, or post office, state, and ZIP code WASHINGTON, DC 20045		

**G** Type of organization—Exempt under  501(c) ( 3 ) (insert number) OR  section 4947(a)(1) nonexempt charitable trust  
 Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

**H(a)** Is this a group return filed for affiliates?  Yes  No

**(b)** If "Yes," enter the number of affiliates for which this return is filed: \_\_\_\_\_

**(c)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** If either box in H is checked "Yes," enter four-digit group exemption number (GEN) \_\_\_\_\_

**J** Accounting method:  Cash  Accrual

Other (specify) \_\_\_\_\_

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	1a	316,550.	
	<b>b</b> Indirect public support	1b		
	<b>c</b> Government contributions (grants)	1c		
	<b>d</b> Total (add lines 1a through 1c) (attach schedule)		STMT 2	
	(cash \$ 311,750. noncash \$ 4,800.)	1d		316,550.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	<b>3</b> Membership dues and assessments	3		
	<b>4</b> Interest on savings and temporary cash investments	4		
	<b>5</b> Dividends and interest from securities	5		
	<b>6 a</b> Gross rents			
	<b>b</b> Less: rental expenses	6b		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b> Other investment income (describe) _____	7			
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
	Less: cost or other basis and sales expenses	8c		
	Gain or (loss) (attach schedule)	8d		
<b>9</b> Special events and activities (attach schedule):				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
<b>b</b> Less: direct expenses other than fundraising expenses				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a			
	<b>b</b> Less: cost of goods sold	10b		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		316,550.	
Expenses	<b>13</b> Program services (from line 44, column (B))	13		147,260.
	<b>14</b> Management and general (from line 44, column (C))	14		47,732.
	<b>15</b> Fundraising (from line 44, column (D))	15		
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	17		194,992.
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18		121,558.
	<b>19</b> Net assets or fund balances at beginning of year (from line 74, column (A))	19		
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			0
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			

5430 For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
23 Specific assistance to individuals	23			
24 Benefits paid to or for members				
25 Compensation of officers, directors, etc.	25 22,000.	18,800.	3,200.	0.
26 Other salaries and wages	26 13,000.	11,200.	1,800.	
27 Pension plan contributions	27			
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees	32 1,678.	1,000.	678.	
33 Supplies	33 11,336.	10,189.	1,147.	
34 Telephone	34 5,652.	3,850.	1,802.	
35 Postage and shipping	35 5,892.	5,000.	892.	
36 Occupancy	36 13,796.	10,000.	3,796.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 6,268.	6,268.		
39 Travel	39 29,239.	29,239.		
40 Conferences, conventions, and meetings	40			
41 Interest	41 2,303.		2,303.	
42 Depreciation, depletion, etc. (att. sch.)	42 10,237.		10,237.	
43 Other expenses (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 3	43e 73,591.	51,714.	21,877.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 194,992.	147,260.	47,732.	0.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

Describe what was achieved in carrying out the organization's 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 and section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

