

Form **990-EZ**

**Return of Organization Exempt From Income Tax**  
 Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust  
 ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

**2000**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

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

**A For the 2000 calendar year, or tax year beginning** January 1, 2000, and ending December 31, 2000

**B** Check if applicable:

- Change of address
- Change of name
- Initial return
- Final return
- Amended return

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
 FOUNDATION FOR RELIGIOUS FREEDOM  
**Number and street (or P.O. box, if mail is not delivered to street address) Room/suite**  
 1680 NORTH VINE STREET, SUITE 415  
**City or town, state or country, and ZIP + 4**  
 LOS ANGELES, CA 90028-8833

**D Employer identification number**  
 954615525  
**E Telephone no.**  
 (323)468-0567  
**F Check**  if application pending

**G Accounting method:**  Cash  Accrual  Other (specify) ▶ **H Enter 4-digit group exemption no. (GEN)** ▶

**I Organization type (check only one)**—  501(c) ( 3 ) ◀ (insert no.)  527 or  4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

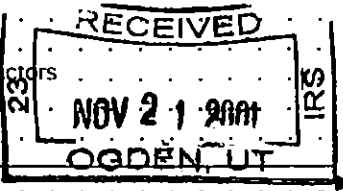
**J** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**K** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 59,044.

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34.)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	59,044.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	0.
	<b>3</b> Membership dues and assessments	<b>3</b>	0.
	<b>4</b> Investment income	<b>4</b>	0.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0.
	<b>5b</b> Less: cost or other basis and sales expenses	<b>5b</b>	0.
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	<b>5c</b>	0.
	<b>6</b> Special events and activities (attach schedule):		
	<b>6a</b> Gross revenue (not including \$ 59,044. of contributions reported on line 1)	<b>6a</b>	0.
<b>6b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	0.	
<b>6c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>	0.	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	0.	
<b>7b</b> Less: cost of goods sold	<b>7b</b>	0.	
<b>7c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>	0.	
<b>8</b> Other revenue (describe ▶ )	<b>8</b>	0.	
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	59,044.	
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	29,995.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	14,921.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	7,080.
	<b>16</b> Other expenses (describe ▶ STATEMENT 1)	<b>16</b>	9,044.
<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	61,040.	
Net Assets	<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	(1,996.)
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	6,501.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	4,505.



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

(See Specific Instructions on page 37.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	3,469.	22 1,774.
<b>23</b> Land and buildings	0.	23 0.
<b>24</b> Other assets (describe ▶ Furniture, Equipment, Deposit )	3,032.	24 2,731.
<b>25 Total assets</b>	6,501.	25 4,505.
<b>26 Total liabilities</b> (describe ▶ )		26
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	6,501.	27 4,505.

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

Cat. No. 10642I

Form **990-EZ** (2000)

SCANNED DEC 19 2001

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**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 38.)

What is the organization's primary exempt purpose? PROMOTING RELIGIOUS TOLERANCE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

	(Grants \$)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28 STATEMENT 2		
		61,040.
29		
30		
31 Other program services (attach schedule)		
32 Total program service expenses (add lines 28a through 31a)		32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See Specific Instructions on page 38.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DR. GEORGE ROBERTSON 1680 NORTH VINE, LOS ANGELES, CA	CHAIRMAN OF THE BOARD/AS NEEDED	0.	0.	0.
STAN KOEHLER 1680 NORTH VINE, LOS ANGELES, CA	BOARD MEMBER /AS NEEDED	0.	0.	0.
MARK LURIE 1680 NORTH VINE, LOS ANGELES, CA	BOARD MEMBER /AS NEEDED	0.	0.	0.

**Part V Other Information** (See Specific Instructions on page 38 and General Instruction V on page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		X
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a   0.		X
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	N/A
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		X
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0.		
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0.		
41 List the states with which a copy of this return is filed. ▶ CALIFORNIA		
42 The books are in care of ▶ PATRICK MARTIN Telephone no. ▶ (323) 468-0567 Located at ▶ 1680 NORTH VINE STREET, SUITE 415, LA, CA ZIP + 4 ▶ 90028-8823		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

**Please Sign Here**

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 W, page 14.)

Signature of officer: [Signature] Date: NOV 15, 2001 Type or print name and title: NANCY UMERRA, TREASURER

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN: \_\_\_\_\_  
Firm's name (or yours if self-employed) and address, and ZIP code: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_



FOUNDATION FOR RELIGIOUS FREEDOM

95-4615525

FORM 990-EZ 2000

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

OFFICE	4,794
TRAVEL	2,433
FEES & DUES	60
BANK CHARGES	1,258
DEPRECIATION EXPENSE	500
TOTAL TO FORM 990-EZ, PART I, LINE 16	9,044

STATEMENT 1

INFORMATION HOTLINE: TEN VOLUNTEERS FROM DIVERSE RELIGIONS ANSWERED OVER 2,500 CALLS TO OUR 1-800 HOTLINE, HELPING RELATIVES, FRIENDS, AND BUSINESS ASSOCIATES AMICABLY RESOLVE SIGNIFICANT DIFFERENCES IN BELIEF. NEWS MEDIA USED OUR HOTLINE AS A REFERENCE SOURCE FOR QUALIFIED EXPERTS TO PROVIDE RELIABLE INFORMATION REGARDING NEW RELIGIOUS MOVEMENTS.

