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)

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. and ending A For the 2001 calendar year, or tax year period beginning

Inspection

Ε		heck of	Please C Name of organization	-		D Emplo	yer ide	ntification number
		∏Addres	use IRS			0.5	17	08314
	느	_∫change □]Name			10			
	늗	_change	Number and street (or P.O. box if mail is not delivered to street address) Specific 4245 MESA VISTA DRIVE		Room/suite	-	18)	988-4053
	늗	return _Final	Instruc-					1 X Cash Accrual
	₹	lreturn ∐Amend			ner ecity)			
		⊒return □Applic	tion Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	Handl	are not annlica			27 organizations.
	_	pendin	must attach a completed Schedule A (Form 990 or 990-EZ).	1	this a group re			
G	. v	Neh site	N/A	1 ''	"Yes," enter nu			
-	<u>- '</u>	700 Sile		7 ' '	re all affiliates i			/A Yes No
J)roaniz:	tion type (theck only one) ► X 501(c) (3) ◀ (insert no)	1 `' //	f "No," attach a			/11 <u> </u>
<u> </u>			ere In the organization's gross receipts are normally not more than \$25,000. The	1	this a separate	e return f	led hy :	an or-
•			tion need not file a return with the IRS; but if the organization received a Form 990 Package	1 , ,	anization cover			
			al, it should file a return without financial data. Some states require a complete return.		nter 4-digit GEI			
-	_						anizatio	n is not required to attach
1	. 0	eross re	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12		ch. B (Form 99			
Ī			Revenue, Expenses, and Changes in Net Assets or Fund Bala		,			<u>- </u>
-		1	Contributions, gifts, grants, and similar amounts received:					
*007		a		1 1	,194,0	00.	- 1	
		ь	Indirect public support	† -	<u> </u>	•••		
3	1	c	Government contributions (grants)	 		\neg		
es?		ď	Total (add lines 1a through 1c)			$\neg \neg$	j	
		•	(cash \$1, 194, 000. noncash \$)				1d	1,194,000.
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	••	•	··	2	
		3	Membership dues and assessments			" <i>"</i>	3	
SCANNED		4	Interest on savings and temporary cash investments	•	•• ••	· " -	4	523.
Z		5	Dividends and interest from securities		••	·	5	
\mathbb{Z}_{2}		6 a	Gross rents 6a	7	•	· -	<u> </u>	
			Less: rental expenses 6b	 			- 1	
			Net rental income of closs) (subtract line 6b from line 6a)			\neg	6c	
O	ne	7	Other investment income (epstribe >		•••••	···; -	7	
	Revenue				(B) Other	-	' -	
	æ	35, 1	Grass amount from saie dissets other (A) Securities than inventory 8a	T	TD) Other		}	
			tess: cost or other basis and sales expenses 8b				1	
			Garo Closs Variach schedule) 8c	1		_	- 1	
			Net gain or (loss) (combine line 8c, columns (A) and (B))	·			8d	
	i	9	Special events and activities (attach schedule)			. -	-	
		-	Gross revenue (not including \$ of contributions				- 1	
		_	reported on line 1a)	1		ſ	ı	
		ь	Less: direct expenses other than fundraising expenses 9b					
		C	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
		10 a] `	•• •••	··· -		
		b	Less: cost of goods sold					
		C		10a)			10c	
		11	Other revenue (from Part VII, line 103)	•			11	
_		12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	1,194,523.
_		13	Program services (from line 44, column (B))				13	1,213,841.
	Ses	14	Management and general (from line 44, column (C))				14	2,354.
	Expenses	15	Fundraising (from line 44, column (D))				15	
	ă	16	Payments to affiliates (attach schedule)		• •	··· [16	
	_	17	Total expenses (add lines 16 and 44, column (A))	•			17	1,216,195.
_		18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	-21,672.
*	ssets	19	Net assets or fund balances at beginning of year (from line 73, column (A))			· -	19	26,090.
Ž	SS	20	Other changes in net assets or fund balances (attach explanation)				20	0.
_		21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	· ·				
1:	2300 1-04)1 -02	LHA For Paperwork Reduction Act Notice, see the separate instructions.					4,418. Y Form 990 (2001)
			•			101	2	14
						9		

