

Form **990**

**EXTENSION GRANTED THROUGH 11/15/00**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**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

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 1999 calendar year, OR tax year period beginning and ending

**B** Check if:

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

**C** Name of organization: **FOUNDATION FOR RELIGIOUS TOLERANCE**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1332 L. RON HUBBARD WAY**

City or town, state or country, and ZIP+4: **LOS ANGELES, CA 90027-5902**

**D** Employer identification number: **95-4035696**

**E** Telephone number: **323 661-1196**

**F** Check  if exemption application is pending

**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 Revenue, Expenses, and Changes in Net Assets or Fund Balances**

SCANNED DEC 19 2000 Revenue

|             |                                                                                                             |                |           |           |
|-------------|-------------------------------------------------------------------------------------------------------------|----------------|-----------|-----------|
| <b>1</b>    | Contributions, gifts, grants, and similar amounts received:                                                 |                |           |           |
| <b>a</b>    | Direct public support                                                                                       | 1a             | 48,367.   |           |
| <b>b</b>    | Indirect public support                                                                                     | 1b             | 49,039.   |           |
| <b>c</b>    | Government contributions (grants)                                                                           | 1c             |           |           |
| <b>d</b>    | Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ <b>97,406.</b> noncash \$ _____) | 1d             |           | 97,406.   |
| <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              |           | 33.       |
| <b>5</b>    | Dividends and interest from securities                                                                      | 5              |           |           |
| <b>6 a</b>  | Gross rents                                                                                                 | 6a             |           |           |
| <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 | (B) Other |           |
| <b>b</b>    | Less: cost or other basis and sales expenses                                                                | 8a             | 347.      |           |
| <b>c</b>    | Gain or (loss) (attach schedule)                                                                            | 8b             | <347.>    |           |
| <b>d</b>    | Net gain or (loss) (combine line 8c, columns (A) and (B))                                                   | 8c             | STMT 1    | 8d <347.> |
| <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                                                       | 9b             |           |           |
| <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            | 5,954.    |           |
| <b>b</b>    | Less: cost of goods sold                                                                                    | 10b            | 3,117.    |           |
| <b>c</b>    | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)          | 10c            | STMT 2    | 2,837.    |
| <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             |           | 99,929.   |
| <b>13</b>   | Program services (from line 44, column (B))                                                                 | 13             |           | 100,596.  |
| <b>14</b>   | Management and general (from line 44, column (C))                                                           | 14             |           | 2,457.    |
| <b>15</b>   | Fundraising (from line 44, column (D))                                                                      | 15             |           | 4,344.    |
| <b>16</b>   | Payments to affiliates (attach schedule)                                                                    | 16             |           |           |
| <b>17</b>   | Total expenses (add lines 16 and 44, column (A))                                                            | 17             |           | 107,397.  |
| <b>18</b>   | Excess or (deficit) of the year (subtract line 17 from line 12)                                             | 18             |           | <7,468.>  |
| <b>19</b>   | Net assets or fund balances at beginning of year (from line 73, column (A))                                 | 19             |           | 11,604.   |
| <b>20</b>   | Other changes in net assets or fund balances (attach explanation)                                           | 20             |           | 0.        |
| <b>21</b>   | Net assets or fund balances at end of year (combine lines 18, 19, and 20)                                   | 21             |           | 4,136. ki |

LHA 023001 12-14-99

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

Form 990 (1999)

