sternal Revenue Service

**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

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

Inspection

OMB No 1545-0047

<b>≯</b>	For the	200 <u>2</u>	calendar year, or tax year period beginning	and en	ding			
¥		ا ما	Please C Name of organization			D Emp	loyer id	entification number
Ł	⊯ Addre	ļ.	se IRS abel or	_	95-4708314			
a e	chang	p p	wint or DENSEN FAMILY FOUNDATION	_				
5 5	chang	e	Number and street (or P.O. box if mail is not delivered to street address)		phone n			
3 8	return	S	pecific 4245 MESA VISTA DRIVE					988-4053
	Final	. 11	tions   City or town, state or country, and ZIP + 4			FACCO	unting meth Other	0d X Cash Accrual
- <u>e</u>	Amen		LA CANADA, CA 91011	. 1			Other (specify)	
4	Applic	ng ng	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trust must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>					ion 527 organizations.
					H(a) Is this a group r			
G	Web sit				H(b) If "Yes," enter nu			
J			type (check only one) ► X 501(c) ( 3 ) ◄ (insert no ) 4947(a)(1) or		H(c) Are all affiliates (	Include Iist 1	d? N	I/A L Yes No
K			If the organization's gross receipts are normally not more than \$25,000. T		H(d) is this a separat	e returr	ı filed by	an or-
			need not file a return with the IRS; but if the organization received a Form 990 Pack		ganization cover		group i	ruling? Yes X No
_	in the m	nail, it	should file a return without financial data. Some states require a complete return		I Enter 4-digit GE			
				.				ion is <b>not</b> required to attach
<u>L</u>			s: Add lines 6b, 8b, 9b, and 10b to line 12 1, 228, 27		Sch. B (Form 99	90, 990	EZ, or 9	990-PF).
LF	<u>Part I  </u>		venue, Expenses, and Changes in Net Assets or Fund	Bala	nces		T	
*	1	Cor	ntributions, gifts, grants, and similar amounts received:	1			}	
	8		ect public support	<u>1a</u>	1,228,0	00.		
7	t	Ind	rect public support	1b			}	
8	0		vernment contributions (grants)	1c			- [	
Ž	0	i Tot	al (add lines 1a through 1c) (cash \$1, 228, 000. noncash \$ _			.).	<u>1d</u>	<u>1,228,000.</u>
	2	Pro	ogram service revenue including government fees and contracts (from Part VII, line	93)			2	
	3	Me	mbership dues and assessments				3	
_]	4	Inte	erest on savings and temporary cash investments				4	274.
5	5	Div	idends and interest from securities	,			5	
2	6 8	a Gro	oss rents	6a			- 1	
$\mathbb{S}$	t	Les	ss; rental expenses	6b				
	0	: Net	rental income or (loss) (subtract line 6b from line 6a)			ļ	6c	
	<sub>b</sub> 7	Oth	er investment income (describe				7	
į	8 8	a Gro	oss amount from sale of assets other (A) Securities		(B) Other			
		tha	n inventory	8a				
٥	Į, l		s; cost or other basis and sales expenses	8b				
-			n or (loss) (altach schedule)	8c	<del></del> -			
	(		gain or (loss) (constine line 8c, columns (A) and (B))				8d	
15	§ PM A	ĄγSpe	ecial events and additions (attach schedule)					
Á		a Gro	ss revenue (not high ting \$ of contributions					
			orted on line tay	9a				
L			and the companies of th	9b				
	(		income or (loss) from special events (subtract line 9b from line 9a)	1			9c	
	10 a		oss sales of inventory, less returns and allowances	10a				
	t	Les	ss; cost of goods sold	10b				
	0	Gro	oss profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from	n line 1	10a)		10c	
	11	Oth	er revenue (from Part VII, line 103)				11	
_	12	Tot	al revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	1,228,274.
	<u>,</u>   13	Pro	ogram services (from line 44, column (B))				13	1,209,650.
Š	14 15 16	Ma	nagement and general (from line 44, column (C))	-			14	1,780.
Š	15	Fun	ndraising (from line 44, column (D))				15	
Ů	16	Pay	ments to affiliates (attach schedule)				16	
_	17		al expenses (add lines 16 and 44, column (A))				17	1,211,430.
	<u>18</u>		ess or (deficit) for the year (subtract line 17 from line 12)				18	16,844.
e	19		assets or fund balances at beginning of year (from line 73, column (A))				19	4,418.
Net	<b>§</b> 20		er 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)				21	21,262.
22 01	3001 -22-03	LHA	For Paperwork Reduction Act Notice, see the separate instructions.					Form 990 (2002)