Statement of All of	organiza	tions must complete colum	n (A). Columns (B), (C), an	d (D) are required for section	n 501(c)(3) and
Part II Functional Expenses (4) Do not include amounts reported on line	organiza	ations and section 4947(a)((8) Program	(C) Management	(D) Fundations
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
cash \$ 1 213 841 noncash \$	22	1,213,841.	1,213,841.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule	_				
24 Benefits paid to or for members (attach schedule)					
25 Compensation of officers, directors, etc.	25	0.	<u>0.</u>	0.	0.
26 Other salaries and wages	. 26) 		<u> </u>
27 Pension plan contributions	27				ļ
28 Other employee benefits	. 28			<u></u>	
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	1,259.	 	1,259.	
32 Legal fees	32	819.		819.	
33 Supplies .	33	· ·			_ ·_ · - · · · · · · · · · · · · · · · ·
34 Telephone .	34		- 		
35 Postage and shipping .	35			<u> </u>	
36 Occupancy	36				
37 Equipment rental and maintenance	37				-
38 Printing and publications	38				·
39 Travel	. 39		 		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42		·		
43 Other expenses not covered above (itemize):	- 1 - 1				
a TAXES & LICENSES	438	30.	<u> </u>	30.	
b BANK CHARGES	43b	46.		46.	
c IHELP MEMBERSHIP	43c	200.		200.	
d	43d				
e	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,216,195.	1,213,841.	2,354.	0.
Joint Costs. Check if you are following SOP	98-2.			<u></u>	
Are any joint costs from a combined educational camp		d fundraising solicitation rej	ported in (B) Program servi	ices? ▶	Yes X No
If "Yes," enter (i) the aggregate amount of these joint c					:
(iii) the amount allocated to Management and general			(iv) the amount allocated to		•
Part III Statement of Program Serv	rice A				
What is the organization's primary exempt purpose?	► SE	E STATEMENT	2		
					Program Service
All organizations must describe their exempt purpose achieveme achievements that are not measurable (Section 501(c)(3) and (4)					Expenses (Required for 501(c)(3) and
achievaments trait are not measurable (section 50 (C)(3) and (4)	organiza	ions and 4947(a), i) nonexempt c	TENEDIS ITUSIS MUSICALISMENT	the amount of grants and	(4) orgs, and 4947(a)(1) trusts, but optional for others.)
a LRH MASTERPIECE EDITIO	NS	- AN EXEMPT	ORGANIZATION		
		(0	Grants and allocations \$)	286,625.
b CHURCH OF SCIENTOLOGY	FS0	- AN EXEMPT	ORGANIZATIO	N	
		(6	Grants and allocations \$)	<u> 261,699.</u>
c INTERNATIONAL ASSOCIAT	ION	OF SCIENTOLO	OGISTS - AN	EXEMPT	
ORGANIZATION					
		(0	Grants and allocations \$		242,047.
d CHURCH OF SCIENTOLOGY	REL	IGIOUS TRUST	- AN EXEMPT		
ORGANIZATION					
		(0	Grants and allocations \$)}	189,500.
Other program services (attach schedule)	STA'	rement 4 (6	Grants and allocations \$)	233,970.
f Total of Program Service Evnenses (should equa	Lline AA	column (P) Program con	ringe)		1 213 841

Form 990 (2001)