CGDEN, UT

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**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)                                                                                           |           |                      |                            |                 |
| cash \$ _____ noncash \$ _____                                                                                                        | 22        |                      |                            |                 |
| 23 Specific assistance to individuals (attach schedule)                                                                               | 23        |                      |                            |                 |
| 24 Benefits paid to or for members (attach schedule)                                                                                  | 24        |                      |                            |                 |
| 25 Compensation of officers, directors, etc.                                                                                          | 25        | 0.                   | 0.                         | 0.              |
| 26 Other salaries and wages                                                                                                           | 26        |                      |                            |                 |
| 27 Pension plan contributions                                                                                                         | 27        |                      |                            |                 |
| 28 Other employee benefits                                                                                                            | 28        |                      |                            |                 |
| 29 Payroll taxes                                                                                                                      | 29        |                      |                            |                 |
| 30 Professional fundraising fees                                                                                                      | 30        |                      |                            |                 |
| 31 Accounting fees                                                                                                                    | 31        | 525.                 | 367.                       | 53.             |
| 32 Legal fees                                                                                                                         | 32        | 175.                 | 122.                       | 18.             |
| 33 Supplies                                                                                                                           | 33        | 2,990.               | 2,153.                     | 279.            |
| 34 Telephone                                                                                                                          | 34        | 6,694.               | 4,686.                     | 669.            |
| 35 Postage and shipping                                                                                                               | 35        | 4,455.               | 3,751.                     | 235.            |
| 36 Occupancy                                                                                                                          | 36        | 50.                  | 35.                        | 5.              |
| 37 Equipment rental and maintenance                                                                                                   | 37        | 204.                 | 183.                       | 7.              |
| 38 Printing and publications                                                                                                          | 38        | 1,272.               | 1,241.                     | 31.             |
| 39 Travel                                                                                                                             | 39        | 29,503.              | 28,511.                    | 992.            |
| 40 Conferences, conventions, and meetings                                                                                             | 40        |                      |                            |                 |
| 41 Interest                                                                                                                           | 41        |                      |                            |                 |
| 42 Depreciation, depletion, etc. (attach schedule)                                                                                    | 42        | 601.                 | 421.                       | 60.             |
| 43 Other expenses (itemize):                                                                                                          |           |                      |                            |                 |
| a COMMISSIONS                                                                                                                         | 43a       | 1,478.               | 0.                         | 0.              |
| b PROMOTION                                                                                                                           | 43b       | 56,883.              | 56,883.                    | 0.              |
| c BANK CHARGES                                                                                                                        | 43c       | 1,081.               | 757.                       | 108.            |
| d DISSEMINATION                                                                                                                       | 43d       | 1,486.               | 1,486.                     |                 |
| e                                                                                                                                     | 43e       |                      |                            |                 |
| 44 Total functional expenses (add lines 22 through 43)<br>Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 44        | 107,397.             | 100,596.                   | 2,457.          |

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**

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| What is the organization's primary exempt purpose? <b>THE PURSUIT OF RELIGIOUS FREEDOM AND TOLERANCE</b>                                                                                                                                                                                                                                                          | Program Service Expenses<br>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) |                                                                                                                     |
| a. SEE STATEMENT 3                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |
| (Grants and allocations \$ _____)                                                                                                                                                                                                                                                                                                                                 | 100,596.                                                                                                            |
| b                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |
| (Grants and allocations \$ _____)                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |
| c                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |
| (Grants and allocations \$ _____)                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |
| d                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |
| (Grants and allocations \$ _____)                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |
| e Other program services (attach schedule)                                                                                                                                                                                                                                                                                                                        | (Grants and allocations \$ _____)                                                                                   |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services)                                                                                                                                                                                                                                                                          | 100,596.                                                                                                            |

