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Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit

OMB No. 1545-0047

Open to Public

trust or private foundation) or section 4947(a)(1) nonexempt charitable trust Department of the Treasury Note: The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service Inspection For the 1999 calendar year, OR tax year period beginning 1999, and ending D Employer identification number C_Name of organization Please Check if: 94:3334509 use IRS <u>lteople for Legaland Nonsectarian Schools</u> Change of address label or print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return type. (415) 821-9776 290 Napoleon St. Final return Specific Amended return City or town, state or country, and ZIP+4 if exemption application Instruc-94124-1017 (required also for CA tions. Sau Francisco. is pending state reporting) G Type of organization—▶ [D/Exempt under section 501(c)(3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). .. Yes No H(a) Is this a group return filed for affiliates? . If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶ (b) If "Yes," enter the number of affiliates for which this return is filed: Accrual Accounting method: (c) Is this a separate return filed by an organization covered by a group ruling? Yes No Other (specify) ▶ Check here Vif the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.) Contributions, gifts, grants, and similar amounts received: 15,213.62 a Direct public support . . . 1b **b** Indirect public support 1c c Government contributions (grants) d Total (add lines 1a through 1c) (attach schedule of contributors) 15,213.62 **1d** (cash \$ _____ noncash \$ _ 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 3 4 4 Interest on savings and temporary cash investments 5 5 Dividends and interest from securities 6a Gross rents 6b Less: rental expenses 6c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe > (A) Securities (B) Other 8a Gross amount from sales of assets other 8a 8b **b** Less: cost or other basis and sales expenses... Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule) a Gross revenue (not including \$ contributions reported on line 1a) 9b **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances . . . 10c 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) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 13 13 Program services (from line 44, column (B)) 14 14 Management and general (from line 44, column (C)) .

Excess or (deficit) for the year (subtract line 17 from line 12)

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at beginning of year (from line 73, column (A)) .

Fundraising (from line 44, column (D))

Payments to affiliates (attach schedule) . . .

Total expenses (add lines 16 and 44, column (A))

15

16

17

18

19

20

38.050.59

22,781.60

5,815.15

0

596.75

e Other program services (attach schedule)

orn	990 (1994)	<u></u>				Page 2
Pa	Statement of All organizations mu Functional Expenses and section 4947(a)(st comp (1) none	olete column (A). Column xempt charitable trusts b	s (B), (C), and (D) are re out optional for others. (quired for section 501(c) See Specific Instructions	(3) and (4) organizations on page 15.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2	Grants and allocations (attach schedule)					
	(cash \$ noncash \$)	22	· · · · · · · · · · · · · · · · · · ·			
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule).	24				
25	Compensation of officers, directors, etc	25		·		
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	29				
29	Payroli taxes	30				
0	Professional fundraising fees	31				
11	Accounting fees	32	37,289.17	37,289.17		
12	Legal fees	33	481.42	210.00	271.42	
33	Supplies	34	401.46	270.00	21112	
34 35	Telephone	35				
36	Postage and shipping	36				
37	Occupancy Equipment rental and maintenance	37				
38	Printing and publications	38	95.00	30.00	65.00	
39	Travel	39				
10	Conferences, conventions, and meetings	40		;		
11	Interest	41				
12	Depreciation, depletion, etc. (attach schedule)	42				
13		43a				
b	Other expenses (itemize): a 1RS, FIB, Secty. State fees	43b	185.00		185.00	
C		43c				
d		43d				
0	•••••	43e		····		
14	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	38,050.59	37, 529.17	521.42	
	orting of Joint Costs.—Did you report in column					/
	cational campaign and fundraising solicitation?	. •				Yes No
	es," enter (i) the aggregate amount of these joint cost	s \$				s \$;
	the amount allocated to Management and general \$			amount allocated		1
	Statement of Program Service Acco	ompli	soments (See S	pecilic instructi	b/a/App 7	Program Service
Vha	at is the organization's primary exempt purpose?	>.	11.01.W1.12.1.74.X		0.1007	Expenses
fc	rganizations must describe their exempt purpose ac lients served, publications issued, etc. Discuss achi inizations and 4947(a)(1) nonexempt charitable trusts	evem	ents that are not m	easurable. (Sectio	n 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
	Lawsuit against two school distr					
	clauses of U.S. & California Cons	-,	,			37,289.17
	of the religious nature of Wald					+ donated services
_			and allocations	\$	11.92.5.2.20	70,7120,
b	Operation of website temail dis					240.00
	(hot hits) in 1999. Discussion list	hed.	approx-120 s	ubscribers &	632.7	+ doyated
	messages in 1999. These activition (G	ر کے rants	and allocations	s publica	bort	services
c ·				about Walder	t, anonx.	donated
•	Distribution of a 65-page pac 20 in 1999. Presentation of a	40-	minute slide	e tal4 to sc	had Goards	supplies+
	parent shoups tother or san	17.97	rions, 4 til	nes in 1999		Services
ď	Coursaling parents by email to			scarch (161	~ · ·	donated
	services for lawyers, schol	<u> </u>	Treporter	s. Giving	interviews	supplies
	Fanswering questions from r	cpe	orTers.			services
_ :	(G	rants	and allocations	\$)	