123011 01-02-02

Part IV Balance Sheets

Note:		re required, attached schedules and amounts wit Id be for end-of-year amounts only.	hin the	description column	(A) Beginning of year		(B) End of year
	45 46	Cash - non-interest-bearing Savings and temporary cash investments			26,090.	45 46	4,418.
	47 a	Accounts receivable Less; allowance for doubtful accounts	47a 47b			47c	
		Pledges receivable	48a 48b			48c	
	49 50	Less: allowance for doubtful accounts Grants receivable Receivables from officers, directors, trustees,			49		
Assets	51 a	and key employees Other notes and loans receivable Less: allowance for doubtful accounts	51a			50 51c	
¥	52 53	Inventories for sale or use		52 53			
	54 55 a	Investments - securities Investments - land, buildings, and equipment: basis	55a	Cost FMV		54	
	56	Less: accumulated depreciation Investments - other	55b			55c 56	
		Land, buildings, and equipment basis Less: accumulated depreciation Other assets (describe >	57a 57b			57c 58	
	59 60	Total assets (add lines 45 through 58) (must equal lines 45 through 58).	26,090.	59_ 60	4,418.		
ies	61 62	Grants payable Deferred revenue				61 62	
Liabilities		Loans from officers, directors, trustees, and key empl Tax-exempt bond liabilities Mortgages and other notes payable	oyees 			63 64a 64b	
	65	Other liabilities (describe)		65	0
	66 Organ	Total liabilities (add lines 60 through 65) nizations that follow SFAS 117, check here ► 69 and lines 73 and 74.	and co	implete lines 67 through	0.	66	0.
3alances	67 68 69	Unrestricted Temporarily restricted Permanently restricted				67 68 69	
Net Assets or Fund Balances	Organ	nizations that do not follow SFAS 117, check here 70 through 74.		1	•	,	
Assets (70 71 72	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equip Retained earnings, endowment, accumulated income,	nd	0. 0. 26,090.	70 71 72	0. 0. 4,418.	
Net	73	Total net assets or fund balances (add lines 67 throughout (A) must equal line 19; column (B) must equal	igh 69 C Il line 21	OR lines 70 through 72;	26,090.	73	4,418. 4,418.
	74	Total liabilities and net assets / fund balances (add	mies oo	aliu (3)	<u> 26,090.</u>	74	4,410.

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.

Pa	Reconciliation of Revenue Financial Statements with	per Audited Revenue per	Par		Financia	al Statement			
	Return Total revenue, gains, and other support	1	a		Return nses and lo	sses der			
-	per audited financial statements	N/A		audited fin	anciał state			a	N/A
b	Amounts included on line a but not on line 12, Form 990:		1	line 17, Fo	rm 990:	mie & Dut Hot OH			
(1)	Net unrealized gains		"	and use of		\$		}	
	on investments \$		(2)	Prior year	adjustment	s			
(2)	Donated services	1		reported o	n line 20,			1	
	and use of facilities \$			Form 990		\$			
(3)	Recoveries of prior		(3)	Losses rep	orted on				
	year grants \$		1	line 20, Fo	rm 990 .	\$			
(4)	Other (specify):		(4)	Other (spe	cıfy):				
	 \$		_			\$		1 1	
	Add amounts on lines (1) through (4)		4			(1) through (4)		b	
C	Line a minus line b	<u> </u>	_ c	Line a min	_			C	·
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts in 990 but no		line 17, Form			
(1)	Investment expenses		(1)	Investmen	t expenses				
	not included on			not include					
	line 6b, Form 990 \$			line 6b, Foi	rm 990 👑	\$			
(2)	Other (specify):		(2)	Other (spe	cify);	\$			
1	Add amounts on lines (1) and (2)			Add amou	nts on lines	(1) and (2)	>	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	1	е	(line c plu	s line d)	e 17, Form 990		e	
Pa	rt V List of Officers, Directors, Tr	ustees, and Key I							
	(A) Name and address		(B) Tri	tle and avera r week devo position	age hours oted to	(C) Compensation (If not paid, enter -0)	(D) Cont employ plans of comp	ributions to ree benefit & deferred ensation	(E) Expense account and other allowances
	LLY JENSEN		SEC	RETAR	Y/CFO				
<u>42</u>	45 MESA VISTA DR.								_
	CANADA, CA 91011		10			0.		0.	0.
	AIG JENSEN		CEO						
42	45 MESA_VISTA_DR.					_		_	_
			10			0.		0.	0.
	LAND HAWKINS								
	51 HOLLYWOOD BLVD.		L			•		•	•
	LLYWOOD, CA 90028		AS .	NECES	SARY	0.	ļ T	0.	0.
	SE COHEE								
	11 N. NEW HAMPSHIRE			TT OT O	33 D.Z	0		^	_
	S ANGELES, CA 90027		AS I	NECES:	SARY	0.		0.	0.
<u>63</u>	SLIE BROWNING 31 HOLLYWOOD BLVD.								
<u>HO</u>	LLYWOOD, CA 90028		AS I	NECES	SARY	0.		0.	0.
								-	
								_	
							ļ		
						•			
					İ				
75 ſ	Old any officer, director, trustee, or key employee rece	ive aggregate compensati	on of m	ore than \$1	00,000 from	n your organization	and all r	elated	
	organizations, of which more than \$10,000 was provide						X No		Form 990 (2001)