a ORIGINAL AUDIO PROGRAMMING - PRODUCED SPECIFICALLY FOR THE NEEDS OF PC USERS ON THE GLOBAL COMPUTER NETWORK	(Grants and allocations \$)	36,815.
b GATEWAY TO RADIO PROGRAMMING - REDISSEMINATION OF PROGRAMS FROM DIVERSE SOURCES ONTO THE GLOBAL COMPUTER NETWORK	(Grants and allocations \$)	22,090.
c GOVERNMENT DATABASES - MAINTENANCE AND DISSEMINATION OF DATABASES FROM THE SEC, GSA, PATENT OFFICE, FED RESERVE	(Grants and allocations \$)	51,540.
d COMPUTER SCIENCE AND ENGINEERING RESEARCH - DIVERSE PROJECT TARGETING INFRASTRUCTURE DEVELOPMENT OF THE GLOBAL NETWORK	(Grants and allocations \$)	36,815.
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total (add lines a through e) (should equal line 44, column (B), Program services)		147,260.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>			
45	Cash - non-interest-bearing	45	54,883.
46	Savings and temporary cash investments	46	
47 a	Accounts receivable	47a	
b	Less: allowance for doubtful accounts	47b	47c
48 a	Pledges receivable	48a	
b	Less: allowance for doubtful accounts	48b	48c
49	Grants receivable	49	
50	Receivables due from officers, directors, trustees, and key employees (attach schedule) <b>STATEMENT 4</b>	50	2,552.
51 a	Other notes and loans receivable		
b	Less: allowance for doubtful accounts	51b	51c
52	Inventories for sale or use		
53	Prepaid expenses and deferred charges	53	
54	Investments - securities (attach schedule)	54	
55 a	Investments - land, buildings, and equipment: basis	55a	
b	Less: accumulated depreciation (attach schedule)	55b	55c
56	Investments - other (attach schedule)	56	
57 a	Land, buildings, and equipment: basis	57a	
b	Less: accumulated depreciation	57b	57c
58	Other assets (describe ▶)	58	
59	<b>Total assets (add lines 45 through 58) (must equal line 75)</b>	0.	149,558.
<b>Liabilities</b>			
60	Accounts payable and accrued expenses		
61	Grants payable		
62	Support and revenue designated for future periods		
63	Loans from officers, directors, trustees, and key employees		
64 a	Tax-exempt bond liabilities (attach schedule)		
b	Mortgages and other notes payable (attach schedule)		
65	Other liabilities (describe ▶) <b>SEE STATEMENT 5</b>	65	28,000.
66	<b>Total liabilities (add lines 60 through 65)</b>	0.	28,000.
<b>Fund Balances or Net Assets</b>			
Organizations that use fund accounting, check here <input checked="" type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.			
67 a	Current unrestricted fund	0.	67a 121,558.
b	Current restricted fund	0.	67b
68	Land, buildings, and equipment fund	0.	68 0
69	Endowment fund	0.	69 0
70	Other funds (describe ▶)	0.	70 0.
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	<b>Total fund balances or net assets (add lines 67a through 70 OR lines 71 through 73; column (A) must equal line 19 and column (B) must equal line 21)</b>	74	121,558.
75	<b>Total liabilities and fund balances/net assets (add lines 66 and 74)</b>	0.	75

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes the organization's programs and accomplishments.



**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6				

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule (see instructions).

**Part VI Other Information**

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? N/A	<input type="checkbox"/>	<input type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement; see instructions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80 a 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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 the amount of political expenditures, direct or indirect, as described in the instructions 81a   0.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
83 Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.) N/A	<input type="checkbox"/>	<input type="checkbox"/>
85 Section 501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members? N/A	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to either 85a or 85b, do not complete 85c through 85h below.		
c Dues, assessments, and similar amounts from members for January 1994 and later 85c   N/A	<input type="checkbox"/>	<input type="checkbox"/>
d Section 162(e) lobbying and political expenditures after December 1993 85d   N/A	<input type="checkbox"/>	<input type="checkbox"/>
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e   N/A	<input type="checkbox"/>	<input type="checkbox"/>
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f   N/A	<input type="checkbox"/>	<input type="checkbox"/>
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	<input type="checkbox"/>	<input type="checkbox"/>
h Does the organization elect to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	<input type="checkbox"/>	<input type="checkbox"/>
86 Section 501(c)(7) organizations. - Enter:		
a Initiation fees and capital contributions included on line 12 86a   N/A	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 12, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
87 a Section 501(c)(12) organizations. - Enter: Gross income from members or shareholders 87a   N/A	<input type="checkbox"/>	<input type="checkbox"/>
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b   N/A	<input type="checkbox"/>	<input type="checkbox"/>
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89 Public interest law firms. - Attach information described in the instructions.	<input type="checkbox"/>	<input type="checkbox"/>
90 List the states with which a copy of this return is filed DISTRICT OF COLUMBIA	<input type="checkbox"/>	<input type="checkbox"/>
91 The books are in care of THE ORGANIZATION Telephone no. (202) 628-2044 Located at THE NATIONAL PRESS BUILDING, WASHINGTON DC ZIP Code 20045	<input type="checkbox"/>	<input type="checkbox"/>
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041, U.S. Fiduciary Income Tax Return, should check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92   N/A	<input type="checkbox"/>	<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sections 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
(a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
(f) _____					
(g) Fees and contracts from government agencies _____					
<b>94</b> Membership dues and assessments _____					
<b>95</b> Interest on savings and temporary cash investments _____					
<b>96</b> Dividends and interest from securities _____					
<b>97</b> Net rental income or (loss) from real estate:					
(a) debt-financed property _____					
(b) not debt-financed property _____					
<b>98</b> Net rental income or (loss) from personal property _____					
<b>99</b> Other investment income _____					
<b>100</b> Gain or (loss) from sales of assets other than inventory _____					
<b>101</b> Net income or (loss) from special events _____					
<b>102</b> Gross profit or (loss) from sales of inventory _____					
<b>103</b> Other revenue:					
(a) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		0.	0.
<b>105</b> TOTAL (add line 104, columns (B), (D), and (E))					0.

