

Form 990

## **Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2000, and ending 20 For the 2000 calendar year, or tax year period beginning D Employer identification number C Name of organization Please B Check if applicable 77:0547201 The American Friends Foundation for Childbirth Injuries ☐ Change of address label or E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite print of ☐ Change of name type. 408 ) 261-7600 4030 Moorpark Avenue Initial return Specific City or town, state or country, and ZIP code F Check ▶ ☐ if application pending Final return instruc-San Jose, CA 95117 Amended return Note: H and I are not applicable to section 527 orgs. G Organization type (check only one) ► 2 501(c) ( 3 ) < (insert no.) ☐ 527 or ☐ 4947(a)(1) H(b) If "Yes," enter number of affiliates ▶ ....... Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must H(c) Are all affiliates included? ☐ Yes ☑ No attach a completed Schedule A (Form 990 or 900-EZ). (If "No," attach a list. See inst.) J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) ► H(d) is this a separate return filed by an Check here ▶ ☐ if the organization's gross receipts are normally not more than Enter 4-digit group exemption no. (GEN) ▶ \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) Some states require a complete return. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.) Part I Contributions, gifts, grants, and similar amounts received: 40.101.25 1a 1b b Indirect public support c Government contributions (grants) 40,101.25 noncash \$ . 40,101.25 1d Total (add lines 1a through 1c) (cash \$ \_\_ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments . . . . . . 255.78 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities . **6a** Gross rents . . . . . . . . . **b** Less: rental expenses . . . . . . 6c Net rental income or (loss) (subtract line 6b from line 6a) Other investment income (describe > (B) Other 8a Gross amount from sales of assets other 8b b Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) . . . . 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$ \_ 9a contributions reported on line 1a) . . . . . . . . **b** Less: direct expenses other than fundraising expenses 9c c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances . . c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) ... 11 11 Other revenue (from Part VII, line 103) . 40.357.03 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 12 13 Program services (from line 44, column (B)) . . . 13 500.00 14 Management and general (from line 44, column (C)) . 14 15 Fundraising (from line 44, column (D)) . . 15 16 Payments to affiliates (attach schedule) . . . 16 500.00 17 Total expenses (add lines 16 and 44, column (A)) 17 39.857.03 18 Excess or (deficit) for the year (subtract line 17 from line 12) . . . . . 18 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . 19 20 Other changes in net assets or fund balances (attach explanation) . . . . 20 39.857.03 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

		st comp	plete column (A). Column	s (B), (C), and (D) are re	quired for section 501(c) See Specific Instructions	(3) and (4) organizations on page 20.)
	Do not include amounts reported on line	i) none.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.					
22	Grants and allocations (attach schedule)	22				
	(cash \$) Specific assistance to individuals (attach schedule)	23				
23	Benefits paid to or for members (attach schedule).	24				
24	Compensation of officers, directors, etc.	25				
25	Other salaries and wages	26				
26	Pension plan contributions	27				
27	Other employee benefits	28				
28 29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	<u> </u>			
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses (itemize): a	43a	500.00		500.00	
b	Misc.	43b	300.00	<del></del>		
С		43c			-	
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	500.00		500.00	
Rep	orting of Joint Costs. Did you report in column	(B) (F	Program services)	any joint costs fr	om a combined	□ v Ø v
	national compaign and fundraising solicitation?					☐ Yes ☑ No
If "Y	es," enter (i) the aggregate amount of these joint cost	s <b>\$</b> _	; (ii) th	e amount allocated	to Program service	5 3
fiii) t	he amount allocated to Management and general \$		; and (iv) th	e amount allocated	to Fundraising 3	
	Statement of Program Service Acce					Program Service
Wha	t is the organization's primary exempt purpose?	▶	• • • • • • • • • • • • • • • • • • • •			Fynansas
of al	rganizations must describe their exempt purpose at ients served, publications issued, etc. Discuss ach nizations and 4947(a)(1) nonexempt charitable trusts	ievem	ents that are not m	ieasurable. (Sectio	n 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
-	••••••				•••••	
_	(0	rants	and allocations	\$	)	
b.						
,	••••••					
	(0	irants	and allocations	\$		
c						
- '					••••••	
_	(0	rants	and allocations	•	<u>, , , , , , , , , , , , , , , , , , , </u>	
d .					••••••	
		rante	and allocations	\$		
_ =	and the second s		and allocations	\$	)	
e	Other program services (attach schedule) (Grotal of Program Service Expenses (should equ				<b>.</b>	
	otal of riogram service expenses (should equ		,			Form <b>990</b> (2000)