JENSEN FAMILY FOUNDATION

95-4708314

Page 4

Form 990 (2001)

_		15-4708		Page 5
	rt VI Other Information			es No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	y	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		77	<u>X</u> _
	If "Yes," attach a conformed copy of the changes.		1	
78 a	, , , , , , , , , , , , , , , , , , , ,		78a	X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	, ,	79	X_
	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,		1	
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a	<u> </u>
b	If "Yes," enter the name of the organization			
	and check whether it is exempt OR	nonexempt.		1
81 a	Enter direct or indirect political expenditures. See line 81 instructions	0.		
b	Did the organization file Form 1120-POL for this year?		81b	<u> </u>
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less t	han		
	fair rental value?		82a	<u> </u>
þ	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	· · · · · · · · · · · · · · · · · · ·	I/A		·
83 a		I/A	83a	
b	Old the organization comply with the disclosure requirements relating to quid pro quo contributions?	I/A	83b	\bot
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	I/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	I/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	I/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for	proxy tax	- 1	1
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members	I/A	- 1	
d	Section 162(e) lobbying and political expenditures	I/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	I/A	ļ	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N	I/A	- [
0	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	[/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of	f dues		
	allocable to nondeductible lobbying and political expenditures for the following tax year?	ī/Ā [85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	I/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N	I/A	}	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	I/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	I/A	_	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		- 1	
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		ļ	
	If "Yes," complete Part IX		88	Х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911▶	0.	1	
b	501(c)(3) and 501(c)(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?		1	
	If "Yes," attach a statement explaining each transaction		89b	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958	•		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	—		0.
90 a	List the states with which a copy of this return is filed CALIFORNIA			
Ь	Number of employees employed in the pay period that includes March 12, 2001 90b			0
91	The books are in care of ▶ JENSEN FAMILY FOUNDATION Telephone no. ▶	818-98	8-40	53
	Located at ► 4245 MESA VISTA DR., LA CANADA, CA	ZIP+4 ► <u>9</u> :	<u> 1011</u>	
			_	
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	·

JENSEN FAMILY FOUNDATION

•	/II Analysis of Income						T
	nter gross amounts unless other	wise	(A)	ted business income (B)	(C)	(D)	(E)
ındıcate			Business	Amount	Exclu- sion	Amount	Related or exempt function income
	gram service revenue:	-	code	2111	code		Tanodon moone
		<u> </u>			 	- 1 <u></u>	
· -							-
d					1		<u> </u>
- <u> </u>							
f Med	icare/Medicaid payments						
g Fees	and contracts from government ag	encies					
94 Mem	nbership dues and assessments		1				
95 Inter	est on savings and temporary						1
cash	ınvestments			523.	<u> </u>		
96 Divid	dends and interest from securities						
97 Net r	rental income or (loss) from real est	ate:		,			
	-financed property	}		· · · · · · · · · · · · · · · · · · ·			<u> </u>
	debt-financed property	-					<u> </u>
	rental income or (loss) from person	al property					
	r investment income						
	or (loss) from sales of assets] ;		
	r than inventory						
	ncome or (loss) from special events						
	s profit or (loss) from sales of inve	ntory					
103 Othe	r revenue:	i			j l		
•	· · · · · · · · · · · · · · · · · · ·						
·							
ď —							
e	······································						
104 Subt	total (add columns (B), (D), and (E))		523.		0.	0.
	I (add line 104, columns (B), (D), a	-4 /5\\					523.
Note: Line	e 105 plus line 1d, Part I, should	d equal the amou	nt on line 12	2, Part I.			
Part V	III Relationship of Acti	vities to the	Accompl	ishment of Exemp	t Pur	poses (See Specific Instri	uctions on page 32.)
Line No.					l import	tantly to the accomplishment	of the organization's
	exempt purposes (other than by	providing funds fo	r such purpo	ses).			
	N/A						
		 					