(Grants and allocations

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

\$

supplies t services

37,529.17

Part IV	Balance	Sheets	(See	Specific	Instructions	on page	22.)

1	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45 46	Cash—non-interest-bearing Savings and temporary cash investments .		611.49	45 46	262.11
	•	Accounts receivable	47a 47b		47c	
Assets		Pledges receivable	48a 48b		48c 49	
	50	Receivables from officers, directors, truster (attach schedule)	es, and key employees		50	
		Other notes and loans receivable (attach schedule)	51a 51b		51c	
Ass	52 53	Less: allowance for doubtful accounts			52 53	
	54 55a	Investments—securities (attach schedule) Investments—land, buildings, and equipment: basis	55a		54	
	b	Less: accumulated depreciation (attach schedule)	55b		55c	
		Investments—other (attach schedule) Land, buildings, and equipment: basis Less: accumulated depreciation (attach	57a		56	
	58	schedule)	57b		57c 58	
	59	Total assets (add lines 45 through 58) (mus	t equal line 74)	611.49	59	262.11
	60	Accounts payable and accrued expenses .	f	6,246.64	60	28,858.86
	61	Grants payable	L.		61	
ies	62	Deferred revenue	I I		02	
Liabilities	63	schedule)	, , , , , , , , , , , , , , , , , , ,		63	
Liat	64a	Tax-exempt bond liabilities (attach schedule)			64a	
_	b	Mortgages and other notes payable (attach	schedule)		64b	
	65	Other liabilities (describe)	1 11 4 1 11	65	AR 879 81
_	66	Total liabilities (add lines 60 through 65) .		6,426.64	66	28,858.80
	Orga	nizations that follow SFAS 117, check here I 67 through 69 and lines 73 and 74.	and complete lines			
ces	67	Unrestricted			67	
lan	68	Temporarily restricted			68	
Ba	69	Permanently restricted			69	
Fund Balances		anizations that do not follow SFAS 117, check complete lines 70 through 74.			70	
Š	70	Capital stock, trust principal, or current fund			70	
Sets	71	Paid-in or capital surplus, or land, building,		(5815.12)	72	(28,596.75
ASS	72	Retained earnings, endowment, accumulate		(30,3,43)	34	1-0/0/8.13
Net Assets or	73	Total net assets or fund balances (add line 70 through 72; column (A) must equal line equal line 21)		(5815.15)	73	(28,596.75)
	74	Total liabilities and net assets / fund balance	ces (add lines 66 and 73)	611.49	74	262.11

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.