PROFESSIONAL REFERRAL LIST: THE FOUNDATION EXPANDED ITS LIST OF QUALIFIED EXPERTS ON RELIGION AND RELIGIOUS LIBERTY TO OVER 250 SCHOLARS, ATTORNEYS, RELIGIOUS FREEDOM ACTIVISTS, MEDIATORS AND MANY OTHERS. DURING 2000, THE FOUNDATION MADE THESE EXPERTS AVAILABLE TO HUNDREDS OF MEDIA, STUDENTS, EDUCATORS, AND CONCERNED FAMILY MEMBERS.

WEB PAGES: THE FOUNDATION CONTINUES TO MAINTAIN TWO WEBSITES ([WWW.CULTAWARENESSNETWORK.ORG](http://WWW.CULTAWARENESSNETWORK.ORG) AND [WWW.FORF.ORG](http://WWW.FORF.ORG)) AND SAW THE WEEKLY HITS INCREASE FROM 10,000 TO OVER 100,000. THESE SITES PROVIDE INFORMATION ON OVER ONE HUNDRED DIFFERENT RELIGIOUS GROUPS AND LINKS TO MANY OTHER RELIGIOUS TOLERANCE SITES. THE FOUNDATION ALSO HAS A SITE, [WWW.TOLERANCE2000.ORG](http://WWW.TOLERANCE2000.ORG), WHICH HAS THE ONLINE VERSION OF OUR BOOK ON RELIGIOUS TOLERANCE, DISCUSSED BELOW.

PUBLICATIONS: THE FOUNDATION PUBLISHED "TOLERANCE 101", A PRIMER ON THE SUBJECT OF RESPECT AND UNDERSTANDING FOR OUR MODERN TIMES. THIS 102-PAGE MANUAL ADVOCATES COMMUNICATION WITH OTHERS ABOUT THEIR RELIGIOUS BELIEFS AND A FOSTERING OF RESPECT FOR ALL RELIGIOUS BELIEFS AS THE ONLY TRUE MEANS OF PREVENTING RELIGIOUS HATRED AND BIGOTRY. SEVERAL HUNDRED COPIES OF THE BOOK WERE DISTRIBUTED FREE OF CHARGE TO INDIVIDUALS AND GROUPS THROUGHOUT THE YEAR.

FOSTERING RELIGIOUS UNDERSTANDING: THE FOUNDATION ACQUIRED THE FILES OF THE DEFUNCT "CULT AWARENESS NETWORK" AND OPENED THEM TO PUBLIC SCRUTINY. REPRESENTATIVES FROM SEVERAL DOZEN RELIGIOUS ORGANIZATIONS AND SCHOLARS WERE THUS ABLE TO REVIEW THEIR CONTENTS FOR THE FIRST TIME. AS A RESULT, TWO SCHOLARLY PAPERS WERE WRITTEN ABOUT THAT ORGANIZATION'S ACTIVITIES AS A SOURCE OF RELIGIOUS INTOLERANCE DURING THE 1980'S AND 1990S. THESE PAPERS CAN BE VIEWED AT [WWW.CESNUR.ORG](http://WWW.CESNUR.ORG).

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  ▶
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Automatic 3-Month Extension of Time**—Only submit original (no copies needed)  
**Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only**   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization <b>FOUNDATION FOR RELIGIOUS FREEDOM</b>	Employer identification number <b>95-4615525</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1680 N. VINE ST., SUITE 415</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LA, CA, 90028</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box  ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **15 AUG 2001** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20 **00** or  
 ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). 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 ▶ *Nancy O'Meara* Title ▶ TREASURER Date ▶ 17 April 2001

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- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box  **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization <i>FOUNDATION FOR RELIGIOUS FREEDOM</i>	Employer identification number <i>95-4615525</i>
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <i>1680 N. VINE ST, SUITE 415</i>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>LOS ANGELES, CA. 90028</i>	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
 Form 990-PF   
 Form 990-T (trust other than above)   
 Form 4720   
 Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2001.

5 For calendar year 2000, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.

6 If this tax year is for less than 12 months; check reason:  Initial return  Final return  Change in accounting period

7 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.*

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

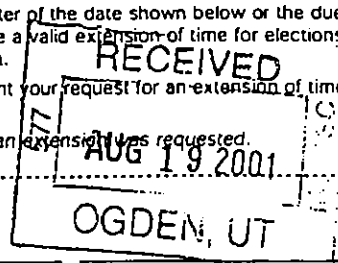
**Signature and Verification**

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 Nancy O'Meara Title Treasurer Date Aug 14, 2001

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's 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 the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_



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

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)