							<u>.</u>
<u> </u>	/ Information Degrand	na Tavabla G	Nila idia d	ice and Dispersed	- d E-	Aidia - (Cas Cassife Instru	-t
Part I)		(B)	Jupsiciai	(C)	eu Ei	(D)	(E)
Name, a	(A) address, and EIN of corporation,	Percentage of	. [Nature of activities		Total income	End-òf-year
part	nership, or disregarded entity	ownership interes	1				assets
-	N/A	9	+				
	N/A	9	+				
		9	+				
Part X	Information Regardi		<u> </u>	ted with Personal	Bene	efit Contracts (See So	ecific Instructions on page 33.
	the organization, during the year, re						Yes X No
	the organization, during the year, p		-			· ·	Yes X No
טוע נסו			-				
	"Yes" to (b), file Form 8870 and				-4-4	nts, and to the best of my knowler	des and balled it is to the
	"Yes" to (b), file Form 8870 and Under penalties of perjury, I declare that	t I have examined this	return, including	g accompanying schedules and	Statemer	knowledge	ige and belief, it is true,
Note: /f		t I have examined this	return, including er) is based on	g accompanying schedules and all information of which prepared	r has any	/ knowledge	ige and beller, it is true,
Note: /f	Under penalties of perjury, I declare that	t I have examined this	return, including er) is based on	g accompanying schedules and all information of which prepared	statement has any	y knowledge ly Teusey, Sea	etary / CFO
Note: If	Under penalties of perjury, I declare that	t I have examined this	return, includin er) is based on	all information of which prepared S119(04 Date Ty	r has any <u>Sa ()</u> pe or p	y Teu sea, Secr (int name and title	etany/CFO
Note: If Please Sign Here	Under penalties of perjury, I declare that	t I have examined this	return, includinger) is based on	all information of which prepared S119(04) Date Date	r has any Sall pe or p	y Vey sea, sech (int name and title Check if self-	e tany CFO Preparer's SSN or PTIN
Note: If Please Sign Here	Under penalties of perjury, I declare that correct, and complete Declaration of purpose Signature of officer Preparer's signature	t I have examined this	return, including ari is based on	all information of which prepared S119(04) Date Date	r has any <u>Sa ()</u> pe or p	y Vey sea, sech (int name and title Check if self-	etary /CFO
Note: If Please Sign Here Paid Preparer's	Under penalties of perlury, I declare that correct, and complete Declaration of purpose Signature of officer Preparer's signature	t I have examined this reparer (other than office	er) is based on	all information of which prepared S119(04) Date Date	r has any pe or pe	y Vey sea, sech (int name and title Check if self-	etary /CFO
Note: If Please Sign Here	Under penalties of perjury, I declare that correct, and complete Declaration of purpose of perjury. Addled Signature of officer	t I have examined this eparer (other than office which will be seen to the seen than office which will be seen than the seen that will be	RESNIC	Date Date Date MAY K, KLEIN & CUITE 380	r has any pe or pe	(y Ten sen Sech (int name and title Check if self- 2004 employed EIN	etary /CFO

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Supplementary Information-(See separate instructions.)