Part IV Balance Sheets (See Specific Instructions on page 23.)

-	lote:	Where required, attached schedules and amounts within column should be for end-of-year amounts only.	the description	(A) Beginning of year	T	(B) End of year
	T				45	
	45	Cash—non-interest-bearing			46	39,857.03
	46	Savings and temporary cash investments	· · · · · · · [			
		Accounts receivable 47a	1			
		Accounts receivable			47c	
	Þ					
	48a	Ticages receivable	Ţ,	48c		
		Less: allowance for doubtful accounts			49	
	49	Grants receivable				
	50	Receivables from officers, directors, trustees, as (attach schedule)			50	·
	51a	Other notes and loans receivable (attach				
Ş		schedule)				
Assets	ь	Less: allowance for doubtful accounts			51c	
₹	52				52	
	53	Prepaid expenses and deferred charges	. <u>.</u> <u></u> }		53	
	54	Prepaid expenses and deferred charges Investments—securities (attach schedule)	▶ ☐ Cost ☐ FMV ☐		54	
	55a	Investments—land, buildings, and	ļ			
	-	equipment: basis				
	ь	Less: accumulated depreciation (attach				
	-	schedule)			55c	
	56	Investments—other (attach schedule)			56	<del></del>
	57a	Land, buildings, and equipment: basis 57a				
		Loss: accumulated depreciation (attach				
	-	schedule)			57c	· · · · · · · · · · · · · · · · · · ·
	58	Other assets (describe ▶		58		
					39,857.03	
	59	Total assets (add lines 45 through 58) (must equa		59		
	60	Accounts payable and accrued expenses			60	
	61	Grants payable		61		
	62	Deferred revenue			62	
S	63	Loans from officers, directors, trustees, and key		171		
Liabilities		schedule)		63		
ΞĘ.	64a	Tax-exempt bond liabilities (attach schedule) .	}-		64a	
	ь	Mortgages and other notes payable (attach schedi	ule)  -		64b	
	65	Other liabilities (describe ▶			65	
				. [		
	66	Total liabilities (add lines 60 through 65)			66	
	Orga	inizations that follow SFAS 117, check here 🕨 🗹	and complete lines			
	J . 3-	67 through 69 and lines 73 and 74.				39,857.03
ä	67	Unrestricted	<b>.  </b> -		67	
a	68	Temporarily restricted			68	
Ba	69	Permanently restricted			69	<del> </del>
又	Orga	inizations that do not follow SFAS 117, check here	▶ ☐ and			
Ξ	3-	complete lines 70 through 74.				
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds .			70	
ts	71	Paid-in or capital surplus, or land, building, and ed	uipment fund		71	
Se	72	Retained earnings, endowment, accumulated inco	me, or other funds		72	
A	73	Total net assets or fund balances (add lines 67 th	rough 69 OR lines			
Žet		70 through 72; column (A) must equal line 19 and	d column (B) must		73	39,857.03
		equal line 21)			74	39,857.03
	74	Total liabilities and net assets / fund balances (ac		47	oformation about a	

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.

