

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

1999

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
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

This Form is Open to Public Inspection

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

A For the 1999 calendar year, OR tax year beginning 1 January 1999, 1999, and ending 31 December 1999

B Check if:

- Change of address
- Initial return
- Final return
- Amended return (required also for state reporting)

XJ 95-4615525 1999 ** 5-DIGIT 90028
 29 9 31 3 IB 092
 FOUNDATION FOR RELIGIOUS FREEDOM
 CULT AWARENESS NETWORK
 1680 VINE ST STE 415
 LOS ANGELES CA 90028-8833

D Employer identification number

954615525

E Telephone number

323 468-0567

F Check if exemption application is pending

H Enter four-digit group exemption number (GEN)

G Accounting method: Cash Accrual Other (specify) ▶

I Type of organization—▶ Exempt under section 501(c)(3) ◀ (insert number) OR section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check 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 the organization received a Form 990 Package in the mail, the organization should file a return without financial data. **Some states require a complete return.**

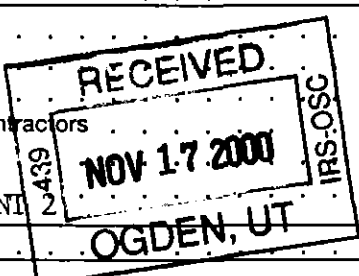
K Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9) . . . ▶ \$ 40365

If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)

SP4105P DEC 05 '00

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21															
Revenue	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)														40273																											
	2	Program service revenue including government fees and contracts														0																											
	3	Membership dues and assessments														0																											
	4	Investment income														92																											
	5a	Gross amount from sale of assets other than inventory														0																											
	5b	Less: cost or other basis and sales expenses														0																											
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)														0																											
	6	Special events and activities (attach schedule):																																									
	6a	Gross revenue (not including \$ <u>40273</u> of contributions reported on line 1)														0																											
6b	Less: direct expenses other than fundraising expenses														0																												
6c	Net income or (loss) from special events and activities (line 6a less line 6b)														0																												
7a	Gross sales of inventory, less returns and allowances														0																												
7b	Less: cost of goods sold														0																												
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)														0																												
8	Other revenue (describe ▶)																																										
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)														40365																												
Expenses	10	Grants and similar amounts paid (attach schedule)																																									
	11	Benefits paid to or for members																																									
	12	Salaries, other compensation, and employee benefits																																									
	13	Professional fees and other payments to independent contractors														8355																											
	14	Occupancy, rent, utilities, and maintenance														7509																											
	15	Printing, publications, postage, and shipping														4041																											
	16	Other expenses (describe ▶ STATEMENT 2439)														14305																											
17	Total expenses (add lines 10 through 16)														34210																												
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)														6155																											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														49																											
	20	Other changes in net assets or fund balances (attach explanation)																																									
	21	Net assets or fund balances at end of year (combine lines 18 through 20)														6204																											



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

(See Specific Instructions on page 36.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	3469
23	Land and buildings	23	0
24	Other assets (describe ▶)	24	3032
25	Total assets	25	6501
26	Total liabilities (describe ▶)	26	(297)
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	6204

46

Sponsoring an information hotline: 5 volunteers from diverse religions helped over 3,000 callers to our 800 hotline; helping relatives, friends, and business associates amicably resolve significant differences in belief.

Collect and Maintain a Professional Referral List: The Foundation has expanded its list of qualified experts on religion and religious liberty to over 200 scholars, attorneys, mediators and many others. The Foundation makes these experts available to media, students, educators, and concerned family members.

Hosting Web Pages: The Foundation continues to maintain two websites (www.cultawarenessnetwork.org and www.forf.org). During 1999, the Foundation upgraded these sites to include objective information on many religious groups and links to many other religious tolerance sites, increasing the weekly hits on our sites from 2,000 to over 10,000.

FORM 990

OTHER EXPENSES DETAIL:

5110 Telephone	6,092
5120 Office & Admin	3,785
5170 Dissemination	384
5240 Travel	3,570
5286 Licenses	340
5290 Bank charges	694
5450 Depreciation expense	240
5462 State Franchise tax	(800)

Total Other Expenses	14,305

TB By Org/Tr/Acct

1) Board Member
Addresses?

2)

↳

Form **2758**

(Rev. June 1998)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions.

Name FOUNDATION FOR RELIGIOUS FREEDOM	Employer identification number 95-4615525
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 1680 N. VINE AVE., #415	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90028	

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until NOVEMBER 15, 2000, to file (check only one):

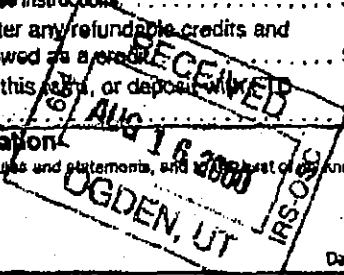
- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 708-GS(D) | <input type="checkbox"/> Form 990-T (SEC 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 6612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8813 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box

- 2a For calendar year 99, or other tax year beginning _____ and ending _____
- b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

- 5a If this form is for Form 708-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c Balance due. Subtract line 5b from line 5a. Include your payment with this return, or deposit with coupon if required. See instructions. \$ _____



Signature and Verification
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature [Handwritten Signature] Title CPA Date 8/17/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant — To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

EXTENSION APPROVED

Director _____ By: _____ Date AUG 24 2000

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name FOUNDATION FOR RELIGIOUS FREEDOM C/O NSBN & CO LLP
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 9454 WILSHIRE BLVD., 4TH FLOOR
City, town, or post office, state, and ZIP code. For a foreign address, see instructions. BEVERLY HILLS, CA 90212

Form **2758**
(Rev. June 1998)

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

OMB No. 1545-0148

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name	Foundation for Religious Freedom	Employer identification number	95-4615525
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	1680 N. Vine Ave. #415		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	Los Angeles, CA 90028		

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1035, 1036, or 1041.

- 1 I request an extension of time until Aug. 15 2000 to file (check only one):
- | | | | |
|--------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 1451 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
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If the organization does not have an office or place of business in the United States, check this box.

- 2a For calendar year 99 or other tax year beginning _____ and ending _____
- b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3 Has an extension of time to file been previously granted for this tax year? Yes No
- 4 State in detail why you need the extension Additional time is needed for review of this return by accountants and legal counsel

- 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *[Handwritten Signature]* Title ► Certified Public Accountant Date ► 15 May 00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
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- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

Director _____ By: _____ Date _____

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print	Name	
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	