

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2001 calendar year or tax year beginning 2001 and ending 20

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

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 415
City or town state or country and ZIP + 4
LOS ANGELES, CA 90028

D Employer identification number
95 4615525
E Telephone number
(323) 468-0567
F Enter 4 digit (GEN) ▶

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

G Accounting method Cash Accrual
Other (specify) ▶

I Web site ▶ www.forf.org

H Check if the organization is not required to attach Schedule B (Form 990 990-EZ or 990-PF)

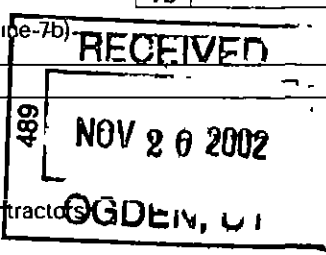
J Organization type (check only one)— 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K 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**

L 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. ▶ \$ 63,639.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																								63,639.		
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																										
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																										
	6	Special events and activities (attach schedule)																										
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
6b	Less direct expenses other than fundraising expenses																											
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																											
7a	Gross sales of inventory, less returns and allowances																											
7b	Less cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																											
8	Other revenue (describe ▶ <u>63,639.</u>)																											
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c and 8)																								63,639.			
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors																								21,876.		
	14	Occupancy, rent, utilities, and maintenance																								13,391.		
	15	Printing, publications, postage, and shipping																								7,584.		
	16	Other expenses (describe ▶ <u>See Statement 1</u>)																								8,567.		
	17	Total expenses (add lines 10 through 16)																								51,418.		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																								12,221.		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																								4,505.		
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																								16,726.		



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 39)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,774.	12,894.
23	Land and buildings		
24	Other assets (describe ▶ <u>Furniture, equipment, deposits</u>)	2,731.	3,832.
25	Total assets	4,505.	16,726.
26	Total liabilities (describe ▶ _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	4,505.	16,726.

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 10642I

Form 990-EZ (2001)

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SCANNED DEC 18 2002

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)

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 \$)	28a	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)
28 See Statement 2			
	(Grants \$)	28a	51,418.
29			
	(Grants \$)	29a	
30			
	(Grants \$)	30a	
31 Other program services (attach schedule)	(Grants \$)	31a	
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 40)

(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	CHAIRMAN OF THE BOARD/2 HOURS	0.	0.	0.
STAN KOEHLER 1680 NORTH VINE, LOS ANGELES	BOARD MEMBER 2 HOURS	0.	0.	0.
MARK LURIE 1680 NORTH VINE, LOS ANGELES	BOARD MEMBER 2 HOURS	0.	0.	0.

Part V Other Information (Note the attachment requirement in General Instruction V, 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		
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? N/A		
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.		
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.		
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 ▶ NANCY O'MEARA Telephone no ▶ (323) 468-0567 Located at ▶ 1680 NORTH VINE ST, #415 LOS ANGELES, CA. ZIP + 4 ▶ 90028-8833		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>		

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

Signature of officer: Nancy O'Meara Date: Nov 14, 2002

Type or print name and title: Nancy O'Meara, Treasurer

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self employed:

Firm's name (or yours if self employed) address and ZIP + 4: _____ EIN: _____ Phone no: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions)

OMB No 1545 0047

2001

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **FOUNDATION FOR RELIGIOUS FREEDOM** Employer identification number: **95 4615525**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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
NONE				
.				
.				
.				
.				
.				
.				
Total number of other employees paid over \$50 000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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
NONE		
.		
.		
.		
.		
.		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions)

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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI A or line 1 of Part VI-B)

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

2 During the year has the organization, either directly or indirectly engaged in any of the following acts with any substantial contributors 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships fellowships, student loans, etc ? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note 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

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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

5 A church convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 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 **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

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

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	59,044.	40,365.	22,518.	34,705.	156,632.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose					0.
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					0.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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.					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23 Total of lines 15 through 22	59,044.	40,365.	22,518.	34,705.	156,632.
24 Line 23 minus line 17	59,044.	40,365.	22,518.	34,705.	156,632.
25 Enter 1% of line 23	590.	404.	225.	347.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	3,133.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	8,867.	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶	26c	156,632.	
d Add amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b 8,867.	▶	26d	8,867.	
e Public support (line 26c minus line 26d total)	▶	26e	147,765.	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	94.34%	

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A

(2000) _____ (1999) _____ (1998) _____ (1997) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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

(2000) _____ (1999) _____ (1998) _____ (1997) _____

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 from 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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) 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?		
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?		
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? 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures announcements and other written communications to the public dealing with student admissions programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and limited control provisions apply

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

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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total	Total
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) (See page 12 of the instructions)

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

	Yes	No	Amount
a		X	
b		X	
c		X	
d		X	
e		X	
f		X	
g		X	
h		X	
i			0.

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of organization

FOUNDATION FOR RELIGIOUS FREEDOM

Employer identification number

95 4615525

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (**Note** Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions)

General Rule—

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules—

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8) or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1 000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7), (8) or (10) organization filing Form 990, or Form 990-EZ that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization **FOUNDATION FOR RELIGIOUS FREEDOM** Employer identification number **95 4615525**

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		24,601. \$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		5,000. \$	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FOUNDATION FOR RELIGIOUS FREEDOM

95-4615525

FORM 990-EZ 2001

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

OFFICE	6,041
TRAVEL	353
FEES & DUES	339
BANK CHARGES	1,135
DEPRECIATION EXPENSE	700

TOTAL TO FORM 990-EZ, PART I, LINE 16	8,567
	=====

STATEMENT 1

INFORMATION HOTLINE: VOLUNTEERS FROM DIVERSE RELIGIONS CONTINUED TO ANSWER CALLS TO OUR 1-800 HOTLINE, WITH OVER 1,500 CALLERS GIVEN FACTUAL INFORMATION OR REFERRED TO QUALIFIED PROFESSIONALS (SEE NEXT) TO HELP OVERCOME RELIGIOUS DIFFERENCES AMICABLY.

