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)

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.

Open to Public Inspection

_		UI UIE Z	OUT Catenual year, or tax year beginning		WIID CI	ituiiig				
B Check if applicable: Please C Name of organization D Employer identification not						entification number				
		use ITS								
ļ				9	95-4708314					
ļ	Ichange See Number and street (or P.O. Dox if mail is not delivered to street address) Hoom/suite E				E Telephone number					
ļ	return Specific 4245 MESA VISTA DRIVE					988-4053				
į	_	Final return Amende	tions. City or town, state or country, and ZIP + 4					FACC	other	Od X Cash Accrual
Ļ		Jretum.	LA CANADA, CA 91011	1) nanavarna aharitahla tewa		T., .			Other (specify)	
Ł		Application	must attach a completed Schedule A (Form 99	i) nonexempt charitable dus 10 or 990-EZ).	13	1				ion 527 organizations.
_		/a.b.a/4.a.		•			s this a group r			
<u> 6</u>			\blacktriangleright N/A tion type (check only one) \blacktriangleright \boxed{X} 501(c) (3) \blacktriangleleft (insert	no.) 4947(a)(1) or	527		f "Yes," enter nu Vre all affiliates i			
-			re if the organization's gross receipts are norm			1 `` (If "No." attach a	list.)		• • • • • • • • • • • • • • • • • • • •
			ion need not file a return with the IRS; but if the organiza			H(d)	s this a separat janization cover	e retur	n filed by	an or- uling? Yes X No
			al, it should file a return without financial data. Some stat				Froup Exemption			uning: Yes _A NO
_					•					on is not required to attach
L	G	ross rec	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	1,568,00	0.		Sch. B (Form 99			
Ū	_		Revenue, Expenses, and Changes in	Net Assets or Fund	Bala			,		
		1	Contributions, gifts, grants, and similar amounts receive					•	۲.	V
	- [Direct public support		1a :	:	L,568,0	00.	E. J	
	ŀ	b			1b				A STATE OF THE STA	
		C	Causanasant aantalhutiana (ausata)		1c				+	
		ď	Total (add lines 1a through 1c) (cash \$1,5	68.000 noncash \$				1	1 1 1	1,568,000.
	ı	2	Program service revenue including government fees an					, ,	2	2/500/0001
		3	Membership dues and assessments	•	-				3	• • • • • • • • • • • • • • • • • • • •
		4	Interest on savings and temporary cash investments		•••••	•••			4	
		5	Dividends and interest from securities					•••	5	
	-	R .	Gross rents			i				
		, .	Less: rental expenses		6b					
5		c	Net rental income or (loss) (subtract line 6b from line 6			<u> </u>	· · · · · · · · · · · · · · · · · · ·		6c	
5		7	Other investment income (describe	*/	•••••	• • • • • • • • • • • • • • • • • • • •		١١	7	
	2	-	Gross amount from sales of assets other	(A) Securities		1	(B) Other			
	ş		41	(A) Occurres	8a	 	(D) Oulei		(A-14-1-1-1)	
í	£	h	Less: cost or other basis and sales expenses		8b					
	ı	c	Gain or (loss) (attach schedule)		8c					
		ď	Net gain or (loss) (combine line 8c, columns (A) and (B	11		<u>. </u>			8d	
		9	Special events and activities (attach schedule). If any ar	••			 	•••••	OU .	
		_	Gross revenue (not including \$	of contributions	iicie p					
	Ì	•	reported on line 1a)		0-	I				
	-	h	Less: direct expenses other than fundraising expenses	··· · · · · · · · · · · · · · · · · ·	9a 9b					
			Net income or (loss) from special events (subtract line			·			9c	
	_				10a	r .		••••	Folia Post	
F	₹₿	CEI	Gross sales of inventory, less returns and allowances Less: cost of goods sold		10b					
	7		Gross profit or (loss) from sales of inventory (attach so			10a)			10c	
M	۸N		(from Part VII, line 103)						11	
14	NH)	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c and 11\	•• •••		••• ••• ••••		12	1,568,000.
چا	=	44	Program services (from line 44, column (B))						13	1,546,715.
	} (E E	Management and general (from line 44, column (C))						14	2,144.
			-						15	<u> </u>
	Experience of the second secon		Payments to affiliates (attach schedule)						16	
٠	-	17	Total expenses (add lines 16 and 44, column (A))		• • • • • • •	•••••		••	17	1,548,859.
_	1	18	Excess or (deficit) for the year (subtract line 17 from lin	e 12)	• •	•	· · · ·	•	18	19,141.
بيه	,왕	19	Net assets or fund balances at beginning of year (from I	ine 73, column (A))	••••	•••••		•	19	33,289.
ž	8	20	Other changes in net assets or fund balances (attach ex	planation)					20	0.
	٦		Net assets or fund balances at end of year (combine line						21	52,430.
42	300	001 13-05 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.					E 1	Form 990 (2004)		
		'	verviews recommend to personal network in the second in the contract of th							()