613-14 Form 990 (2002) HNE

95-4708314

JENSEN FAMILY FOUNDATI<u>ON</u> All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Statement of Page 2 Part II **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (C) Management Do not include amounts reported on line (B) Program (D) Fundraising (A) Total and general 6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule) 1,209,650.STATEMENT 3 1,209,650. cash \$ 1 209 650 noncash \$ 23 Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 0 0 0. Compensation of officers, directors, etc. 25 25 26 26 Other salaries and wages Pension plan contributions 27 27 Other employee benefits 28 29 Payroll taxes 29 Professional fundraising fees 30 1,736. 1,736. Accounting fees 31 Legal fees 32 32 Supplies 33 34 Telephone Postage and shipping 35 Occupancy 36 Equipment rental and maintenance 37 Printing and publications 38 39 39 Travel . .. ...... Conferences, conventions, and meetings 40 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize): a TAXES & LICENSES 20 20 43a 24 24 **b BANK CHARGES** 43b 43c 43d 43e Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 44 211, 430. 1,209,650. 780 Joint Costs. Check I if you are following SOP 98-2. Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? \_\_; (ii) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ Part III | Statement of Program Service Accomplishments What is the organization's primary exempt purpose? ► SEE STATEMENT Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and a LRH MASTERPIECE EDITIONS - AN EXEMPT ORGANIZATION 393,300. (Grants and allocations \$ b CHURCH OF SCIENTOLOGY RELIGIOUS TRUST - AN EXEMPT **ORGANIZATION** 260,000. (Grants and allocations \$ INTERNATIONAL ASSOCIATION OF SCIENTOLOGISTS - AN EXEMPT ORGANIZATION 220,420. (Grants and allocations \$ CHURCH OF SCIENTOLOGY FSO - AN EXEMPT ORGANIZATION 106,621. (Grants and allocations \$ (Grants and allocations \$ 229,309. STATEMENT 4 Other program services (attach schedule) ,209,650. Total of Program Service Expenses (should equal line 44, column (B), Program services)

JENSEN FAMILY FOUNDATION

Part IV Balance Sheet
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Note:		re required, attached schedules and amounts witi old 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		4,418.	45 46	21,262.
		Accounts receivable Less: allowance for doubtful accounts	47a 47b		47c	
		Pledges receivable Less: allowance for doubtful accounts	48a 48b		48c	
•	49 50	Grants receivable Receivables from officers, directors, trustees, and key employees			49 50	
Assets	51 a b	Other notes and loans receivable Less: allowance for doubtful accounts	51a 51b		51c	
:	52 53 54	Inventories for sale or use Prepaid expenses and deferred charges Investments - securities	Cost FMV		52 53 54	
	55 a	Investments - land, buildings, and equipment basis	55a		04	
	b 56	Less: accumulated depreciation	55b		55c 56	
	57 a b 58	Land, buildings, and equipment; basis  Less: accumulated depreciation  Other assets (describe	57a 57b	· · · · · · · · · · · · · · · · · · ·	57c	
	59 59	Total assets (add lines 45 through 58) (must equal lin	e 74)	4,418.	59	21,262.
	60 61 62	Accounts payable and accrued expenses  Grants payable  Deferred revenue			60 61 62	
Liabilities	63 64 a	Loans from officers, directors, trustees, and key emplo Tax-exempt bond liabilities	oyees		63 64a	
רני	65	Mortgages and other notes payable  Other liabilities (describe			64b 65	
	66 Organ	•	and complete lines 67 through	0.	66_	0.
ances	67 68	69 and lines 73 and 74.  Unrestricted			67 68	
Net Assets or Fund Balances	69	Permanently restricted nizations that do not follow SFAS 117, check here			69	
ets or F	70 71	70 through 74.  Capital stock, trust principal, or current funds  Paid-in or capital surplus, or land, building, and equipi	0.	70 71	<u>0.</u> 0.	
Net Ass	71 72 73	Retained earnings, endowment, accumulated income, Total net assets or fund balances (add lines 67 throu	or other funds	4,418.	72	21,262.
	74	column (A) must equal line 19; column (B) must equal Total liabilities and net assets / fund balances (add l	4,418.		21,262. 21,262.	

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.