**Part IV Balance Sheets**

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

|                                                                                                                                                           |                                                                                                                               | (A)<br>Beginning of year | (B)<br>End of year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|
| Assets                                                                                                                                                    | 45 Cash - non-interest-bearing                                                                                                | 4,423.                   | 1,408.             |
|                                                                                                                                                           | 46 Savings and temporary cash investments                                                                                     |                          |                    |
|                                                                                                                                                           | 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 from officers, directors, trustees,<br>and key employees                                                       |                          | 50                 |
|                                                                                                                                                           | 51 a Other notes and loans receivable                                                                                         | 51a                      |                    |
|                                                                                                                                                           | b Less: allowance for doubtful accounts                                                                                       | 51b                      | 51c                |
|                                                                                                                                                           | 52 Inventories for sale or use                                                                                                | 4,263.                   | 4,412.             |
|                                                                                                                                                           | 53 Prepaid expenses and deferred charges                                                                                      |                          | 53                 |
|                                                                                                                                                           | 54 Investments - securities                                                                                                   |                          | 54                 |
|                                                                                                                                                           | 55 a Investments - land, buildings, and<br>equipment: basis                                                                   | 55a                      |                    |
| b Less: accumulated depreciation                                                                                                                          | 55b                                                                                                                           | 55c                      |                    |
| 56 Investments - other                                                                                                                                    |                                                                                                                               | 56                       |                    |
| 57 a Land, buildings, and equipment: basis                                                                                                                | 57a 3,004.                                                                                                                    |                          |                    |
| b Less: accumulated depreciation STMT 4                                                                                                                   | 57b 836.                                                                                                                      | 57c 2,168.               |                    |
| 58 Other assets (describe ▶ )                                                                                                                             |                                                                                                                               | 58                       |                    |
| 59 Total assets (add lines 45 through 58) (must equal line 74)                                                                                            | 11,802.                                                                                                                       | 7,988.                   |                    |
| Liabilities                                                                                                                                               | 60 Accounts payable and accrued expenses                                                                                      | 198.                     | 2,762.             |
|                                                                                                                                                           | 61 Grants payable                                                                                                             |                          | 61                 |
|                                                                                                                                                           | 62 Deferred revenue                                                                                                           |                          | 62                 |
|                                                                                                                                                           | 63 Loans from officers, directors, trustees, and key employees                                                                |                          | 63                 |
|                                                                                                                                                           | 64 a Tax-exempt bond liabilities                                                                                              |                          | 64a                |
|                                                                                                                                                           | b Mortgages and other notes payable                                                                                           |                          | 64b                |
|                                                                                                                                                           | 65 Other liabilities (describe ▶ LOAN PAYABLE - OPTIMA )                                                                      |                          | 65 1,090.          |
| 66 Total liabilities (add lines 60 through 65)                                                                                                            | 198.                                                                                                                          | 3,852.                   |                    |
| Net Assets or Fund Balances                                                                                                                               | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. |                          |                    |
|                                                                                                                                                           | 67 Unrestricted                                                                                                               |                          | 67                 |
|                                                                                                                                                           | 68 Temporarily restricted                                                                                                     |                          | 68                 |
|                                                                                                                                                           | 69 Permanently restricted                                                                                                     |                          | 69                 |
|                                                                                                                                                           | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74    |                          |                    |
|                                                                                                                                                           | 70 Capital stock, trust principal, or current funds                                                                           | 0.                       | 0.                 |
|                                                                                                                                                           | 71 Paid-in or capital surplus, or land, building, and equipment fund                                                          | 0.                       | 0.                 |
|                                                                                                                                                           | 72 Retained earnings, endowment, accumulated income, or other funds                                                           | 11,604.                  | 4,136.             |
| 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72;<br>column (A) must equal line 19 and column (B) must equal line 21) | 11,604.                                                                                                                       | 4,136.                   |                    |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73)                                                                                 | 11,802.                                                                                                                       | 7,988.                   |                    |

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, in Part III, the organization's programs and accomplishments.



Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding organizational activities, financials, and reporting.

91 The books are in care of LEISA GOODMAN Telephone no. 323-661-1196
Located at 1332 L. RON HUBBARD WAY, LOS ANGELES, CA ZIP +4 90027-5902

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Enter gross amounts unless otherwise indicated.

|                                                                       | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|-----------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|---------------------------------------------|
|                                                                       | (A)<br>Business<br>code   | (B)<br>Amount | (C)<br>Exclu-<br>sion<br>code        | (D)<br>Amount |                                             |
| 93 Program service revenue:                                           |                           |               |                                      |               |                                             |
| (a) _____                                                             |                           |               |                                      |               |                                             |
| (b) _____                                                             |                           |               |                                      |               |                                             |
| (c) _____                                                             |                           |               |                                      |               |                                             |
| (d) _____                                                             |                           |               |                                      |               |                                             |
| (e) _____                                                             |                           |               |                                      |               |                                             |
| (f) Medicare/Medicaid payments .....                                  |                           |               |                                      |               |                                             |
| (g) Fees and contracts from government agencies .....                 |                           |               |                                      |               |                                             |
| 94 Membership dues and assessments .....                              |                           |               |                                      |               |                                             |
| 95 Interest on savings and temporary<br>cash investments .....        |                           |               | 14                                   | 33.           |                                             |
| 96 Dividends and interest from securities .....                       |                           |               |                                      |               |                                             |
| 97 Net rental income or (loss) from real estate:                      |                           |               |                                      |               |                                             |
| (a) debt-financed property .....                                      |                           |               |                                      |               |                                             |
| (b) not debt-financed property .....                                  |                           |               |                                      |               |                                             |
| 98 Net rental income or (loss) from personal property .....           |                           |               |                                      |               |                                             |
| 99 Other investment income .....                                      |                           |               |                                      |               |                                             |
| 100 Gain or (loss) from sales of assets<br>other than inventory ..... |                           |               | 18                                   | <347.>        |                                             |
| 101 Net income or (loss) from special events .....                    |                           |               |                                      |               |                                             |
| 102 Gross profit or (loss) from sales of inventory .....              |                           |               |                                      |               | 2,837.                                      |
| 103 Other revenue:                                                    |                           |               |                                      |               |                                             |
| a _____                                                               |                           |               |                                      |               |                                             |
| b _____                                                               |                           |               |                                      |               |                                             |
| c _____                                                               |                           |               |                                      |               |                                             |
| d _____                                                               |                           |               |                                      |               |                                             |
| e _____                                                               |                           |               |                                      |               |                                             |
| 104 Subtotal (add columns (B), (D), and (E)) .....                    |                           | 0.            |                                      | <314.>        | 2,837.                                      |
| 105 TOTAL (add line 104, columns (B), (D), and (E)) .....             |                           |               |                                      |               | 2,523.                                      |

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).