95-4708314 JENSEN FAMILY FOUNDATION Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Part II Page 2 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 6b, 8b, 9b, 10b, or 16 of Part I. and general 22 Grants and allocations (attach schedule) STATEMENT 2 1,546,715 1,546,715 22 (cash \$ 1 546 715 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 0 25 26 Other salaries and wages 26 Pension plan contributions 27 27 Other employee benefits 28 28 29 Payroll taxes 29 Professional fundraising fees 30 30 1.974 1,974 Accounting fees ... 31 31 Legal fees 32 32 Supplies 33 33 Telephone 34 Postage and shipping 35 35 36 Occupancy Equipment rental and maintenance 37 37 Printing and publications 38 38 39 39 40 40 Conferences, conventions, and meetings 41 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize): **TAXES & LICENSES** 55 55 431 16 16 **BANK CHARGES** 43b 99. 99 SUBSCRIPTION 43c 43d 43e Total functional expenses (add lines 22 through 43).
Organizations completing columns (8)-(0), carry these totals to lines 13-15. 1,548,859. 1,546,715. 2,144. 0. Joint Costs, Check > ____ if you are following SOP 98-2. If "Yes," enter (i) the aggregate amount of these joint costs \$ _______; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Partill 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. Discus (Required for 501(c)(3) and (4) orga., 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 allocations to others.) a US IAS MEMBERS TRUST - AN EXEMPT ORGANIZATION 491,680. (Grants and allocations \$ **b** LRH MASTERPIECE EDITION - AN EXEMPT ORGANIZATION 350,000. (Grants and allocations \$ CHURCH OF SCIENTOLOGY PASADENA AN EXEMPT ORGANIZATION 300,123. (Grants and allocations \$ CHURCH OF SCIENTOLOGY FSSO - AN EXEMPT ORGANIZATION

(Grants and allocations \$

(Grants and allocations \$

STATEMENT

Total of Program Service Expenses (should equal line 44, column (B), Program services)

423011

• Other program services (attach schedule)

252,747.

<u>152,165.</u>

▶

Part IV Balance Sheets

Note:		re required, attached schedules and amounts within the description column ld be for end-of-year amounts only.	(A) Beginning of year		(8) End of year
	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	33,289.		43,110.
		Accounts receivable			
	b	Less: allowance for doubtful accounts		476	
		Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees,			
		and key employees		50	
Assets	51 a	Other notes and loans receivable 51a		.	
As	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities Cost Cost FMV		54	
	55 a	Investments - land, buildings, and			
		equipment basis			
	Ь	Less: accumulated depreciation		55c	
	56	Investments - other		56	
		Land, buildings, and equipment basis 57a			
	b	Less; accumulated depreciation 57b		57c	
	58	Other assets (describe TROPHY		58	9,320.
	59	Total assets (add lines 45 through 58) (must equal line 74)	33,289.	59	52,430.
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
ies	63	Loans from officers, directors, trustees, and key employees		63	
Liabilities	64 a	Tax-exempt bond liabilities		64a	
Lia	ь	Mortgages and other notes payable		64b	
	65	Other liabilities (describe)		65	
	66	Total liabilities (add lines 60 through 65)	0.	66	0.
	Organ	nizations that follow SFAS 117, check here		1.30	
		69 and lines 73 and 74.			
8	67	Unrestricted		67	
<u>\$</u>	68	Temporarily restricted		68	-
Ba	69	Permanently restricted		69	
Net Assets or Fund Balances	Organ	nizations that do not follow SFAS 117, check here			
Ē		70 through 74.			
9	70	Capital stock, trust principal, or current funds	0.	70	0.
136	71	Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
A	72	Retained earnings, endowment, accumulated income, or other funds	33,289.	72	52,430.
S	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;			
-		column (A) must equal line 19; column (B) must equal line 21)	33,289.	73	52,430.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	33,289.	74	52,430.

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.