Form 990 (2002) JENSEN FAMILY FO	DUNDATION 95-4708314 Page 4
Part IV-A Reconciliation of Revenue per Audit Financial Statements with Revenue Return	
a Total revenue, gains, and other support per audited financial statements  b Amounts included on line a but not on line 12, Form 990:  (1) Net unrealized gains	a Total expenses and losses per audited financial statements b Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities \$
on investments \$	(2) Prior year adjustments reported on line 20, Form 990 \$
(3) Recoveries of prior year grants \$	(3) Losses reported on line 20, Form 990 \$
Add amounts on lines (1) through (4)	Add amounts on lines (1) through (4)
d Amounts included on line 12, Form 990 but not on line a:	d Amounts included on line 17, Form 990 but not on line a:
(1) Investment expenses not included on line 6b, Form 990 \$	(1) Investment expenses not included on line 6b, Form 990 \$
(2) Other (specify):  Add amounts on lines (1) and (2)	(2) Other (specify):  Add amounts on lines (1) and (2)
e Total revenue per line 12, Form 990 (line c plus line d)  Part V List of Officers, Directors, Trustees, and	e Total expenses per line 17, Form 990 (line c plus line d)  e le  d Key Employees (List each one even if not compensated.)
(A) Name and address	(B) Title and average hours per week devoted to position (If not paid, enter position position (O) Compensation (D) Contributions to employee benefit plans & deferred compensation (E) Expense account and other allowances
SALLY JENSEN 4245 MESA VISTA DR. LA CANADA, CA 91011	SECRETARY/CFO
CRAIG JENSEN 4245 MESA VISTA DR. LA CANADA, CA 91011	CEO
RYLAND HAWKINS 7051 HOLLYWOOD BLVD. HOLLYWOOD, CA 90028	AS NECESSARY 0. 0. 0.
LISE COHEE 1311 N. NEW HAMPSHIRE LOS ANGELES, CA 90027	 AS NECESSARY 0. 0. 0.
LESLIE BROWNING 6331 HOLLYWOOD BLVD. HOLLYWOOD, CA 90028	AS NECESSARY 0. 0. 0. 0.
75 Did any officer, director, trustee, or key employee receive aggregate organizations, of which more than \$10,000 was provided by the relat	compensation of more than \$100,000 from your organization and all related ted organizations? If "Yes," attach schedule.

	990 (2002) JENSEN FAMILY FOUNDATION 95-4708	314		Page 5
Pa	rt VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<u>x</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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,			ĺ
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
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			
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than			
	fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
	expense in Part II. (See instructions in Part III.)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?  N/A	83a		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		į	
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	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			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members			
đ	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12  86a  N/A			
_ b	Gross receipts, included on line 12, for public use of club facilities		l	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	ŀ		
00	against amounts due or received from them.) 87b N/A	-		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			77
89 a	If "Yes," complete Part IX	88		<u>X</u>
03 4				
b	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 . 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
U	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	MONTH Service Control of the Control	905	ľ	v
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	89b		<u>X</u>
٠	continue 4010, 4055, and 4050			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			<u> </u>
b	Number of employees employed in the pay period that includes March 12, 2002			0
91	The books are in care of ► JENSEN FAMILY FOUNDATION  Telephone no. ► 818-98	8 – 4	053	
	telephone no. P 010-30	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
	Located at ► 4245 MESA VISTA DR., LA CANADA, CA ZIP+4 ► 9	101	1	
		<u> </u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		<b>▶</b> □	$\neg$
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/Z	Α	
223041			_	