102 ITEMS SOLD TO PROMOTE EXEMPT PURPOSE.

**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. (Important: See General Instruction U.)

Please Sign Here: *[Signature]* x 15 NOV 2000 x OFFICER/TRUSTEE  
Signature of officer Date Type or print name and title

Paid Preparer's signature: *[Signature]* CPA Date: 11/15/00 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_  
Preparer's Use Only: Firm's name (or yours if self-employed) and address: NANAS STERN BIERS NEINSTEIN AND CO. LL, 9454 WILSHIRE BLVD., 4TH FLOOR, BEVERLY HILLS, CA EIN: 95-2399533 ZIP+4: 90212-2907

**SCHEDULE A  
(Form 990)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**1999**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

**FOUNDATION FOR RELIGIOUS TOLERANCE**

Employer identification number

**95 4035696**

**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 each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
| <b>NONE</b> -----                                             |                                                          |                  |                                                                     |                                          |
| -----                                                         |                                                          |                  |                                                                     |                                          |
| -----                                                         |                                                          |                  |                                                                     |                                          |
| -----                                                         |                                                          |                  |                                                                     |                                          |
| -----                                                         |                                                          |                  |                                                                     |                                          |
| -----                                                         |                                                          |                  |                                                                     |                                          |
| -----                                                         |                                                          |                  |                                                                     |                                          |
| -----                                                         |                                                          |                  |                                                                     |                                          |
| -----                                                         |                                                          |                  |                                                                     |                                          |
| -----                                                         |                                                          |                  |                                                                     |                                          |

Total number of other employees paid over \$50,000 ▶

**0**

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|-----------------------------------------------------------------------------|---------------------|------------------|
| <b>NONE</b> -----                                                           |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |
| -----                                                                       |                     |                  |

Total number of others receiving over \$50,000 for professional services ▶

**0**

| Part III Statements About Activities                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1                                                                                                                                                                                                                              | 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?<br>If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____<br>Organizations that made an election under section 501(h) 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. |     | X  |
| 2                                                                                                                                                                                                                              | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, 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:                                                                                                                                                                                          |     |    |
| a                                                                                                                                                                                                                              | Sale, exchange, or leasing of property? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2a  | X  |
| b                                                                                                                                                                                                                              | Lending of money or other extension of credit? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2b  | X  |
| c                                                                                                                                                                                                                              | Furnishing of goods, services, or facilities? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2c  | X  |
| d                                                                                                                                                                                                                              | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2d  | X  |
| e                                                                                                                                                                                                                              | Transfer of any part of its income or assets? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2e  | X  |
| If the answer to any question is "Yes," attach a detailed statement explaining the transactions.                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| 3                                                                                                                                                                                                                              | Does the organization make grants for scholarships, fellowships, student loans, etc.? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3   | X  |
| 4 a                                                                                                                                                                                                                            | Do you have a section 403(b) annuity plan for your employees? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a  | X  |
| b Attach a statement to explain 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.)

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

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 5                                        | <input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
| 6                                        | <input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |
| 7                                        | <input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |
| 8                                        | <input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |
| 9                                        | <input type="checkbox"/> 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                                       | <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the <b>Support Schedule</b> in Part IV-A.)                                                                                                                                                                                                                                                                                                                         |                            |
| 11a                                      | <input checked="" type="checkbox"/> 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 <b>Support Schedule</b> in Part IV-A.)                                                                                                                                                                                                                                                                                              |                            |
| 11b                                      | <input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
| 12                                       | <input type="checkbox"/> An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 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. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.) |                            |
| 13                                       | <input type="checkbox"/> 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).)<br>Provide the following information about the supported organizations. (See page 4 of the instructions.)                                                                                                                          |                            |
| (a) Name(s) of supported organization(s) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (b) Line number from above |
|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |
| 14                                       | <input type="checkbox"/> An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)                                                                                                                                                                                                                                                                                                                                                                                                    |                            |