Name of the organization JENSEN FAMILY FOUNDATION		Employer identification number 95 4708314		
Part I Compensation of the Five Highest Paid Emplo (See page 1 of the instructions. List each one. If there are none, enter	yees Other Than Of	ficers, Directo		
(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				
	_			
	_			
·				
otal number of other employees paid	0			
Part II Compensation of the Five Highest Paid Independent (See page 2 of the instructions. List each one (whether individuals or			al Services	
(a) Name and address of each independent contractor paid more t	than \$50,000	(b) Type of s	service	(c) Compensation
NONE				
		7.7.6.78		
otal number of others receiving over				

Schedule A (Form 990 or 990-EZ) 2001 JENSEN FAMILY FOUNDATION 95-470831					
P	art III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	public lobbyii or line	the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the gardening activities \$ (Must equal amounts on line 38, Part VI-A, i of Part VI-B.)	1_		<u>x</u>
2	"Yes," i During trustee person	izations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. If the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, es, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such it is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," and detailed statement explaining the transactions.)			
8	Sale, e	exchange, or leasing of property?	2a		<u>X</u>
b	Lendin	ig of money or other extension of credit?	2b		х
C	Furnist	hing of goods, services, or facilities?	2c		_X_
đ	Payme	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		х
e	Transf	er of any part of its income or assets?	2e		X
		he organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) I have a section 403(b) annuity plan for your employees?	3 4		X
Note	: Atta	ch a statement to explain how the organization determines that individuals or organizations receiving grants or loans furtherance of its charitable programs "qualify" to receive payments.	<u> </u>		
	art IV				
The	org <u>an</u> iz	ration 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		. <u></u>	
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v)			
118		(Also complete the Support Schedule in Part IV-A.) 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.)			
116		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	X	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descr (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).)	ibed in:		
		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)	(b) Lin fro	e numt om abo	
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

Sché	dule A (Form 990 or 990-EZ) 2001 J	ENSEN FAMIL	Y FOUNDATIO	ON			08314 Page
Pa	rt.IV-A ,Support Schedule (C Note: You may use th	complete only if you ch he worksheet in the ins	lecked a box on line 1 tructions for convertir	0, 11, or 12.) Use cas ng from the accrual to	h method of acc the cash method	counting. I of accour	nting. N/A
	ndar year (or fiscal year nning 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)					:	•
16	Membership fees received						
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						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	0.	0.	0.		0.	0
24	Line 23 minus line 17						
25	Enter 1% of line 23					,	
26	Organizations described on lines 10				•	26a	N/A
b	Prepare a list for your records to sho			•			
	unit or publicly supported organization	•	· ·	eded the amount shown i	_	005	N/A
	Do not file this list with your return. Total support for section 509(a)(1) to		=		. }	26b 26c	N/A
	Add: Amounts from column (e) for li			9	. •	200	M/A
•				6b		26d	N/A
е	Public support (line 26c minus line 2					26e	N/A
f	Public support percentage (line 26e				<u> </u>	26f	N/A °
27	Organizations described on line 12:	a For amounts include	d in lines 15, 16, and 17	that were received from	a "disqualified pers	on," prepare	a list for your records
	to show the name of, and total amou	ints received in each year	from, each "disqualified	person." Do not file this	list with your retu	rn. Enter the	sum of such amount
	for each year:	(1000)		44000		//OD=1	
ь	(2000)			(1998)	ore a list for your r	(1997)	
U	amount received for each year, that w		•		-		
	lines 5 through 11, as well as individ	_			•	-	
	amount described in (1) or (2), enter	•	-				
	(2000)	. (1999)		(1998)		(1997)	
_	Add: Amounto from solume (a) for la	000. 45		16			
C	Add: Amounts from column (e) for li			16 21		27c	N/A
ď	Add: Line 27a total		ine 27b total	. "		27d	N/A
е	Public support (line 27c total minus			•		27e	N/A
f	Total support for section 509(a)(2) to			▶ 27f	N/A		
g	Public support percentage (line				▶	27g	N/A %

[▶] 27h <u> N/A</u> h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 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

Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	N
instrument, or in a resolution of its governing body?	29		
Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			Г
and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
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	ļ	▙
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	i		ĺ
	_		
Does the organization maintain the following:	-		
Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	 	⊢
Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<u>32b</u>		-
Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	200		
admissions, programs, and scholarships?	32c 32d		\vdash
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	320		
Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?	33a		
b Admissions policies?	33b		
Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
Educational policies?	33e		
Use of facilities?	33f		
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.)			l
	_		
	_		
	_ .		
a Does the organization receive any financial aid or assistance from a governmental agency?	. 34a		<u> </u>
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.		'	
Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			ĺ
1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		l