Note: En	ter gross amounts unless other	wise	lated business income	+	by section 512, 513, or 514	(E)
indicated	•	(A)	(B)	(C)	(D)	Related or exempt
Q3 Progr	ram service revenue:	Business code	Amount	sion	Amount	function income
_						1
. —				1		
ь —			<del>.  </del>	<del>                                     </del>		<del>- </del>
c				-		<del> </del>
d						
e				<u> </u>		
f Medi	care/Medicaid payments					
g Fees	and contracts from government ag	jencies				
-	bership dues and assessments					
	est on savings and temporary cash	investments	274.			1
	ends and interest from securities	invostments	2724	<del>                                     </del>		
		·	<u> </u>	<del>  </del> -		
	ental income or (loss) from real es	late.		<del>                                     </del>		<del> </del>
	financed property		<del> </del>	╁╌╌╌╁╌		
<b>b</b> not d	ebt-financed property .			<del>                                     </del>		
<b>98</b> Net re	ental income or (loss) from person	al property				<u> </u>
99 Other	r investment income			<u> </u>		
100 Gain	or (loss) from sales of assets					
other	than inventory					
101 Netur	ncome or (loss) from special event	s				
	s profit or (loss) from sales of inve	· · · · ·				
102 Cross		intory		<del>     </del>		
	revenue.					
a				<del>   -</del>		
ь				-		
c		<del></del>				
d				<u> </u>		
e						
104 Subto	otal (add columns (B), (D), and (E)	) . [	274.		0	0.
105 Total	(add line 104, columns (B), (D), a	nd (E))				274.
	e 105 plus line 1d, Part I, shoul			·		
	Relationship of Act			t Purp	oses (See page 32 of th	ne instructions.)
Line No.	Explain how each activity for wh					
Tille No.	exempt purposes (other than by			i iiipoi taii	uy to the accomplishmen	t or are organization o
	N/A	providing failed for dealt part	p0000j.			
	N/A					
	N/A					
	N/A					
Part IX		ing Taxable Subsidia		ed Enti		
Part IX	Information Regard	<del></del>	(C)	ed Enti	(D)	
Part IX	Information Regard (A) ddress, and EIN of corporation,	(B) Percentage of		ed Enti		e instructions.)  (E)  End-of-year assets
Part IX	Information Regard	(B) Percentage of ownership interest	(C)	ed Enti	(D)	(E) End-of-year
Part IX	(A) Information Regard (A) Iddress, and EIN of corporation, nership, or disregarded entity	(B) Percentage of ownership interest %	(C)	ed Enti	(D)	(E) End-of-year
Part IX	Information Regard (A) ddress, and EIN of corporation,	(B) Percentage of ownership interest %	(C)	ed Enti	(D)	(E) End-of-year
Part IX	(A) Information Regard (A) Iddress, and EIN of corporation, nership, or disregarded entity	(B) Percentage of ownership interest % %	(C)	ed Enti	(D)	(E) End-of-year
Part IX Name, a	Information Regard (A) ddress, and EIN of corporation, nership, or disregarded entity  N/A	(B) Percentage of ownership interest % % %	(C) Nature of activities		(D) Total income	(E) End-of-year assets
Part IX	Information Regard (A) ddress, and EIN of corporation, nership, or disregarded entity  N/A	(B) Percentage of ownership interest % %	(C) Nature of activities		(D) Total income	(E) End-of-year assets
Part IX Name, a partr	Information Regard (A) ddress, and EIN of corporation, nership, or disregarded entity  N/A	(B) Percentage of ownership interest % % % % ing Transfers Associ	(C) Nature of activities  ated with Personal	Benefi	(D) Total income  Total income	ge 33 of the instructions.)  Yes X No
Part IX Name, a partr  Part X (a) Did (	Information Regard (A)	(B) Percentage of ownership interest % % % % ing Transfers Associeceive any funds, directly or in	(C) Nature of activities  iated with Personal directly, to pay premiums on	<b>Benefi</b> a persona	(D) Total income  Total income	(E) End-of-year assets  ge 33 of the instructions.)
Part IX  Name, a partr  Part X  (a) Did (b) Did (c)	Information Regard (A)	(B) Percentage of ownership interest % % % % ing Transfers Associeceive any funds, directly or index on any premiums, directly or indirectly o	(C) Nature of activities  iated with Personal directly, to pay premiums on ectly, on a personal benefit co	<b>Benefi</b> a persona	(D) Total income  Total income	End-of-year assets  ge 33 of the instructions.)  Yes X No
Part IX  Name, a partr  Part X  (a) Did (b) Did (c) Note: If	Information Regard (A)	(B) Percentage of ownership interest % % % % ing Transfers Associate any funds, directly or in pay premiums, directly or indirectly of the contraction of the contrac	(C) Nature of activities  iated with Personal directly, to pay premiums on ectly, on a personal benefit coons).	Benefi a persona ontract?	(D) Total income  it Contracts (See pa	ge 33 of the instructions.)  Yes X No
Part IX  Name, a partr  Part X  (a) Did (b) Did (c) Note: If	Information Regard  (A)  (ddress, and EIN of corporation, nership, or disregarded entity  N/A  Information Regard the organization, during the year, processes the organization, during the year, processes to (b), file Form 8870 and Under penalties of perjury, I declare the correct, and pomplete Declaration of processes and promplete Declaration of processes and processes are processes and processes are processes and processes are processes and processes and EIN of corporation and processes are processes and EIN of corporation and processes are processes and EIN of corporation and processes are processes and EIN of corporation and EIN	(B) Percentage of ownership interest % % % % ing Transfers Associate any funds, directly or in pay premiums, directly or indirectly of the contraction of the contrac	(C) Nature of activities  iated with Personal directly, to pay premiums on actly, on a personal benefit coons).	Benefi a persona ontract?	(D) Total income  it Contracts (See pa	ge 33 of the instructions.)  Yes X No Yes X No