Pai	rt IV-A	Financia	liation of Revenu I Statements wit See Specific Instr	h Řevenue	e per	Part	F	econciliation of inancial States eturn		
а			and other support	a n/	4	а		penses and lo		a
b	Amounts	included o	statements > n line a but not on			b	Amounts i	nancial statemer		a / 1
(1)		lized gains		1		(1)	On line 17,			
(2)	on investr Donated	nents services	\$			(2)	and use of Prior year ac			
	and use of	of facilities				(2)	reported or	line 20,		
(3)		s of prior				(3)	Form 990 . Losses rep			
(4)	Other (sp						line 20, Fo	rm 990 💄 <u>\$</u>		
			\$			(4) Other (specify):				
	Add amou	ints on line:	s (1) through (4) ▶	b	paragramatic c. e.a. a. e e e e e e e e e e e e e e e			<u>\$</u>		
_	Lino a mi	nus line b .	_	c				nts on lines (1) th		b c
d d		included o				d		ncluded on line		
	Form 990	but not or	n line a:				Form 990	but not on line	a:	
(1)		expenses ed on line			(Aug.)	(1)	Investment not include			
		90						90 <u>\$</u>		
(2)	Other (sp	ecify):				(2)	Other (spe	ecify):		
			\$					\$		
			es (1) and (2) >	d			Add amou	nts on lines (1)	and (2) >	d
е	Total reve	nue per lir s line d) .	ne 12, Form 990			е		nses per line 17, s line d)		a
Par	t V Lis	t of Offic	ers, Directors, T	rustees, a	nd Key	Emplo				sated; see Specific
	Inst	ructions on	1 page 24.)		(D) Tille -			(C) Compensation	(D) Contributions to	(E) Expense
_	,		e and address		L		ge hours per to position	(If not paid, enter -0)	employee benefit plans deferred compensation	& account and other
4151	1W44, G	crass Va	62 Roughtr alley CA 95	945	Presid		6 hrs	-0-		
Νe	vada C	lity, C	P.O.Box 69 A 95959		Vice-1	resi	dent	101		
		in 290	Napoleon St. A 94124-10	×E >17	Secres de.F.		10 hrs	-0-		
	sith De rkeley		41 Franklin 94702	57.	Direc	ctor	1 hr	-0-		
Joh	4 Mon	cheso	P.O. BOX 23	27	Direc	tor	2.5 hr	-0-		
Jai	nes M.	Mortor		Morsan	Direc	tor	1.5 hr	-0-		
		165ay	225 Velard		Direc	tor	lhr	-0-		
M	ou4tain	View.	CA 94041		<u>.</u>					
	******			•						
75	organizatio	n and all rela	or, trustee, or key en ated organizations, c edule—see Specific	of which more	e than \$10	,000 w	mpensation of as provided	of more than \$100 by the related org),000 from your anizations?	☐ Yes ☑ No

Form	990 (1999)		P	age 5
Par	t VI Other Information (See Specific Instructions on page 25.)		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		V
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		
	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?.	78b		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	79		V
79 80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
ooa	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		V
b	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt OR nonexempt.		10	
81a	Enter the amount of political expenditures, direct or indirect, as described in the			
	instructions for line 81.	81b		
	Did the organization file Form 1120-POL for this year?	עוס		
	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	/	
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 for reporting in Part III.). 82b 58,240.∞			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	V	attranseries o
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	/	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u></u>
b	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 85b	~	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	630		
	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.		•	
	Dues, assessments, and similar amounts from members			
	Section 102(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	**************************************	9.894
9 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		CHARLEST CO.
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 _ 86a			
b	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			
b	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 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		~
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b		
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		-0	<u> </u>
	Enter: Amount of tax on line 89c, above, reimbursed by the organization		-(
	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, 1999 (See inst.)			0-
91	The books are in care of Dan Dusan C.F.o. Telephone no. >(415).	21-	977	6
	Located at > 290 Napalcon St., San Francisco, CA ZIP+4 > 94/24-1	2/7		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		000	/a = = = :
		Form	220	(1999)

i Oniii 33	• • •					
Part '	Analysis of Income-Producing Ac	tivities (See Sp	pecific Instruct	tions on pag	je 29.)	
Enter	gross amounts unless otherwise	Unrelated bu	siness income	Excluded by sec	tion 512, 513, or 514	(E) Related or
indica	-	(A)	(B)	(C)	(D)	exempt function
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	income
	Copies of articles			ļ		43.05
b.	angzon. com sales income	_				12,32
С.		_				
d.						
e						
f	Medicare/Medicaid payments		L	<u> </u>		
	Fees and contracts from government agencies					
	Membership dues and assessments					
	interest on savings and temporary cash investments					
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:			14.0		
	debt-financed property					
	not debt-financed property					
		•	<u> </u>			
	Net rental income or (loss) from personal property					
	Other investment income					
	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events	the state of the s	<u> </u>	-		
	Gross profit or (loss) from sales of inventory			- 		
103	Other revenue: a	-				
b.				-		
C.		-				
d.		-			<u> </u>	
e						55.07
	abtotal (add columns (B), (D), and (E))					55.37
105 To	otal (add line 104, columns (B), (D), and (E)) .				.▶	55.37
Note:	Line 105 plus line 1d, Part I, should equal the	amount on line	12, Part I.			
Part	VIII Relationship of Activities to the Acc					
Line I	No. Explain how each activity for which income	is reported in colu	mn (E) of Part VI	I contributed in	nportantly to the	accomplishment
	of the organization's exempt purposes (other					
93		cabout h	141dorf ed	ocation.		
93	b Books in form the public a	16out Wa	Idonf edu	cation.		
Part	X Information Regarding Taxable Subsi	diaries and Disr	egarded Entiti	es (See Spec	ific Instructio	ns on page 30.)
	(A)	(B)	(C)		(D)	(E)
	Name, address, and EIN of corporation, partnership, or disregarded entity ov	Percentage of vnership interest	Nature of a	ctivities	Total income	End-of-year assets
	paranorally, or distigated street	%				
		%				
		%				1
		%				
	Under penalties of perjury, I declare that I have exam	ined this return, includ	ding accompanying	schedules and sta	tements, and to the	best of my knowledge
Pleas	and belief, it is true, correct, and complete. Declara	tion of preparer (other	than officer) is base	ed on all informat	ion of which prepar	rer has any knowledge.
Sign	(Important: See General Instruction U, on page 14.		3/00 IT	Dan Duran	Sarvation	,+ C.F.O.
Here	Signature of officer	Date		ype or print nam		7
	Signature of officer V	Date		Check i		s SSN or PTIN
Paid	Preparer's signature		Date	self-		3 J3N OF FIR4
Prepar	pr's		<u></u>	employ	<u> </u>	
Use Or			·····	EIN	<u> </u>	
	and address			ZIP + 4	•	

SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

People for Lecal and Non secta	irian Schools		94 : 3334.	509
Part I Compensation of the Five High (See page 1 of the instructions. L	est Paid Employees Ot ist each one. If there ar	ther Than Office e none, enter "N	ers, Directors, a	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None		Į.		
				•
				•
Total number of other employees paid over \$50,000	-0-	and the state of t		
Compensation of the Five High (See page 1 of the instructions. Lis				
(a) Name and address of each independent contractor			of service	(c) Compensation
None				
		2		
		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Total number of others receiving over \$50,000 for professional services	-0-			
	-		and the second second second	Mark the Carlot and the

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

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

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

	Note: You may use the worksheet in	uie instructions it	x converuing iron	ii uie acciuai to	uie casii meulou	or accounting.
Cale	ndar year (or fiscal year beginning in) >	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do			,		
	not include unusual grants. See line 28.).	3218.83	-0-	11/9	4/9	3218.83
16	Membership fees received	-0-	-0-			-0-
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	36.46	þ			36.46
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	-0-	0			-0-
19	Net income from unrelated business					
	activities not included in line 18	-0-	-0-			-0-
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	-0-	-01			-0-
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	-0-	-0-			-0-
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	-0-	-0-			-0-
23	Total of lines 15 through 22	3255.29	-0-			3255.29
24	Line 23 minus line 17	3218.83	-0-			3218.83
25	Enter 1% of line 23	32.55	-6-			
26	Organizations described on lines 10 or 11:	a Enter 2% of a	amount in colum	n (e), line 24	▶ 26a	
	Attach a list (which is not open to public inspectors person (other than a governmental unit or public 1998 exceeded the amount shown in line 26a. Total support for section 509(a)(1) test: Enter line	ely supported orga Enter the sum of the 24, column (e)	nization) whose t all these excess	otal gifts for 1995 amounts	5 through ▶ 26b	
d	Add: Amounts from column (e) for lines: 18				264	
						
e	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera	tos) divided by li			▶ 26e ▶ 26f	%
27	Organizations described on line 12: a For person," attach a list to show the name of, and of such amounts for each year:	r amounts includ total amounts re	ed in lines 15, 1 ceived in each ye	6, and 17 that wear from, each "d	vere received from	m a "disqualified n." Enter the sum
b	(1998) — (1997) For any amount included in line 17 that was rereceived for each year, that was more than the organizations described in lines 5 through 11, and the larger amount described in (1) or (2), expressions are received.	ceived from a nor le larger of (1) th as well as individ enter the sum of the	ndisqualified pers le amount on line uals.) After comp nese differences	son, attach a list e 25 for the year outing the differer (the excess amo	to show the namer or (2) \$5,000. (Ince between the bunts) for each ye	e of, and amount include in the list amount received ar:
	(1998) (1997)	-0-	(1996)	4/9	(1995)	4/9
С	Add: Amounts from column (e) for lines: 15 17	3218.83	16 <u>-0 -</u> 21 <u>-0 -</u>		▶ 27c	3255.29
d	Add: Line 27a total	and line 27b total	-0-		▶ <u>27d</u>	
e	Public support (line 27c total minus line 27d to	tal)			Þ 27e	CONTRACTOR OF THE PROPERTY OF
f	Total support for section 509(a)(2) test: Enter a					
g	Public support percentage (line 27e (numera					
<u>h</u>	Investment income percentage (line 18, colu					·
28	Unusual Grants: For an organization describe attach a list (which is not open to public inspection, and a brief description of the nature of t	ction) for each yea	ar showing the na	ame of the contri	butor, the date a	nd amount of the

Schedule A (Form 990) 1999 Page 4 Part V Private School Questionnaire (See page 4 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) No Yes Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 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 31 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: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33a Students' rights or privileges?. . 33b Admissions policies? 33c Employment of faculty or administrative staff? 33d Scholarships or other financial assistance? 33e Educational policies? 33f Use of facilities? . 33g Athletic programs? 33h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

34a **b** Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .

34a Does the organization receive any financial aid or assistance from a governmental agency? Schedule A (Form 990) 1999

									- 1		
	t VI-A	Lo	bbying Expenditures by El	ecting Public (Charities (See	page 6 of	the	instru	uctions	5.)	
Chec	k here >		be completed ONLY by an if the organization belongs			1 1 01111 37	00,				<u></u>
	ck here ►		if you checked "a" above a			ly.					
			Limits on Lobbyi						(a) ited grou totals	р	(b) To be completed for ALL electing organizations
36	Total lobi	hvina	expenditures to influence public				36			\neg	
30 37			expenditures to influence a legi				37			\Box	
38			expenditures (add lines 36 and	-	•		38				
39			*** * * * * * * * * * * * * * * * * *		a contract of the contract of		39 40			\dashv	
40			purpose expenditures (add lines				40				
41	, ,	•	taxable amount. Enter the amount on line 40 is—	bbying nontaxab							
			0,000)					
			but not over \$1,000,000\$100,0								
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			0 but not over \$17,000,000 _\$225,0							- 1	
42			ontaxable amount (enter 25% of				42	The state of the s			
43			42 from line 36. Enter -0- if line				43				
44	Subtract	line ·	41 from line 38. Enter -0- if line	41 is more than lin	e 38		44				*
	Caution:	If th	ere is an amount on either line 4	3 or line 44, you n	nust file Form 47	<i>20</i> .					
	-		4-Year Av	eraging Period	Under Section	on 501(h)					
	(S	ome	organizations that made a section See the instructions	on 501(h) election for lines 45 through	do not have to c gh 50 on page 7	omplete all of the instru	of the	five (columns	s bel	ow.
				Lobi	bying Expenditu	res During	4-Ye	ar Ave	eraging	Per	riod
	Calendar fiscal year	•	r (or eginning in) ▶	(a) 1999	(b) 1998	(c) 1997			(d) 1996		(e) Total
45	Lobbying	non	Annahia amanust							ļ	
		,	taxable amount					n= 0.00-00-0		2000000	
46	Lobbying		ng amount (150% of line 45(e)).								
46 47		, ceili									
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Schedule i	A (Form 990) 1999			Page	<u>6</u>
Part V	Exempt Or	ganizations (Se	e page 8 of the instructions		
51 Did 501	the reporting orga (c) of the Code (otl	nization directly or her than section 50	indirectly engage in any of the (1(c)(3) organizations) or in section	following with any other organization described in section 527, relating to political organizations?	
			to a noncharitable exempt orga	nization of: Yes N	_
	Cash	- · · · · · · · · · · · · · · · · · · ·	. 	51a(i)	/
(ii)	Other assets		. .	a(ii) \ \ \ \ \ \ \	<u>_</u>
b Oth	er transactions:				,
(i)	Sales or exchange	es of assets with a	noncharitable exempt organizat	tion	4
(ii)	Purchases of assi	ets from a nonchar	itable exempt organization	b(ii)	/
(iii)	Rental of facilities	, equipment, or oth	ner assets	b(iii) v	, フ
(iv)	Reimbursement a	rrangements		b(iv) \\ \\ \\ \\	-
					7
			ship or fundraising solicitations	b(vi) \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	_
			sts, other assets, or paid employ		—
000	ds. other assets, or	services given by th	e reporting organization. If the organization	Column (b) should always show the fair market value of the ganization received less than fair market value in any s, other assets, or services received:	
(a)	(b)		(c)	(d)	
Line no.	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transactions, and sharing arrangements	_
					_
					—
des	the organization dir scribed in section 5 Yes," complete the	01(c) of the Code (other than section 501(c)(3)) or i	ne or more tax-exempt organizations in section 527? ▶ ☐ Yes ☐ N	lo —
	(a)		(b)	(c)	
	Name of organiz	zation	Type of organization	Description of relationship	
					—
					—
					—
					—
					_