	990 (2004) 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.	,	- 1		
78 a					
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	7 (1)			
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		X	
b	If "Yes," enter the name of the organization			Deris -	
	and check whether it is exempt or nonexempt.			ŘIL .	
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	17. 4	94	4.41	
Ь	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 than				
	fair rental value?	822		<u>X</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			30	
00 -	expense in Part II. (See instructions in Part III.)		13		
83 8	Did the organization comply with the public inspection requirements for returns and exemption applications? N/A	83a			
04 -	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	84a	- 44		
U	· · · · · · · · · · · · · · · · · · ·	84b) - 3	r Sir	
85	tax deductible? 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a			
h	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	000	. i - {i,	Far Her	
	owed for the prior year.				
c	Dues, assessments, and similar amounts from members			in Reina	
ď	Section 162(e) lobbying and political expenditures 85d N/A				
•	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			NEW TOWN	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A				
•	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				
b	Gross receipts, included on line 12, for public use of club facilities				
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A				
þ	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.) 876 N/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?		1		
90 -	If "Yes," complete Part IX	88		X	
03 4	section 4911 \(\bigcup				
ь	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	2+ 62mgg	. C 📆 🖟	新聞了。	
•	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		ı		
	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	000		<u> </u>	
	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				
þ	Number of employees employed in the pay period that includes March 12, 2004			0	
91	The books are in care of ► JENSEN FAMILY FOUNDATION Telephone no. ► 818-98	8-4	053		
	Located at ► 4245 MESA VISTA DR., LA CANADA, CA ZIP+4 ► 9	101	1		
00	Caption 4047(a)/1) noneyomat aboritable tauta 50 - 5 - 200 in 5 - 2 - 4044 Obest ton			_	
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/2	,►∟ ×		
	and onto the amount of tax-exempt interest received of accrued during the tax year	. 14/4	- T-		

Form 990 (2004)

art VII Analysis of Income-P		(See page 33 of the instru			- 4 708314 Pa
te: Enter gross amounts unless otherwi dicated. Program service revenue:	se Unrei (A) Business code	ated business income (B) Amount	(C) Exclu- sion code	d by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
			- -		
b					
		 		 	
· .				* ***	
Medicare/Medicaid payments			+		
Fees and contracts from government agen-				 	
Membership dues and assessments			+ +		
Interest on savings and temporary cash in					
Dividends and interest from securities		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 3 4	£ ;	ye
Net rental income or (loss) from real estate				5 **	
debt-financed property		 			-
not debt-financed property		 	- -		
Net rental income or (loss) from personal p			+ +		
Other investment income		-			
Gain or (loss) from sales of assets					
other than inventory			+ +		
Net income or (loss) from special events			+	 	
Gross profit or (loss) from sales of invento	Ŋ		1 1		
Other revenue:					
			++		
-		 		* .	
		 	+++		
Outstand (add ashuran (D) (D) and (D)		 	A STATE OF THE STA		<u>. </u>
Subtotal (add columns (B), (D), and (E))	Company Manager	<u> </u>		<u> </u>	
Total (add line 104, columns (B), (D), and	(E))			>	
Line 105 plus line 1d, Part I, should e	tice to the Accomm	12, Part I. Jichment of Every	nt Dur	ACCE (Con noon 24 of the	instructions \
					
No. Explain how each activity for which exempt purposes (other than by pr			ed importa	ntly to the accomplishment	of the organization's
N/A	oviding rands for sacri parp	0803).			
N/A		 	•		
					
				· · · · · · · · · · · · · · · · · · ·	
rt IX Information Regarding	g Taxable Subsidia	ries and Disregard	ded Ent	tities (See page 34 of the	instructions.)
(A)	(R)	(C) Nature of activities			(E)
me, address, and EIN of corporation, partnership, or disregarded entity ov	Percentage of whership interest	Nature of activities	ļ	(D) Total income	End-òf-year assets
partiership, or disregarded entity	%				455615
	%				
N/A	%				
N/A					
N/A					
	%	ated with Persons	l Renet	fit Contracte /See nor	a 34 of the instructions
rt X Information Regarding	% g Transfers Associ				
	% g Transfers Associative any funds, directly or inc	lirectly, to pay premiums o	n a person		je 34 of the instructions. Yes X Yes X

P S Type or prifft name and title.