PROFESSIONAL REFERRAL LIST: THE FOUNDATION CONTINUED TO EXPAND ITS LIST OF QUALIFIED REFERRALS - INCLUDING PROFESSORS OF RELIGIOUS STUDIES, ATTORNEYS, LAW ENFORCEMENT PROFESSIONALS, INTERFAITH ACTIVISTS WHO ACT ON A VOLUNTARY BASIS TO ASSIST FAMILIES, MEDIA AND EDUCATORS TO UNDERSTAND DIFFERING RELIGIOUS BELIEFS AND WORK OUT RELIGIOUS DIFFERENCES AMICABLY. DURING THE YEAR 2001, THE FOUNDATION MADE THESE EXPERTS AVAILABLE TO HUNDREDS OF CALLERS THROUGH REFERRALS FROM OUR HOTLINE AND ALSO THROUGH A LIST OF SUCH POSTED ON THE INTERNET.

WEB PAGES: THE FOUNDATION CONTINUED ITS INTERNET PRESENCE WITH THE EXPANSION OF ITS WEBSITES, WWW.CULTAWARENESSNETWORK.ORG, WWW.FORF.ORG AND WWW.TOLERANCE2000.ORG. THESE SITES PROVIDED LINKS TO OTHER RELIGIOUS INFORMATION AND TOLERANCE SITES, FACTUAL INFORMATION ABOUT RELIGIOUS BELIEFS, AND INFORMATION WRITTEN BY SCHOLARS AND RESEARCHERS DEBUNKING LIES AND COMMON MISCONCEPTIONS WHICH FOSTER HATE ABOUT

RELIGIONS.

PUBLICATIONS: THE FOUNDATION HAD ITS BOOK ON RELIGIOUS TOLERANCE, "TOLERANCE 101" TRANSLATED INTO FRENCH, ITALIAN, HUNGARIAN, SPANISH AND JAPANESE IN ADDITION TO HANDING OUT HUNDREDS OF THE BOOKS AT INTERFAITH AND RELIGIOUS TOLERANCE EVENTS, THE FRENCH, ITALIAN, HUNGARIAN AND SPANISH VERSIONS WERE POSTED ON THE FOUNDATION'S WEBSITE, WWW TOLERANCE2000.ORG, AS WAS A CANADIAN EDITION. IN COOPERATION WITH A LOCAL HUMAN RIGHTS GROUP THE BOOK WAS PUBLISHED IN FRANCE UNDER THE TITLE, "SECT ALERT" THE BOOK WAS ALSO PUBLISHED BY A RELIGIOUS TOLERANCE GROUP IN JAPAN. OVER 8,000 VISITORS FROM MORE THAN 50 COUNTRIES HAVE VISITED THE WEBSITE TO READ OUR MESSAGE OF RESPECT FOR ALL RELIGIOUS BELIEFS.

FOSTERING RELIGIOUS UNDERSTANDING: THE FOUNDATION, WHICH HAD EARLIER ACQUIRED THE FILES OF THE DEFUNCT "CULT AWARENESS NETWORK" AND OPENED THEM TO PUBLIC SCRUTINY WHERE THEY WERE VIEWED BY REPRESENTATIVES OF MANY FAITH COMMUNITIES AS WELL AS SCHOLARS, DONATED THESE FILES TO THE UNIVERSITY OF CALIFORNIA, BERKELEY, WHERE THEY ARE NOW HOUSED AT THE DAVIDSON LIBRARY AS A SPECIAL COLLECTION, THUS MAKING THEM AVAILABLE FOR FURTHER STUDY BY RELIGIOUS STUDIES STUDENTS, PROFESSORS AND RESEARCHERS.

ADDITIONALLY, THE FOUNDATION EXPANDED ITS NETWORKING WITH OTHER RELIGIOUS FREEDOM/TOLERANCE ORGANIZATIONS, JOINING THE NORTH AMERICAN

INTERFAITH NETWORK, THE NATIONAL ASSOCIATION FOR ECUMENICAL AND INTER-RELIGIOUS STAFF, AND THE INTERNATIONAL UNITED RELIGIONS INITIATIVE. THE FOUNDATION HOSTED A ROUND TABLE FEATURING A SPEAKER FROM AMNESTY INTERNATIONAL REGARDING RELIGIOUS FREEDOM IN CHINA. STAFF OF THE FOUNDATION ALSO ATTENDED MAJOR RELIGIOUS FREEDOM CONFERENCES IN LONDON, ENGLAND AND SALT LAKE CITY, UTAH.

STATEMENT 2

- 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 File by the extended due date for filing the return See instructions	Name of Exempt Organization FOUNDATION FOR RELIGIOUS FREEDOM	Employer identification number 95 1461525
	Number, street, and room or suite no. If a P.O. box, see instructions 1680 N. VINE ST, SUITE 415	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions LOS ANGELES, CA. 90028	

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 NOV 15 2002

5 For calendar year 2001, 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 THE PREPARATION OF THE 990 HAS NOT YET BEEN COMPLETED OR REVIEWED BY THE BOARD OF DIRECTORS RECEIVED

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 DeVerna Title Treasurer Date 8/13, 2002

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 _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension approved 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)

EXTENSION APPROVED
SEP 09 2002
 LINDA WEISKOPF, FIELD DIRECTOR
 SUBMISSION PROCESSING, OGDEN

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ 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

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

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 AUGUST 15 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 2002, 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'Neira Title ▶ TREASURER Date ▶ May 13, 2002