Par	t IV-A	Financial	iation of Revenu Statements with See Specific Instri	h Revenue	per	Part	Fi	econciliation of inancial States eturn	of Expenses nents with I	Expo	Audited enses per
a		nue, gains,	and other support			а		enses and lo			
b		included or	statements > n line a but not on	a		b	Amounts i	iancial statemer ncluded on line . Form 990:		a	
(1)	Net unrea	lized gains nents	<u>\$</u>			(1)	Donated and use of				
• •	and use of	services of facilities	<u>\$</u>			(2)	Prior year ad reported on Form 990	line 20,			
(3)		es of prior	<u>\$</u>			(3)	Losses rep	, ,	··········		
(4)	Other (sp	ecify):				(4)	line 20, For Other (spe	rm 990 \$			
			\$			(4)	Other (spe	•			
	Add amou	ints on lines	s (1) through (4) >	Ь						<i>b</i>	
_	Line a mi	nus line h		c		c		nts on lines <b>(1)</b> th	-	c	
c d		included o				d	Amounts in	ncluded on line	17,		
	Form 990	) but not or	n line <b>a:</b>				,	but not on line	a:		
(1)		ed on line				(1)	Investment not include	•			
		990	<u>\$</u>				6b, Form 99	90 <u>\$</u>			
(2)	Other (sp	ecify):				(2)	Other (spe	=			
			\$					<u>\$</u>		1	
			es (1) and (2) >	d				nts on lines (1)		d	
е	Total reve	enue per lir Is line <b>d</b> )	ne 12, Form 990	e		е		nses per line 17 s line <b>d</b> )		e	
Pai	t V Lis	t of Offic	ers, Directors, 7	rustees, a	nd Key	Empl				ensat	ed; see Specific
	ins	tructions on (A) Name	e and address		(B) Title a	ind avera	age hours per to position	(C) Compensation (If not paid, enter	(D) Contributions employee benefit planted to the deferred compensation	ans &	(E) Expense account and other allowances
	nard E. Ha		#105, San Jose (	A 95117	Preside	nt, AS	RQ	0		0	0
Sha	leece Haa	s	#105, San Jose (		Vice Pr	esider	it, ASRQ	0		0	0
	eem Lotia 0 Moorpar	<b></b>	#105, San Jose (	CA 95117	Secreta	ıry, AS	RQ	0		0	0
75	organizatio	on and all re	or, trustee, or key el lated organizations, edule—see Specifi	of which mor	e than 🕽 🛚	U,UUU W	mpensation vas provided	of more than \$10 by the related or	0,000 from yo ganizations? I	ur •	☐ Yes 🗹 No

_	n 990 (2000)		F	age		
Pa	ort VI Other Information (See Specific Instructions on page 26.)	N/A	Yes			
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		~		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		1		
	If "Yes," attach a conformed copy of the changes.					
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78a		7		
79	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? If "Yes," attach a statement Is the organization related (other than by association with a statewide or nationwide organization) through common					
000	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a				
b	If "Yes," enter the name of the organization >					
	and check whether it is exempt <b>OR</b> nonexempt.					
81a	Enter the amount of political expenditures, direct or indirect, as described in the					
	instructions for line 81					
	Did the organization file Form 1120-POL for this year?	81b		_		
82a	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		~		
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 expense in Part II. (See instructions for reporting in Part III.).   82b					
RZa	Part III.)					
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	7	-		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		~		
	If "Yes," did the organization include with every solicitation an express statement that such contributions					
	or gifts were not tax deductible?	84b				
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	+			
Þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b				
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.					
С	Dues, assessments, and similar amounts from members					
d	and the second s					
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-4////				
f	, , , , , , , , , , , , , , , , , , , ,					
_	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	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 dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h				
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12					
	Gross receipts, included on line 12, for public use of club facilities					
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders.					
þ	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
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			1		
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	uma			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$					
þ	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		1			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b		<u> </u>		
	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.			<u> </u>		
90a	List the states with which a copy of this return is filed ► California  Number of employees employed in the pay period that includes March 12, 2000 (See inst.) . [90b]	0		••••		
р 91	Number of employees employed in the pay period that includes water 12, 2000 (000 most)	61-760	)			
	Located at > 4030 Moorpark Avenue, #105, San Jose, CA ZIP code >95117		•••••			
32	Section 4947(a)(1) nonexempt charitable trusts ming form 950 in lieu of Form 1041—Officer field		▶			
	and enter the amount of tax-exempt interest received or accrued during the tax year , ▶   92		·			