Part IX  Name, a partr  Part X  (a) Did (b) Did (c) Note: If Please Sign	Information Regard  (A)  (ddress, and EIN of corporation, nership, or disregarded entity  N/A  Information Regard the organization, during the year, proceeding the organization, during the year, proceeding the corporation of progress, and pomplete Declaration of procedure, and pomplete Declaration of procedure.	(B) Percentage of ownership interest % % % % ing Transfers Associate any funds, directly or in pay premiums, directly or indirectly of the contraction of the contrac	iated with Personal directly, to pay premiums on ectly, on a personal benefit coons).  Ing accompanying schedules and on all information of which prepare to the first of the	Benefi a persona ontract? statements r has any kr	(D) Total income  it Contracts (See paul benefit contract?	ge 33 of the instructions.)  Yes X No
Part IX  Name, a partr  Part X  (a) Did (b) Did (c)	Information Regard  (A)  (A)  (A)  (A)  (A)  (A)  (A)  (A	(B) Percentage of ownership interest % % % % ing Transfers Associate any funds, directly or in pay premiums, directly or indirectly of the contraction of the contrac	iated with Personal directly, to pay premiums on ectly, on a personal benefit coons).  Ingracoompanying schedules and on all information of which prepare to the page of the p	Benefi a persona ontract? statements r has any kr	(D) Total income  it Contracts (See pa	ge 33 of the instructions.)  Yes X No Yes X No
Part IX  Name, a partr  Part X  (a) Did (b) Did (c) Note: If Please Sign	Information Regard  (A)  (A)  (A)  (A)  (A)  (A)  (A)  (A	(B) Percentage of ownership interest % % % % ing Transfers Associate any funds, directly or in pay premiums, directly or indirectly of the contraction of the contrac	Nature of activities  iated with Personal directly, to pay premiums on ectly, on a personal benefit cons).  In accompanying schedules and on all information of which prepare to the page of the page	Benefi a persona ontract? statements r has any kr	Total income  it Contracts (See particular contracts)  and to the best of my knowledge  towledge  towledge  it name and title  Check if  Self-	End-of-year assets  ge 33 of the instructions.)  Yes X No Yes X No dege and belief, it is true,
Part IX  Name, a partr  Part X  (a) Did (b) Did (c) Note: If  Please Sign Here	Information Regard  (A)  (A)  (A)  (A)  (A)  (A)  (A)  (A	Percentage of ownership interest % % % % ing Transfers Associated and premiums, directly or induced at I have examined this return, include the part (other than officer) is based of the part of the	Nature of activities  iated with Personal directly, to pay premiums on ectly, on a personal benefit coons).  In a coompanying schedules and on all information of which prepare to the coordinate of the coordinat	Benefi a persona ontract?  statements r has any kr //pe or fight	Total income  it Contracts (See particular contracts)  il benefit contract?	End-of-year assets  ge 33 of the instructions.)  Yes X No Yes X No dege and belief, it is true,
Part IX  Name, a partr  Part X  (a) Did (b) Did (b) Did (c) Note: If  Please Sign Here  Paid  Preparer's	Information Regard  (A)  (A)  (A)  (A)  (A)  (A)  (A)  (A	Percentage of ownership interest % % % % ing Transfers Associate any funds, directly or induced at I have examined this return, including at I have examined this return.	iated with Personal directly, to pay premiums on actly, on a personal benefit cons).  Ing accompanying schedules and on all information of which prepare to be a few or all information of which prepare to be a few or all information of which prepare to be a few or all information of which prepare to be a few or all information of which prepare to be a few or all information of which prepare to be a few or	Benefi a persona ontract?  statements r has any kr //pe or fight	Total income  it Contracts (See particular contracts)  and to the best of my knowledge  towledge  towledge  it name and title  Check if  Self-	End-of-year assets  ge 33 of the instructions.)  Yes X No Yes X No dege and belief, it is true,
Part IX  Name, a partr  Part X  (a) Did (b) Did (b) Did (c) Note: If  Please Sign Here	Information Regard  (A)  (A)  (A)  (A)  (A)  (A)  (A)  (A	Percentage of ownership interest  %  %  %  ing Transfers Associate any funds, directly or induce any premiums, directly or induce at I have examined this return, include reparer (other than officer) is based in the control of the c	iated with Personal directly, to pay premiums on activity, on a personal benefit coons).  Ing accompanying schedules and on all information of which prepare to the first of t	Benefi a persona ontract?  statements r has any kr //pe or fight	(D) Total income  it Contracts (See particular of the best of my knowledge of the contract?  It name and title Check if self-employed  LLP EIN	End-of-year assets  ge 33 of the instructions.)  Yes X No Yes X No dege and belief, it is true,