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 above.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (a) 1998        | (b) 1997 | (c) 1996 | (d) 1995 | (e) Total    |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|----------|----------|--------------|---------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)                                                                                                                                                                                                                                                                                                                                                                                                                                           | 144,303.        | 0.       | 0.       | 100.     | 144,403.     |         |
| 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                                                                                                                                                                                                                                                                                                                               | 4,410.          |          |          |          | 4,410.       |         |
| 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                                                                                                                                                                                                                                                                   | 35.             | 2.       | 3.       | 2.       | 42.          |         |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 148,748.        | 2.       | 3.       | 102.     | 148,855.     |         |
| 24 Line 23 minus line 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 144,338.        | 2.       | 3.       | 102.     | 144,445.     |         |
| 25 Enter 1% of line 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,487.          |          |          | 1.       |              |         |
| 26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |          |          |          | 26a 2,889.   |         |
| 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 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts                                                                                                                                                                                                                       | SEE STATEMENT 5 |          |          |          | 26b 411.     |         |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |          |          |          | 26c 144,445. |         |
| d Add: Amounts from column (e) for lines:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18 42.          | 19       | 22 411.  | 26b      | 26d 453.     |         |
| e Public support (line 26c minus line 26d total)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |          |          |          | 26e 143,992. |         |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |          |          |          | 26f 99.6864% |         |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list 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                                                                                                                                                                                                                                  | (1998)          | (1997)   | (1996)   | (1995)   |              |         |
| b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in 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 these differences (the excess amounts) for each year: N/A | (1998)          | (1997)   | (1996)   | (1995)   |              |         |
| c Add: Amounts from column (e) for lines:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15              | 16       | 17       | 20       | 21           | 27c N/A |
| d Add: Line 27a total and line 27b total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |          |          |          | 27d N/A      |         |
| e Public support (line 27c, total minus line 27d total)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |          |          |          | 27e N/A      |         |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |          |          |          | 27f N/A      |         |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |          |          |          | 27g N/A %    |         |
| h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |          |          |          | 27h N/A %    |         |

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, 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

|                                                                                                                   |                                                                                                                                                                                                                                                                                                                             | N/A |    |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                             | Yes | No |
| 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? .....                                                                                                                             | 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? .....                                                                                                                                                                                                                                                                           | 33d |    |
| e                                                                                                                 | Educational policies? .....                                                                                                                                                                                                                                                                                                 | 33e |    |
| f                                                                                                                 | Use of facilities? .....                                                                                                                                                                                                                                                                                                    | 33f |    |
| g                                                                                                                 | Athletic programs? .....                                                                                                                                                                                                                                                                                                    | 33g |    |
| h                                                                                                                 | Other extracurricular activities? .....                                                                                                                                                                                                                                                                                     | 33h |    |
| 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? .....                                                                                                                                                                                                                                              | 34b |    |
| 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 .....                                                                                             | 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" above and "limited control" provisions apply.

| Limits on Lobbying Expenditures                          |                                                                               | (a)                                               | (b)                                            |
|----------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------|
| (The term "expenditures" means amounts paid or incurred) |                                                                               | Affiliated group totals                           | 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)                             | 38                                                |                                                |
| 39                                                       | Other exempt purpose expenditures                                             | 39                                                |                                                |
| 40                                                       | Total exempt purpose expenditures (add lines 38 and 39)                       | 40                                                |                                                |
| 41                                                       | Lobbying nontaxable amount. Enter the amount from the following table -       |                                                   |                                                |
|                                                          | <b>If the amount on line 40 is -</b>                                          |                                                   |                                                |
|                                                          | <b>The lobbying nontaxable amount is -</b>                                    |                                                   |                                                |
|                                                          | 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                                     | \$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: If there is an amount on either line 43 or line 44, you must file Form 4720.

**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) 1999                                             | (b) 1998 | (c) 1997 | (d) 1996 |     |
| 45                                          | Lobbying nontaxable amount                           |          |          |          | 0.  |
| 46                                          | Lobbying ceiling amount (150% of line 45(e))         |          |          |          | 0.  |
| 47                                          | Total lobbying expenditures                          |          |          |          | 0.  |
| 48                                          | Grassroots nontaxable amount                         |          |          |          | 0.  |
| 49                                          | Grassroots ceiling amount (150% of line 48(e))       |          |          |          | 0.  |
| 50                                          | Grassroots lobbying expenditures                     |          |          |          | 0.  |

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

(For reporting only 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.





FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT    1

| DESCRIPTION             | DATE ACQUIRED     | DATE SOLD           | METHOD ACQUIRED |        |                    |
|-------------------------|-------------------|---------------------|-----------------|--------|--------------------|
| FAX MACHINE             | 09/02/98          | 12/31/99            | PURCHASED       |        |                    |
| NAME OF BUYER           | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
| NONE - DISPOSAL         | 0.                | 372.                | 0.              | 25.    | <347.>             |
| TO FM 990, PART I, LN 8 |                   | 372.                | 0.              | 25.    | <347.>             |

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

|                                                |       |       |
|------------------------------------------------|-------|-------|
| 1. GROSS RECEIPTS . . . . .                    | 5,954 |       |
| 2. RETURNS AND ALLOWANCES . . . . .            |       |       |
| 3. LINE 1 LESS LINE 2 . . . . .                |       | 5,954 |
| 4. COST OF GOODS SOLD (LINE 13) . . . . .      | 3,117 |       |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . . |       | 2,837 |

COST OF GOODS SOLD

|                                                         |       |       |
|---------------------------------------------------------|-------|-------|
| 6. INVENTORY AT BEGINNING OF YEAR . . . . .             | 4,263 |       |
| 7. MERCHANDISE PURCHASED . . . . .                      | 3,266 |       |
| 8. COST OF LABOR . . . . .                              |       |       |
| 9. MATERIALS AND SUPPLIES . . . . .                     |       |       |
| 10. OTHER COSTS . . . . .                               |       |       |
| 11. ADD LINES 6 THROUGH 10 . . . . .                    |       | 7,529 |
| 12. INVENTORY AT END OF YEAR . . . . .                  | 4,412 |       |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . . |       | 3,117 |

DESCRIPTION OF PROGRAM SERVICE ONE

DURING 1999, THE FOUNDATION CONTINUED TO BE ACTIVE IN PUBLIC AWARENESS CAMPAIGNS TO PROCLAIM THE MESSAGE OF RELIGIOUS TOLERANCE FOR ALL FAITHS. THIS MESSAGE AGAIN FOCUSED ON WESTERN EUROPE, ESPECIALLY GERMANY AND FRANCE WHERE A RANGE OF RELIGIOUS MINORITIES ARE STILL EXPERIENCING DISCRIMINATION OR PERSECUTION BECAUSE OF THEIR BELIEFS.

THE FOUNDATION'S MAJOR UNDERTAKING TO PROMOTE RELIGIOUS TOLERANCE WAS ITS PARTICIPATION IN ORGANIZING THE EUROPEAN MARATHON FOR HUMAN RIGHTS, A 4,500 KILOMETER MARATHON BY A TEAM OF ATHLETES THROUGH SEVEN COUNTRIES OF EUROPE OVER A THIRTEEN WEEK PERIOD.

THE COORDINATOR OF THE MARATHON WAS THE CHURCH OF SCIENTOLOGY INTERNATIONAL, WITH THE SUPPORT OF MEMBERS OF THE JEWISH, MOSLEM AND CHRISTIAN FAITHS.

THE FOUNDATION VOLUNTEERS WERE MAJOR PARTICIPANTS IN ORGANIZING THE MARATHON. MARATHON STAFF HELPED ARRANGE THE LOGISTICS, SUCH AS TRANSPORT, HUMAN RIGHTS PROMOTIONAL MATERIALS, ACCOMMODATIONS AND FLIGHTS FOR THE PARTICIPANTS. IN ADDITION, ALL THE RUNNERS WERE MEMBERS OF THE FOUNDATION.

THE RUN OPENED WITH A FREE HUMAN RIGHTS CONCERT IN ATHENS ATTENDED BY EIGHT THOUSAND PEOPLE. AT THE START OF THE CONCERT, THE GREEK RUNNER AND EUROPEAN MARATHON SPOKESPERSON LIT A 10 FOOT "TORCH OF FREEDOM". THE FLAME SPRANG INTO LIFE, AND WITH THE GREEK RUNNER HOLDING IT HIGH, THE GOLD TORCH AND FLAME SYMBOLIZED THE MARATHON FOR HUMAN RIGHTS ABOUT TO BEGIN. THE FLAME CONTINUED TO BURN THROUGHOUT THE CONCERT, WHICH FEATURED WELL-KNOWN GREEK ARTISTS AND A PROMINENT GREEK HUMAN RIGHTS LEADER.

A CORE TEAM OF 10 RUNNERS FROM EUROPE, THE UNITED STATES, CANADA, SOUTH AFRICA AND JAPAN THEN SET OFF, CARRYING THE TORCH OF FREEDOM NORTHWEST TO CORFU, THEN BY BOAT TO THE COASTAL CITY OF BRINDISI, ITALY. ACCOMPANIED BY THEIR BACKUP TEAM, THEY TRAVELLED THE LENGTH OF ITALY, PASSING THROUGH ROME, TORINO, MILANO, AND SEVERAL OTHER TOWNS AND VILLAGES ENROUTE.