Part '	VII Analysis of Income-Producing A	ctivities (See	Specific Instruc	ctions on page	ge 30.)	
	gross amounts unless otherwise		business income		tion 512, 513, or 514	(E)
indica	ted.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	Program service revenue:			1		
a.		-				
		_				
d.						
f 1	Medicare/Medicaid payments					
	ees and contracts from government agencies					
_	Membership dues and assessments	1				
	nterest on savings and temporary cash investments	ł		01	255.78	
	Dividends and interest from securities	1			***************************************	
	Net rental income or (loss) from real estate:					
a	debt-financed property					
	not debt-financed property					
98 1	let rental income or (loss) from personal property					
	Other investment income					
100	Sain or (loss) from sales of assets other than inventory	/				
	Net income or (loss) from special events .					
102 (	Gross profit or (loss) from sales of inventory	•				
103 (	Other revenue: a	-				
b _		- }	<del>                                     </del>			
c -		-		1		
d .			<b>-</b>			
е <u>-</u> 104 S	Subtotal (add columns (B), (D), and (E))				255.78	
105 1	<b>Total</b> (add line 104, columns (B), (D), and (E)) ine 105 plus line 1d, Part I, should equal the	amount on line	12, Part I.			255.78
Part \		omplishment (	of Exempt Purp	oses (See Sp	ecilic instructio	assemblishment
Line N	o. Explain how each activity for which income of the organization's exempt purposes (other	is reported in co	lumn (E) of Part VI ing funds for such	il contributed in Durboses).	iportantily to the a	ccomplianment
	of the organization's exempt purposes (out	er didir by providi	ing rundo to to out	F		
Part I	X Information Regarding Taxable Subs	idiaries and Di	sregarded Entiti	i <b>es</b> (See Speci	fic Instructions	on page 31.)
	(A)	(B) Percentage of	(C) Nature of a		(D) Total income	(E) End-of-year
1		vnership interest	ivature or a	CUVICES	- Total Income	assets
		%				
		%				
		%				<del></del>
		% 	and Banefit Cor	stracts (San Si	acific Instruction	s on page 31)
Part )						is on page 51.)
t t	old the organization, during the year, receive ar enefit contract?					☐ Yes ☑ No ☐ Yes ☑ No
(b) [ Note	oid the organization, during the year, pay prer If "Yes" to (b), file Form 8870 and Form 47	120 (see instruct	tions).			
Pleas Sign	Under penalties of perjury. I declare that I have exam and belief, it is true, correct, and complete. Declaral (Important: See General Instruction W, on page 14	tion of preparer (oth	er than officer) is base	ed on all informati	on of which preparer	has any knowledge.
	<b>\</b>					
Here	Signature of officer	Date		ype or print name		CSN or DTIN
Paid Prepare	Preparer's signature Conclusion	5	7/10/0		d▶□	SSN or PTIN
Prepare Use Onl	V if self-employed) and		44426	EIN	34 1817981 0. ► (440 )846-	
	address, and ZIP code P.O. Box 360619,		44130	Phone n	D. ▶ ( 440 ) 040-	Form <b>990</b> (2000)
		<b>⊕</b>				( CIII 444 (5000)

## 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.)

2000

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization The American Friends Foundation for Childbirth Injuries