Note: (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 how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

1	

**Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)**

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

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 signature \_\_\_\_\_ Date **JUL 13 1994** Check if self-employed  Preparer's social security no. \_\_\_\_\_

Preparer's Use Only Firm's name (or yours if self-employed) and address **LANG + ASSOCIATES, P.A.  
7101 WISCONSIN AVENUE, SUITE 900  
BETHESDA, MD** E.I. No. \_\_\_\_\_ ZIP code **20814-4805**

**Organization Exempt Under 501(c)(3)**  
(Except Private Foundation, and Section 501(a), 501(f), 501(k), or Section 4947(a)(1)  
Nonexempt Charitable Trust  
Supplementary Information

**1993**

Department of the Treasury  
Internal Revenue Service

▶ Must be completed by the above organizations and attached to their Form 990 (or Form 990EZ).

Name **INTERNET MULTICASTING SERVICE, INC.** Employer identification number **52-1827912**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employees paid more than \$30,000	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$30,000 ▶	0			

**Part II Compensation of the Five Highest Paid Persons for Professional Services**  
(See instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than \$30,000	(b) Type of service	(c) Compensation
NONE PAID MORE THAN \$30,000		
Total number of others receiving over \$30,000 for professional services ▶	0	

**Part III Statement About Activities**

	Yes	No
<b>1</b> During the year, has the organization 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 lobbying activities. \$ _____ Organizations that made an election under section 501(b) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, or creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: <b>a</b> Sale, exchange, or leasing of property? <b>b</b> Lending of money or other extension of credit? <b>c</b> Furnishing of goods, services, or facilities? <b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2a 2b 2c 2d 2e	X X X X X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
<b>4</b> Attach a statement explaining how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		



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

The organization is not a private foundation because it is (please check only ONE applicable box):

- 5  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  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iv).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v). (Also complete the Support Schedule below.)
- 11a  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 the Support Schedule below.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule below.)
- 12  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 the Support Schedule below.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 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, line 13.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Support Schedule** (Complete only if you checked boxes on lines 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1992	(b) 1991	(c) 1990	(d) 1989	(e) 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 activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization 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 a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24 b Attach a list (which is 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 1989 through 1992 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts here ▶					0.

(Support Schedule continued on page 3)

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

27 Organizations described on line 12:

a Attach a list, for amounts shown on lines 15, 16, and 17, to show the name of, and total amounts received in each year from, each "disqualified person."

Enter the sum of such amounts for each year:

N/A

(1992) (1991) (1990) (1989)

b Attach a list to show, for 1989 through 1992, the name of, and amount included in line 17 for, each person (other than a "disqualified person") from whom the organization received, during that year an amount that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. Include organizations described on lines 5 through 11, as well as individuals. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: N/A

(1992) (1991) (1990) (1989)

28 For an organization described in line 10, 11, or 12, that received any unusual grants during 1989 through 1992, attach a list (which is 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. (See instructions.) NONE

Part V Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Yes No

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

32 Does the organization 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 the organization or on its 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 Does the organization 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?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

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

35 Does the organization certify that it has 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-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here  a If the organization belongs to an affiliated group.

Check here  b If you checked a and "limited control" provisions apply.

Limits on Lobbying Expenses (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)		
39 Other exempt purpose expenditures (see Part VI-A instructions)		
40 Total exempt purpose expenditures (add lines 38 and 39)		
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -
Not over \$500,000		20% of the amount on line 40
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	41	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000		\$1,000,000
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: File Form 4720 if there is an amount on either line 43 or line 44.

**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 through 50.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 1993	(b) 1992	(c) 1991	(d) 1990	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(a))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(a))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nontelecting Public Charities**

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



## FOOTNOTES

STATEMENT 1

FORM 990, PART II, LINE 42/PART IV, LINE 57

## SCHEDULE OF FIXED ASSETS AND ACCUMULATED DEPRECIATION

TYPE	VALUE	1993 DEPR EXP	BOOK VALUE
COMPUTERS	64,125	6,413	57,712
SOUND EQUIP	35,087	3,509	31,578
FURNITURE	3,148	315	2,833
TOTAL	<u>102,360</u>	<u>10,237</u>	<u>92,123</u>

## SCHEDULE A, PART IV, SUPPORT SCHEDULE

THIS IS AN INITIAL YEAR FILING; THEREFORE, NO  
PRIOR YEAR SUPPORT INFORMATION IS AVAILABLE



---



---

FORM 990                      CASH CONTRIBUTIONS OF \$5000 OR MORE                      STATEMENT    2

---

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

---

<u>CONTRIBUTOR'S NAME</u>	<u>DATE OF GIFT</u>	<u>AMOUNT OF GIFT</u>
NATHAN MALAMUD		30,000.