Schedule A (Form 990 or 990-EZ) 2001

	(To be completed	eted ONLY by an eligible orga	-		age 9 of	the instructions.)		N/A
Ch	eck 🕨 a 🔃 if the organ	ization belongs to an affiliate	d group. Check	▶ b	f you che		ited control	provisions apply.
		Limits on Lobbying	-		į	(a) Affiliated g totals		(b) To be completed for ALL electing organizations
_	(ine t	erm "expenditures" means an	nounts paid or incurred.)		-T			olocally organizations
00	Total labbuing avegaditures	to influence public opinion (aracarasta labbuna)		36	N/A		
	Total lobbying expenditures Total lobbying expenditures		-		37			
	Total lobbying expenditures	-	iy (direct lobbying)	•	38			
	Other exempt purpose expe		•		39			
	Total exempt purpose expe				40			
	Lobbying nontaxable amou			•				
	If the amount on line 40 is		ing nontaxable amount is -					
	Not over \$500,000	20% of the a	mount on line 40	`	.			
	Over \$500,000 but not over \$1,0	00,000 \$100,000 plu	s 15% of the excess over \$500,0	000				
	Over \$1,000,000 but not over \$1	,500,000 \$175,000 plu	s 10% of the excess over \$1,000	0,000	41			
	Over \$1,500,000 but not over \$1	7,000,000 £225,000 plu	s 5% of the excess over \$1,500,	000				
	Over \$17,000,000	\$1,000,000)				
	Grassroots nontaxable amo	•			42			
	Subtract line 42 from line 3		• ••	•	43			· -
44	Subtract line 41 from line 3	8. Enter -U- if line 41 is more	tnan line 38		44			
	Caution: If there is an an	nount on either line 43 or i	ine 44 vou must file Forr	m 4720				
		below. See the h	structions for lines 45 throu Lobbying Exp	, 		ar Averaging Per	iod	N/A
	endar year (or al year beginning in)	(a) 2001	(b) (c) 2000 1999		(d) 1998		(e) Total	
45	Lobbying nontaxable							
_	amount			 				0.
40	Lobbying ceiling amount (150% of line 45(e))							0.
	Total lobbying							0.
٠,	expenditures			1				0.
48	Grassroots nontaxable							
	amount							0.
49	Grassroots ceiling amount			1				
	(150% of line 48(e))			ļ				0.
50	Grassroots lobbying expenditures							0.
P	art VI-B Lobbying	Activity by Nonelec	_					
		only by organizations that di		•			1.	N/A
	ing the year, did the organiza uence public opinion on a leg	<u>-</u>	·	n, including ar	iy aπemp	110	res No	Amount
	Volunteers	isiative matter of referencing	, unough the use of.			T		
h	••• •	Include compensation in exp	enses reported on lines a thi	rough h.)	•• ••	· · · · -		1
c	Media advertisements							1
d	Mailings to members, legist				••	· · · · · · · · · · · · · · · · · · ·		
е	Publications, or published of							
f	Grants to other organization	s for lobbying purposes		••				
g		rs, their staffs, government o					_	
h		minars, conventions, speeche	s, lectures, or any other me	ans		-		
i	Total lobbying expenditures If "Yes" to any of the above.	(Add lines c through h.) also attach a statement givin	g a detailed description of the	he lobbying act	tivıties.	. L		0.