Date
HAY 9 2005 Check if self-employed Signature of officer Date Here Preparer's SSN or PTIN Preparer's Paid signature Preparer's COOPER, MOSS, RESNICK, KLEIN & CO., LLP 15400 SHERMAN WAY, SUITE 380 VAN NUYS, CA 91406-4235 Firm's name (or EIN 🕨 yours if self-employed), address, and ZIP + 4 Use Only 423161 01-13-05 VAN NUYS, Phone no. \triangleright (818)988-4053

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

2004

Name of the organization **Employer identification number** JENSEN FAMILY FOUNDATION 95 4708314 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.") (d) Contributions to employee benefit plans & deferred compensation (b) Title and average hours (e) Expense (a) Name and address of each employee paid (c) Compensation per week devoted to account and other more than \$50,000 position allowances Total number of other employees paid over \$50,000 Partill 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 Total number of others receiving over \$50,000 for professional services

Sche	dule Ą (F	form 990 or 990-EZ) 2004 JENSEN FAMILY FOUNDATION 9	5-47083	14	Page 2
Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	public op lobbying	te year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence inition on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities \$ (Must equal amounts on line 38, Par	1 .		v
		of Part VI-B.) tions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking	1	-	X
		ist complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			ica ica
	-	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors	of the second		
		directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any suc	h នឹង		2
		affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"	1500 CC C		30 g
		detailed statement explaining the transactions.) hange, or leasing of property?	* 2a	·1 "	x
•	Jaic, Exc	hange, or leasing of property?		1	
b I	_ending (of money or other extension of credit?	<u>2b</u>	<u> </u>	X_
c I	urnishin	g of goods, services, or facilities?	<u>2c</u>	-	x
d I	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X_
	F== :- 1				w
		of any part of its income or assets?	<u>2e</u>	+	X
3	ou deter	nake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how mine that recipients qualify to receive payments.)	3a	-	X
		ave a section 403(b) annuity plan for your employees?	30	-	
(on the us	e or distribution of funds?		<u> </u>	X
		rovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pä	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The c	rganizati	on 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	님	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
/ R	H	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). 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	e, city,		
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).	*	
112		(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.)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	لـــا	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gro			
		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 at			
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	rquii GU		
13	X	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	ions 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)	3(a)(3).)		
		Provide the following information about the supported organizations. (See page 5 of the instructions.)	(6)1	ine num	her
		(a) Name(s) of supported organization(s)		rom abo	
					
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			

____ and line 27b total _ _ _____ ... **>** 27d Add: Line 27a total N/A Public support (line 27c total minus line 27d total) 27e f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ... 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

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

16 17

19

23

24

25

27

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Private School Questionnaire (See page 7 of the instructions.)

No Yes Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 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 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 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.) Does the organization maintain the following: a 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? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 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. 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

Schedule A (Form 990 or 990-EZ) 2004

Publications, or published or broadcast statements

Direct contact with legislators, their staffs, government officials, or a legislative body ______ Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Grants to other organizations for lobbying purposes

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

Total lobbying expenditures (Add lines c through h.)

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 1
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 ALLOCATION	NS STA	rement 2
CLASSIFICATION	DONEE'S NAME DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CHARITABLE	CHURCH OF SCIENTOLOGY ASHO	NONE	16,165.
CHARITABLE	CHURCH OF SCIENTOLOGY CELEBRITY C.	NONE	22,400.
CHARITABLE	CCHR	NONE	5,000.
CHARITABLE	C OF S WOMEN'S AUXILIARY	NONE	3,250.
CHARITABLE	CHURCH OF SCIENTOLOGY BOSTON	NONE	5,000.
CHARITABLE	CHURCH OF SCIENTOLOGY HARLEM	NONE	500.
CHARITABLE	CHURCH OF SCIENTOLOGY NEW YORK	NONE	11,850.
CHARITABLE	CHURCH OF SCIENTOLOGY SAN DIEGO	NONE	5,000.
CHARITABLE	CHURCH OF SCIENTOLOGY FSO	NONE	252,747.
CHARITABLE	CHURCH OF SCIENTOLOGY FSSO	NONE	8,000.
CHARITABLE	US IAS MEMBERS TRUST	NONE	491,680.
CHARITABLE	CHURCH OF SCIENTOLOGY INGLEWOOD	NONE	2,000.

JENSEN FAMILY	FOUNDATION		95-4708314
CHARITABLE	LRH MASTERPIECE EDITIONS	NONE	350,000.
CHARITABLE	CHURCH OF	NONE	
	SCIENTOLOGY PASADENA		300,123.
CHARITABLE	CHURCH OF	NONE	
	SCIENTOLOGY RELIGIOUS TRU		48,000.
CHARITABLE	C OF S VALLEY ORG	NONE	25,000.
TOTAL INCLUDED	ON FORM 990, PART II, LINE 22		1,546,715.
FORM 990	OTHER PROGRAM SERV	/ICES	STATEMENT 3
DESCRIPTION		GRANTS AND ALLOCATIONS	EXPENSES
OTHER EXEMPT OR	GANIZATIONS		152,165.
TOTAL TO FORM 9	90, PART III, LINE E		152,165.