CONTRIBUTOR'S ADDRESS

711 SUTTER ST, SAN FRANCISCO, CA

---

<u>CONTRIBUTOR'S NAME</u>	<u>DATE OF GIFT</u>	<u>AMOUNT OF GIFT</u>
JEAN MALAMUD		15,000

CONTRIBUTOR'S ADDRESS

UC DAVIS DEPT OF PHYSIOLOGY, DAVIS, CA

---

<u>CONTRIBUTOR'S NAME</u>	<u>DATE OF GIFT</u>	<u>AMOUNT OF GIFT</u>
SUN MICROSYSTEMS		50,000.

CONTRIBUTOR'S ADDRESS

2550 GARCIA AVE, MT VIEW, CA

---

<u>CONTRIBUTOR'S NAME</u>	<u>DATE OF GIFT</u>	<u>AMOUNT OF GIFT</u>
O'REILLY ASSOC		50,000.

CONTRIBUTOR'S ADDRESS

90 SHERMAN ST, CAMBRIDGE, MA

---

<u>CONTRIBUTOR'S NAME</u>	<u>DATE OF GIFT</u>	<u>AMOUNT OF GIFT</u>
NEW YORK UNIVERSITY		154,750.

CONTRIBUTOR'S ADDRESS

STEIN SCHOOL OF BUSINESS, NYU, NEW YORK, NY

---

CONTRIBUTOR'S NAME

DATE OF GIFT

AMOUNT OF GIFT

ERNEST MALAMUD

10,000.

CONTRIBUTOR'S ADDRESS

35710 RIVER RD, WARRENVILLE, IL

---

FORM 990	OTHER EXPENSES			STATEMENT 3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	123.	0.	123.	0.
CONTRACTORS	42,531.	42,531.	0.	0.
DATA	3,018.	3,018.	0.	0.
DUES	1,165.	1,165.	0.	0.
ENTERTAINMENT	3,243.	2,500.	743.	0.
INSURANCE	406.	0.	406.	0.
PROFESSIONAL SERVICES	21,028.	1,000.	20,028.	0.
SOFTWARE	1,598.	1,500.	98.	0.
TAXES	202.	0.	202.	0.
MISCELLANEOUS	277.	0.	277.	0.
TOTAL TO FM 990, LN 43	73,591.	51,714.	21,877.	



FORM 990 RECEIVABLES DUE FROM OFFICERS, DIRECTORS, TRUSTEES AND OTHER KEY EMPLOYEES - REPORTED SEPARATELY STATEMENT 4

<u>BORROWER'S NAME</u>	<u>BORROWER'S TITLE</u>	<u>ORIGINAL LOAN AMOUNT</u>
CARL MALAMUD	PRESIDENT	2,552.

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>TERMS OF REPAYMENT</u>	<u>INTEREST RATE</u>
-------------------------	--------------------------	---------------------------	----------------------

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
--------------------------------------	------------------------

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
		2,552.
TOTAL INCLUDED ON FORM 990, LINE 50, COLUMN B		2,552.

FORM 990 OTHER LIABILITIES STATEMENT 5

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER LIABILITIES	15,000
DEFERRED COMPENSATION	13,000
TOTAL TO FORM 990, LINE 65, COLUMN B	28,000

---



---

 FORM 990                      LIST OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT    6
 

---

NAME AND ADDRESS	TITLE	AVERAGE HOURS PER WEEK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCT
CARL MALAMUD, 308 E. CAPITOL STREET, WASHINGTON, DC 20045	PRESIDENT	40	22,000.	0.	0.
ANNE O'KEEFE, 9514 EDGELY RD, BETHESDA, MD 20814	SECRETARY	2	0.	0.	0
STEPHANIE FAUL, 4110 JENNIFER NW, WASHINGTON, DC 20008	BOARD MEMBER	20	0.	0.	0
MARTIN LUCAS, 307 LANE ST, NORTH JUDSON, IN 46366	COUNSEL	20	8,263.	0.	0.
DR MARSHALL ROSE, 420 WHISMAN CT, MT VIEW, CA 94043	SR TECH ADVIS	2	0.	0.	0.