chedule	e A (Form 990 or 990-EZ) 200	1 JENSEN FAMILY I	FOUNDATION		708314	Pa	ige 6
Part.				Relationships With Nonchar	itable		
		zations (See page 12 of the inst					
		firectly or indirectly engage in any of					
		section 501(c)(3) organizations) or i		olitical organizations?	L.	l .	
		ganization to a noncharitable exemp	t organization of:				No
	(i) Cash				51a(i)		X
(ii) Other assets				a(ii)		<u>X</u>
b 0	ther transactions:						
(i) Sales or exchanges of asse	ets with a noncharitable exempt orga	nızatıon		b(i)		<u>X</u>
(ii) Purchases of assets from a	a noncharitable exempt organization			b(ii)	:	<u>X</u>
(i	ii) Rental of facilities, equipme	ent, or other assets			b(iii)	;	X
	v) Reimbursement arrangeme				b(iv)		X
	v) Loans or loan guarantees				b(v)		X
-	· ·	membership or fundraising solicital	tions	·	b(vi)		X
-	•	mailing lists, other assets, or paid e			C		X
				always show the fair market value of the	·		
		s given by the reporting organization					
_		nent, show in column (d) the value o	-		N	/A	
	1	1	i the goods, other assets, or	 	14	<u> </u>	
(a) _ine no.	(b) Amount involved	(c) Name of noncharitable ex	emnt organization	(d) Description of transfers, transactions, and	sharing arran	nemen	nte
	7 WITCOM WITCOM	Name of nononanable ox		Decomption of transfers, transactions, und	onaring arrain	gomen	
					· · · · · · · · · · · · · · · · · · ·		
	-						
							
							
							
	<u></u>	<u> </u>					
			one or more tax-exempt org	anizations described in section 501(c) of the	_		
	ode (other than section 501(c)				Yes	X)	Vo
b lf	Yes," complete the following s	schedule: N/A	···	· · · · · · · · · · · · · · · · · · ·			
	(a) Name of org)	(b)	(c)			
_	Name of org	ganization	Type of organization	Description of relations	hip		
			 				
							—
	***************************************						—
			 				—
							
			1				

1

FOOTNOTES

STATEMENT

TAX RETURNS ARE BEING AMENDED TO REFLECT INADVERTENT OMISSION OF ADDITIONAL MEMBERS OF THE BOARD OF DIRECTORS

FORM 990	STATEMENT (OF	ORGANIZATION'S	PRIMARY	EXEMPT	PURPOSE	STATEMENT	2
			PART I	II				

EXPLANATION

TO ENGAGE IN CHARITABLE ACTIVITIES DIRECTED TOWARD BENEFITTING VARIOUS CHARITABLE ORGANIZATIONS AFFILIATED WITH THE CHURCH OF SCIENTOLOGY

FORM 990	CASH GRANT	STATEMENT 3		
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CHARITABLE	ABLE		NONE	26,250.
CHARITABLE	CHURCH OF SCIENTOLOGY PASADENA		NONE	1,000.
CHARITABLE	ASHO		NONE	25,000.
CHARITABLE	СВАА		NONE	25,000.
CHARITABLE	CELEBRITY CENTER INTERNATIONAL		NONE	18,400.
CHARITABLE	CCHR		NONE	7,000.
CHARITABLE	H.E.L.P.		NONE	10,000.
CHARITABLE	CHURCH OF SCIENTOLOGY WOMEN'S AUX.		NONE	1,000.
CHARITABLE	HUBBARD COLLEGE OF ADMINISTRATION		NONE	25,000.
CHARITABLE	CRIMINON		NONE	750.
CHARITABLE	AOLA		NONE	810.
CHARITABLE	CHURCH OF SCIENTOLOGY OF OHIO		NONE	8,750.
CHARITABLE	FOUNDATION FOR RELIGIOUS FREEDOM		NONE	5,000.
CHARITABLE	DELPHI FUNDING		NONE	50,500.

JENSEN FAMILY	FOUNDATION		95-4708314	
CHARITABLE	CHURCH OF SCIENTOLOGY FSO	NONE	261,699.	
CHARITABLE	29,510. 242,047.			
CHARITABLE				
CHARITABLE	LRH MASTERPIECE EDITIONS	NONE	286,625.	
CHARITABLE	CHURCH OF SCIENTOLOGY RELIGIOUS T.	NONE	189,500.	
TOTAL INCLUDED	ON FORM 990, PART II, LINE 22		1,213,841.	
FORM 990	OTHER PROGRAM SER	VICES	STATEMENT 4	
DESCRIPTION		GRANTS AND ALLOCATIONS	EXPENSES	
OTHER EXEMPT OR		233,970.		
TOTAL TO FORM 9		233,970.		