THOUSANDS OF FLIERS AND LEAFLETS ABOUT THE UNIVERSAL DECLARATION OF HUMAN RIGHTS WERE DISTRIBUTED AT EACH STOP TO SPREAD A CULTURE OF TOLERANCE AND UNDERSTANDING ONE YEAR



AFTER THE 50TH ANNIVERSARY OF THE UNIVERSAL DECLARATION OF HUMAN RIGHTS.

AFTER ITALY, THE TEAM CROSSED THE MOUNTAINS OF SWITZERLAND, THEN PASSED THROUGH FRANCE, BELGIUM AND HOLLAND BEFORE REACHING GERMANY. THEY WERE JOINED IN EACH COUNTRY BY A SUPPORT TEAM OF ADDITIONAL RUNNERS WHO RAN UNTIL THE MARATHON ENTERED THE NEXT COUNTRY. AS THE TEAM TRAVELLED, THEY HELD EVENTS TO INFORM INDIVIDUALS ABOUT THE MARATHON AND THE IMPORTANCE OF HUMAN RIGHTS. MEETINGS WERE HELD WITH NUMEROUS GOVERNMENT OFFICIALS, RELIGIOUS LEADERS AND HUMAN RIGHTS DELEGATES IN CITIES AND TOWNS IN EACH OF THESE COUNTRIES.

RECOGNITIONS OF THE VALUE OF THE MARATHON AND OF APPRECIATION OF THE WORK BEING DONE BY THE RUNNERS WERE GIVEN BY NUMEROUS MAYORS AND DIGNITARIES ALONG THE ROUTE.

AS AN EXAMPLE OF THE SPONTANEOUS INTEREST IN HUMAN RIGHTS THAT THE MARATHON GENERATED, DURING THE FERRY TRIP FROM CORFU TO BRINDISI IN ITALY, THE MARATHON INVITED THE CAPTAIN, HIS DEPUTY AND FIRST MATE TO SIGN A PROCLAMATION FOR HUMAN RIGHTS AND RELIGIOUS FREEDOM THAT THE TEAM CARRIED WITH THEM. THE PROCLAMATION CALLED UPON EUROPEAN GOVERNMENTS TO PLEDGE THEMSELVES ANEW TO THE IDEALS OF THE UNIVERSAL DECLARATION OF HUMAN RIGHTS, AND URGED THE GERMAN GOVERNMENT "TO END GOVERNMENTAL DISCRIMINATION, CRITICIZED BY INTERNATIONAL HUMAN RIGHTS BODIES IN 24 SEPARATE REPORTS, AND INSTEAD TO COMMIT ITSELF TO A POLICY OF DIALOGUE."

USING THE SHIP'S PUBLIC ADDRESS SYSTEM TO MAKE AN ANNOUNCEMENT IN 6 LANGUAGES, THE CAPTAIN INVITED ALL PASSENGERS TO COME TO THE SHIP'S LOUNGE TO SIGN AS WELL. THE MARATHON SUPPORT TEAM, ALSO MEMBERS OF THE FOUNDATION, THEN PERFORMED A SONG FOR HUMAN RIGHTS ABOARD SHIP. THE PROCLAMATION SIGNING FOLLOWED, WITH THE PASSENGERS ATTENDING AND SIGNING ON.

WHEN THE MARATHON ARRIVED IN ONE TOWN, THEY FOUND HUNDREDS OF POSTERS HAD BEEN PLACED THROUGHOUT THE TOWN BY CITY AUTHORITIES TO WELCOME THE EUROPEAN MARATHON FOR HUMAN RIGHTS

AS A RESULT OF THE EVENTS AND MEDIA COVERAGE, IT IS ESTIMATED THAT THE HUMAN RIGHTS MESSAGE OF THE MARATHON REACHED SEVERAL MILLION PEOPLE. COVERAGE WAS EXTENSIVE ON TV, RADIO AND IN THE NEWSPAPERS IN EVERY COUNTRY THROUGH WHICH THE MARATHON PASSED.