## **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.)

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

Department of the Treasury Internal Revenue Service

Name of the organization

223101/01-22-03

LHA

Employer identification number

OMB No 1545-0047

2002

	JENSEN FAMILY FOUNDATION			<u>95 4708</u>	
Part I	Compensation of the Five Highest Paid Emplo (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 oth allowances
<u>NONE</u> _		-			
			:		
<b></b>					
Total number	er of other employees paid 0	0			1
Part II	Compensation of the Five Highest Paid Indepensation 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 the	nan \$50,000	(b) Type of s	service	(c) Compensation
<u>NONE</u> _					
	or of others receiving over professional services	0		<u></u>	

Sch	edule A (F	orm 990 or 990-EZ) 2002 JENSEN FAMILY FOUNDATION 9!	<u>5-470831</u>	4 F	age 2
P	art III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	public opi	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence nion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities   \$ \$	rt VI-A,		Х
2	Organization "Yes," must During the trustees, of	ons that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. By year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such			
	attach a	affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," detailed statement explaining the transactions.) lange, or leasing of property?	2a		x
a	Odic, CAUI	lange, or leasing or property:			
b	Lending o	f money or other extension of credit?	<u>2b</u>		X
C	Furnishin	g of goods, services, or facilities?	2c		Х
d	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
е		of any part of its income or assets?	_2e		X
3		organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3 4	ļ	X
4		ive a section 403(b) annuity plan for your employees? a statement to explain how the organization determines that individuals or organizations receiving grants or loan		L	
		a statement to explain how the organization determines that individuals of organizations receiving grants of loan herance of its charitable programs "qualify" to receive payments.	•		
P	art IV	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)			
The	organizatı	on is not a private foundation because it is: (Please check only <b>ONE</b> 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	$\Box$	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 and state			·
10	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)	(1)(A)(IV).		
	<del></del>	(Also complete the Support Schedule in Part IV-A.)			
11	а 🗀	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
44		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11 12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gro	oss		
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3%			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses ac			
		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 organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization (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 505)			,
_		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)		ne num om abo	
	. —				
- 1	4 📖	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			

Pa	rt IV-A Support Schedul Note: You may u	le (C se ti	Complete only if you he worksheet in the i	check Instruc	ked a box on line 10 ctions for converting	), 11, or 12.) <mark>Use cas</mark> h <del>g from the accrual to ti</del>	n method of acc he cash method	ounting of acco	g. N/ ounting.	A
	ndar year (or fiscal year nning in)	<b>•</b>			(b) 2000	(c) 1999	(d) 1998	i i	(e) Total	
15	Gifts, grants, and contributions received. (Do not include unusu grants. See line 28.)		(4) 2501		(5) 2000	(6) 1000	(5) 1000			
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	s,								
18	Gross income from interest, dividends, amounts received from payments on securities loans (stion 512(a)(5)), rents, royalties, unrelated business taxable inco (less section 511 taxes) from businesses acquired by the organization after June 30, 197	sec- , and ome								
19	Net income from unrelated bus									
20	activities not included in line 18  Tax revenues levied for the organization's benefit and eithe paid to it or expended on its bel	r				· · · · · · · · · · · · · · · · · · ·				
21	The value of services or facilitie furnished to the organization by governmental unit without char Do not include the value of serv or facilities generally furnished the public without charge	/ a ge. vices								
22	Other income. Attach a schedul Do not include gain or (loss) fro 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		<u> </u>				L		····	
26	Organizations described on lin						▶	26a	N/A	
b	Prepare a list for your records to					•				
	unit or publicly supported organ		•		<del>-</del>	led the amount shown in	i line 26a.	001	37 / 3	
_	Do not file this list with your re							26b	N/A N/A	
6	Total support for section 509(a) Add: Amounts from column (e)		•	٠.				26c	N/A	•
u	Add. Amounts from Column (c)	101 1	ines: 18 22		19 _ 26b	,		26d	N/A	
е	Public support (line 26c minus	line S					— ·· <b>`</b>	26e	N/A	
f	Public support percentage (lin		,	hy lina				26f	N/A	
27	Organizations described on lin						disqualified person			. 70
	records to show the name of, at such amounts for each year: (2001)				year from, each "disqu		le this list with yo	ur return		
ь	For any amount included in line	17 tl		each o				•	o show the name of	į.
•	and amount received for each y			-	•					,
	described in lines 5 through 11,	-		-	• •	•	• •		-	
	the larger amount described in		-		-					
	(2001)	•	(2000)		,	999)	(199	<del>)</del> 8)		
c	Add: Amounts from column (e)	for l	nes: 15		· · · · · ·		`	,		•
	• •					21	▶	27c	N/A	
đ	Add: Line 27a total			and lir	ne 27b total			27d	N/A	
е	Public support (line 27c total m	ınus	line 27d total)			. , . , .	<b></b>	27e	N/A	
f	Total support for section 509(a)	(2) t	est: Enter amount on l	ne 23,	column (e)	► 27f	N/A	.	<u>.</u> ,	
g	Public support percentage	(lin	e 27e (numerator) o	livide	d by line 27f (deno	minator))		27g	N/A	
h	Investment income percen	tage	<u>e (line 18, column (d</u>	e) (nu	merator) divided b	y line 27f (denominat	tor))	27h	N/A	%
28 U	Inusual Grants: For an organiz	ation	i described in line 10. 1	11. or 1	12 that received any u	nusual grants during 199	38 through 2001, a	orepare a	list for your record	ls