Employer identification number

Part I		ar injuries		77:0547201	
Parti	Compensation of the Five High (See page 1 of the instructions. I	est Paid Employees O	ther Than Office	ers, Directors, a	ind Trustees
(-) 11	-test		re none, enter n	ione. )	
(a) Name a	nd 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
••••••	•••••				
	and the second s				
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<del></del>			1		
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•••••				1	
·········					
•••••				1	
			İ	į	
Total number	er of other employees paid over				
		······			
Part II	Compensation of the Five Highe	est Paid Independent (	Contractors for I	Professional Se	rvices
	(See page 1 of the instructions. List	each one (whether indiv	viduals or firms). If	there are none,	enter "None.")
(a) Nar	ne and address of each independent contractor	paid more than \$50,000	(b) Туре о	f service	(c) Compensation
•••••					
· · · · · · · · · · · · · · · · · · ·					
				ļ	
				ŀ	
				ļ	
Catal acceptor	of others receiving over \$50,000 for				

professional services ,

Par		Statements About Activities	<del>,   '</del>	es	No
1	atten If "Ye Orga organ	g the year, has the organization attempted to influence national, state, or local legislation, including any opt to influence public opinion on a legislative matter or referendum?	1		
2	of its organ	obbying activities.  In the year, has the organization, either directly or indirectly, engaged in any of the following acts with any set trustees, directors, officers, creators, key employees, or members of their families, or with any taxable nization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal ficiary:	2a		
a	Sale	exchange, or leasing of property?			•
þ	Lenc	ling of money or other extension of credit?	2b		~
c		ishing of goods, services, or facilities?	2c 2d		~
đ	Payr	nent of compensation (or payment or reimbursement of expenses if more than \$1,000)?			~
e	Tran	sfer of any part of its income or assets?	2e		_
3 4a b	Do y	s the organization make grants for scholarships, fellowships, student loans, etc.?	4a		
_	rt IV		)		
The	organ	ization is not a private foundation because it is: (Please check only ONE applicable box.)			
5 6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8 9		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hosemand state	pital's na	ame	, city
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec Also complete the <b>Support Schedule</b> in Part IV-A.)			
11a	9	An organization that normally receives a substantial part of its support from a governmental unit or from t Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)	the gener	ral p	ublic
11b 12		A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that normally receives: <b>(1) more than 33</b> 1/3/9 of its support from contributions, membershi eceipts from activities related to its charitable, etc., functions—subject to certain exceptions, and <b>(2) no mo</b> its support from gross investment income and unrelated business taxable income (less section 511 tax) from busy the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part	ore than usinesses IV-A.)	<b>33</b> % acq	s% a juired
13	c	An organization that is not controlled by any disqualified persons (other than foundation managers) and supplescribed 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)(3).)	ion 509(a	aniza a)(2). 	tion: (Se
	_	Provide the following information about the supported organizations. (See page 5 of the instructions		<del>-</del>	
	-	(a) Nama(c) of cupported organization(s)	number n above	_	
	_				
	-		<del></del>	_	
				_	
14		in organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instruc	tions.)		