THE FOUNDATION ALSO ASSISTED BY PRODUCING PROMOTIONAL ITEMS

FOR THE MARATHON AND HELPING TO DISTRIBUTE THEM ALONG THE ROUTE. THESE INCLUDED HUNDREDS OF THOUSANDS OF FLIERS AND A SPECIAL BROADSHEET ABOUT THE IMPORTANCE OF HUMAN RIGHTS. PRINTED ON THE BACK OF THE BROADSHEET WAS A VERSION OF THE UNIVERSAL DECLARATION OF HUMAN RIGHTS, SHOWING HOW THESE RIGHTS APPLY TO EVERYONE.

IN STRASBOURG, HOME OF THE EUROPEAN PARLIAMENT, NINE MEMBERS OF THE EUROPEAN PARLIAMENT SIGNED ONTO THE PROCLAMATION AND THEN ISSUED IT ON THE LETTERHEAD OF THE COUNCIL OF EUROPE.

THE FOUNDATION ALSO PROMOTED AND OBTAINED SUPPORT AND SIGNATURES FOR THE PROCLAMATION IN COUNTRIES ALL OVER THE WORLD. THIS PROCLAMATION WITH SIGNATURES WAS PRESENTED TO THE HUMAN RIGHTS SECTION OF THE UNITED NATIONS.

THE FOUNDATION HELPED ORGANIZE THE CELEBRATION IN HAMBURG THAT ENDED THE RUN, WHICH WAS A MULTI-FAITH RALLY FOR HUMAN RIGHTS AND FREE HUMAN RIGHTS CONCERT ATTENDED BY SEVEN THOUSAND. SPEAKERS AT THE RALLY AND CONCERT INCLUDED THE FOUNDER OF FRIENDS OF THE UNITED NATIONS, WHO HAD ACCOMPANIED THE MARATHON FOR HALF OF ITS JOURNEY THROUGH EUROPE, AND SCHOLARS AND RELIGIOUS LEADERS FROM GERMANY AND NORTH AMERICA.

DURING THE YEAR, THE FOUNDATION REDESIGNED AND UPGRADED THE QUALITY OF ITS WEBSITE "WWW.RELIGIOUSTOLERANCE.NET" REGULAR UPDATES ABOUT THE PROGRESS OF THE MARATHON WERE PLACED ON THE SITE, ACCOMPANIED BY COLOR IMAGES OF MEETINGS AND EVENTS, PRESS RELEASES, AND OTHER INFORMATION PROMOTING RELIGIOUS TOLERANCE.

|                               |               |                 |
|-------------------------------|---------------|-----------------|
|                               | <u>GRANTS</u> | <u>EXPENSES</u> |
| TO FORM 990, PART III, LINE A |               | 100,596.        |

|          |                                                |           |   |
|----------|------------------------------------------------|-----------|---|
| FORM 990 | DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT | STATEMENT | 4 |
|----------|------------------------------------------------|-----------|---|

| DESCRIPTION                       | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|---------------------|--------------------------|------------|
| LAPTOP COMPUTER                   | 1,686.              | 506.                     | 1,180.     |
| COMPUTER/SURGE PROTECTOR          | 1,318.              | 330.                     | 988.       |
| TOTAL TO FORM 990, PART IV, LN 57 | 3,004.              | 836.                     | 2,168.     |

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

► 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<br><b>FOUNDATION FOR RELIGIOUS TOLERANCE</b>                                                                                    | Employer identification number<br><b>95-4035696</b> |
| Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)<br><b>1334 L. RON HUBBARD WAY</b> |                                                     |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>LOS ANGELES, CA 90027</b>             |                                                     |

**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 706-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 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 |
| <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 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 [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: \_\_\_\_\_

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

**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 on back.

|                                                                                                                                      |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Name<br><b>Foundation for Religious Tolerance</b>                                                                                    | Employer identification number<br><b>954035696</b> |
| Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)<br><b>1334 L. Ron Hubbard Way</b> |                                                    |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Los Angeles, CA 90027</b>             |                                                    |

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 8720 to request an extension of time to file Form 1065, 1066, 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. 4951 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 |
| <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 |

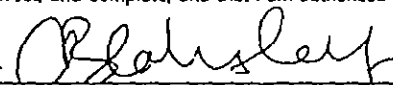
If the organization does not have an office or place of business in the United States, check this box.

- 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 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 ►  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.
- 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: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Director

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.           |

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SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 5  
 INCLUDED ON PART IV, LINE 26B

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

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| CONTRIBUTOR'S NAME                                 | TOTAL<br>CONTRIBUTION | EXCESS<br>CONTRIBUTION |
|----------------------------------------------------|-----------------------|------------------------|
|                                                    | 3,300.                | 411.                   |
| TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B |                       | 411.                   |

**NOT OPEN TO  
 PUBLIC INSPECTION**