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.

223121 01-22-03

Schedule A (Form 990 or 990-EZ) 2002 JENSEN FAMILY FOUNDATION

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		.		
		. 1		
		.		
		.		
32	Does the organization maintain the following:	- 1		
8	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		1	i
	admissions, programs, and scholarships?	32c		
d		32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		.   .		
		.		
33	Does the organization discriminate by race in any way with respect to:		ļ	
8	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
0	Athletic programs?	330		
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.)	1 1	1	
			ŀ	
			1	
••	Down the second			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
Ь	Has the organization's right to such aid ever been revoked or suspended?	34b		
95	If you answered "Yes" to either 34a or b, please explain using an attached statement.		ŀ	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	_		
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2002

Pá			ecting Public Chariti nization that filed Form 5768)	<b>es</b> (See pa	ge 9 of 1	the instructions	s.)		N/A
Che		ation belongs to an affiliated		b III	you che	cked "a" and "I	ımıted c	ontrol" j	provisions apply.
						(8			(b)
		mits on Lobbying	-			Affiliated tota	-		To be completed for ALL electing organizations
	(The terr	m "expenditures" means am	ounts paid or incurred.)		<del>,</del>				electing organizations
	<del>-</del>		· · · · · · · · · · · · · · · · · · ·			N/A	7		
	Total lobbying expenditures to				36				
	Total lobbying expenditures to		y (airect ioobying)		37			<del></del>	
	Total lobbying expenditures (a Other exempt purpose expenditure)				39				
	Total exempt purpose expend				40				<u>.</u>
	Lobbying nontaxable amount.	•			"				
71	If the amount on line 40 is -		ng nontaxable amount is -		1 1				
	Not over \$500,000	· ·	nount on line 40	`					
	Over \$500,000 but not over \$1,000	,000 \$100,000 plus	s 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,50	00,000 \$175,000 plus	s 10% of the excess over \$1,000,00	• }	41				
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus	s 5% of the excess over \$1,500,000					- 1	
	Over \$17,000,000	\$1,000,000		. )				- 1	
	Grassroots nontaxable amour				42				<del></del>
	Subtract line 42 from line 36.		*		43	<del> </del>	<del></del>		
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more	than line 38		44			-	······································
	Caution: If there is an amo	unt on outhor line 42 or li	no 44 you must file Form 4	720					
	Caudon, il diere is all allio	unt on elaler line 45 or li	ne 44, you must me romi 4	720.	LL				
			Lobbying Expen			ar Averaging P			N/A
	endar year (or al year beginning in)	(a) 2002	(b) 2001	(c) 2000	0		(d) 1999		(e) Total
45	Lobbying nontaxable amount								0.
46	Lobbying ceiling amount								_
	(150% of line 45(e))								0.
47	Total lobbying					<u> </u>			
	expenditures	· · ·							0.
48	Grassroots nontaxable amount								0.
49	Grassroots ceiling amount		·					<del></del>	
	(150% of line 48(e))								0.
50	Grassroots lobbying								
_	expenditures								0.
P			ting Public Charities		ha !mat	untinna \			27 / 2
			d not complete Part VI-A) (See				1		<u> </u>
	ng the year, did the organization ence public opinion on a legis			nciuding any	allemp	1 10	Yes	No	Amount
	Volunteers	ialive matter of reservingsm	, allough the use of.						
	Paid staff or management (Inc		enses reported on lines <b>c</b> throu	gh <b>h</b> .)		••			
c	Media advertisements			- •	••				
d	Mailings to members, legislat	ors, or the public							
е	Publications, or published or								
	• •								
	Grants to other organizations						<u> </u>		
9	Grants to other organizations Direct contact with legislators	, their staffs, government o							
g h	Grants to other organizations	, their staffs, government or nars, conventions, speeche		 3					0.