Page 2

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

_							
Cal	endar year (or fiscal year beginning in)▶	(a) 1999	<b>(b)</b> 1998	(c) 1997	(d) 19	96	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	Created and					
16	Membership fees received	Funded in	2000				
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated 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,						
24	Line 23 minus line 17						
25	Enter 1% of line 23					26a	
26 b	Organizations described on lines 10 or 11:  Attach a list (which is not open to public inspec person (other than a governmental unit or public 1999 exceeded the amount shown in line 26a.	tion) showing the ly supported orga Enter the sum of	e name of and an anization) whose all these excess	mount contributed total gifts for 1996 s amounts.	by each of through	26b	
c d	Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 2		19 26b	<del></del>		26c ///// 26d	
e f	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numeral					26e 26f	%
27 b	Organizations described on line 12: a For person," attach a list (which is not open to puble each "disqualified person." Enter the sum of su (1999)	olic inspection) to ch amounts for e seived from a nor e larger of (1) the se well as individ	o show the name each year: (1997) ndisqualified per ne amount on lir uals.) After com	e of, and total amo	(1996) to show the or (2) \$5,0 nce betwee	name	e of, and amount nclude in the list amount received
	(1999)(1998)						
C			21		•	27c	
đ						27e	
e	Public support (line 27c total minus line 27d total support for section 509(a)(2) test: Enter an	all	column (e)	. ►   27f			
f	Public support percentage (line 27e (numerat	or) divided by li	ne 27f (denomi	nator)), , , .	▶	27g	<u>%</u>
g h	Investment income percentage (line 18, colur	nn (e) (numerate	or) divided by li	ne 271 (denomina	tor)). P	27h	<u>%</u>
28	Unusual Grants: For an organization described attach a list (which is not open to public inspect	i in line 10 11 /	or 12 that receiv	ed any unusual o	rants durin	g 199 ate an	6 through 1999, d amount of the

Part V	Private School Questionnaire (See page 5 of the instructions.)	-
	(To be completed ONLY by schools that checked the box on line 6 in Part IV	۸

			Y	es	No		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	2	9	7	···········		
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?						
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)						
				X			
32	Does the organization maintain the following:						
8	Records indicating the racial composition of the student body, faculty, and administrative staff?	328					
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32t	<u>,                                     </u>		_		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	320	_	$\perp$			
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320					
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			X			
33	Does the organization discriminate by race in any way with respect to:						
a	Students' rights or privileges?	33a		+			
b	Admissions policies?	33b		+	_		
C	Employment of faculty or administrative staff?	33c	<u> </u>	╁	_		
d	Scholarships or other financial assistance?	33d		+			
е	Educational policies?	33e		+	_		
f	Use of facilities?	33f		+	_		
g	Athletic programs?	33g		$\vdash$			
ħ	Other extracurricular activities?	33h		<u> </u>			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)						
	•••••••••••••••••••••••••••••••••••••••						
					<i>///</i>		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a			_		
b	Has the organization's right to such aid ever been revoked or suspended?	34b					
	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					

Part VI-A Lobbying Expenditures by I (To be completed ONLY by a	iii eiidinie olda	nization that t	ee page 7 of the	e instructions.)	Page
Check here ► a ☐ if the organization belongs Check here ► b ☐ if you checked "a" above	i to an affiliated a	Troup			
Limits on Lobby  (The term "expenditures" me	ing Expenditu	ıres	<i>PP)</i> .	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence publi	ic opinion (grassi	roots lobbying)	. 36		Organizations
37 Total lobbying expenditures to influence a leg	islative body (dir	ect Johnving)	37		
and incompling expenditures (add lines 36 and	137)		1 38		
	• • • •		39		
Total exempt purpose expenditures (add lines Lobbying nontaxable amount. Enter the amount.	38 and 39),		40		
If the amount on line 40 is— The lo	obbvina nontaxa	wing table— ble amount is—			
Not over \$500,000	of the amount on	line 40.	1 /////		
Over \$500,000 but not over \$1,000,000\$100,0	00 plus 15% of th	ne excess over \$5	00.000		
Over \$1,000,000 but not over \$1,500,000 .\$175,0	00 plus 10% of the	e excess over \$1 f	000 000 }   41		
Over \$1,500,000 but not over \$17,000,000 .\$225,0	00 plus 5% of the	excess over \$1,5			
Over \$17,000,000	.000	• • • • •	42		
3 Subtract line 42 from line 36. Enter -0- if line 4	12 is more than ti	ne 36	43		
Subtract line 41 from line 38. Enter -0- if line 4	I1 is more than li	ne 38	44		
			<i>V/////X</i>		
Caution: If there is an amount on either line 45					
(Some organizations that made a section See the instructions	eraging Perion on 501(h) election for lines 45 throu	do not have to	complete all of the	five columns bel	OW.
	· · · · ·		res During 4-Yea		iod
Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2000	<b>(b)</b> 1999	(c) 1998	<b>(d)</b> 1997	(e) Total
Lobbying nontaxable amount					
Lobbying ceiling amount (150% of line 45(e)).					
Total lobbying expenditures					
Grassroots nontaxable amount					
Grassroots ceiling amount (150% of line 48(e))					
Grassroots lobbying expenditures			İ		
art VI-B Lobbying Activity by Nonelect	ing Public Ch	arities		·	
(For reporting only by organizati	ons that did n	ot complete P	art VI-A) (See pa	age 9 of the in	structions.)
ing the year, did the organization attempt to influe	nce national, sta	te or local legisla	ation including any	Yes No	Amount
mpt to influence public opinion on a legislative ma	itter or referendu	m, through the u	se of:		
Volunteers	· · · · · ·			-	
Paid staff or management (Include compensation Media advertisements		on lines <b>c</b>	trirough h.)		
Mailings to members, legislators, or the public					
Publications, or published or broadcast statemer	nts				
Grants to other organizations for lobbying purpos	ses			-	
Direct contact with legislators, their staffs, govern	nment officials, o	r a legislative bo	dy		
Rallies, demonstrations, seminars, conventions, s	speeches, lecture	es, or any other r	neans	-	<del></del>
Total lobbying expenditures (add lines c through	ny	• • • • •			
If "Yes" to any of the above, also attach a statem	nent giving a deta	ailed description	of the Johnving ac	tivities	

	_				
Schedule	Α	(Form	990 a	' 990-EZ\	2000

Page 6

Part		ation Regarding t Organizations (	<b>Transfers To a</b> See page 9 of	nd Transaction the instruction	ons and Relationships With Noncharitable	e e
51 [	Did the reporting	organization directly	or indirectly enga	ige in any of the	following with any other organization described in	n sectio
. T	ronofora from the	other than section	501(c)(3) organiza	itions) or in sect	ion 527, relating to political organizations?	
4 1	(i) Cash	reporting organization	on to a noncharita	able exempt org	· · · · · · · · · · · · · · · · · · ·	es No
	(ii) Other assets					
	Other transactions			• • • • •	· · · · · · · · · · · ·   <u>a(i)       </u>	
			a noncharitable	overnt erroring	h/m	-
	ii) Purchases of	assets from a nonch	a nonchantable (	exempt organiza	ation	<del></del>
	ii) Rental of faci	itios aguinment es	antable exempt o	organization	b(ii)	
•	M) Reinal Orlaci	lities, equipment, or o	otner assets	• • • • • •	<u>b(ii)</u>	- 1
٠.	v) Reimburseme	nt arrangements .				
•	v) Loans or loan	guarantees		• • • • • •		1
(V	n) Performance	or services or member	ersnip or fundraisi	ing solicitations	b(vi)	1
c S	the ensure to an	, equipment, mailing	iists, other assets	s, or paid emplo	yees	
go	oods, other assets	, or services given by	the reporting organ	nization. If the or	Column (b) should always show the fair market value of ganization received less than fair market value in any ls, other assets, or services received:	of the
(a)	(b)		(c)		(d)	
Line no	. Amount involve	d Name of no	ncharitable exempt o	rganization	Description of transfers, transactions, and sharing arrange	ments
				<b>-</b>		
	_	<del></del> -	·	<del></del>		
		_				
			·			
	<del>- </del>	<del></del>		-		
	<u> </u>			J		
de	scribed in section		(other than section		e or more tax-exempt organizations n section 527? ▶ ☐ Yes	☑ No
(a) Name of organization			(b) Type of organization		(c) Description of relationship	
				<del></del> -		
			<del>                                     </del>			
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			†			
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			<u> </u>			
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· · · · · · · · · · · · · · · · · · ·			❸		Schedule A (Form 990 or 990-E	Z) 2000