Par		garding Transfers To a zations (See page 12 of the ins		d Relationships With Noncha	ritable
51				r organization described in section	
		section 501(c)(3) organizations) oi			
		ganization to a noncharitable exem			Yes No
	(i) Cash	<b>G</b>	F G		51a(i) X
	(ii) Other assets	•	••	•	a(ii) X
	Other transactions:		•		
	(i) Sales or exchanges of asse	ets with a noncharitable exempt org	janization		b(i) X
	(ii) Purchases of assets from a	a noncharitable exempt organization	n .		b(ii) X
(	iii) Rental of facilities, equipme	ent, or other assets			b(iii) X
(	(iv) Reimbursement arrangeme	ents			b(iv) X
	(v) Loans or loan guarantees				b(v) X
(	(vi) Performance of services or	membership or fundraising solicit	ations .		b(vi) X
		mailing lists, other assets, or paid			c X
				always show the fair market value of the	
		s given by the reporting organizatio	=		
	T	nent, show in column (d) the value	of the goods, other assets, o	r services received:	N/A
(a)	(b) Amount involved	(C)	wamat arganization	(d)	d abasina assanasas
Line no	Amount myoreu	Name of noncharitable e	exempt organization	Description of transfers, transactions, an	o snaring arrangements
	<del>                                     </del>				
					<del></del>
	<u></u>				
					<del></del>
	<del></del>			·	
	<del> </del>		<del></del>		<del></del>
			<del></del>		
-	-				
		· · ·			
	<del></del>				
			<del></del>	-	<del></del>
(	code (other than section 501(c) f "Yes," complete the following s	(3)) or in section 527? schedule: N/A	······································	anizations described in section 501(c) of th	e Yes X No
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relation	ship
	-				
	<del></del>			· ·	
		<del></del>	<del> </del>		<del></del>
					<del></del>
	<del></del> :		<del>- </del>		
	<del></del>	<del></del> :	<del> </del>		
		<del></del>	<del> </del>		
		······································			·
			<del> </del>		

FOOTNOTES

STATEMENT

1

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 III

## EXPLANATION

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

FORM 990	CASH GRANTS AND ALLOCATIONS		STATEMENT 3	
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CHARITABLE	AOLA		NONE	19,880.
CHARITABLE	BRIDGE PUBLICATIONS		NONE	21,029.
CHARITABLE	CBAA		NONE	30,000.
CHARITABLE	CHURCH OF SCIENTOLOGY		NONE	
	CELEBRITY C.			38,600.
CHARITABLE	CCHR		NONE	10,000.
CHARITABLE	THE WAY TO HAPPINESS		NONE	
	FOUNDATION			500.
CHARITABLE	CHURCH OF SCIENTOLOGY OF		NONE	
	OHIO			5,000.
CHARITABLE	CRIMINON		NONE	1,500.
CHARITABLE	CHURCH OF SCIENTOLOGY		NONE	
	FOOTHILLS M.			2,000.
CHARITABLE	FRIENDS OF L RON		NONE	F 000
	HUBBARD FOUNDATION			5,000.
CHARITABLE	CHURCH OF SCIENTOLOGY FSO		NONE	106,621.
CHARITABLE	CHURCH OF SCIENTOLOGY FSSO		NONE	24,550.
				44,330+
CHARITABLE	US IAS MEMBERS TRUST		NONE	220,450.

JENSEN FAMILY	FOUNDATION			95-4708314	
CHARITABLE	LRH MASTERPIECE EDITIONS	3	NONE	393,300.	
CHARITABLE	CHURCH OF SCIENTOLOGY PASADENA		NONE	71,220.	
CHARITABLE	CHURCH OF SCIENTOLOGY RELIGIOUS T.		NONE	260,000.	
TOTAL INCLUDED	ON FORM 990, PAR	RT II, LINE 22		1,209,650.	
FORM 990	ОТ	HER PROGRAM SERVIC	CES	STATEMENT 4	
DESCRIPTION			GRANTS AND ALLOCATIONS	EXPENSES	
OTHER EXEMPT ORGANIZATIONS				229,309.	
TOTAL TO FORM 9	229,309.				