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 2000

Open to Public Inspection

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 2000, and ending For the 2000 calendar year, or tax year period beginning D Employer identification number C Name of organization Check if applicable Please KABBALAH CENTRE INTERNATIONAL 95: 4685000 Change of address E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Change of name orant or type See 1062 SOUTH ROBERTSON BLVD Initial return (310)854-1531 Specific City or town state or country and ZIP code Final return F Check ▶ ☐ if application pending Instruc OS ANGELES, CA 90035-1505 Amended return Note H and I are not applicable to section 527 orgs H(a) Is this a group return for affiliates? Yes X No G Organization type (check only one) ► 🔀 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 Yes X No H(c) Are all affiliates included? attach a completed Schedule A (Form 990 or 900-EZ) (If No, attach a list See inst.) Accounting method ☐ Cash 🗶 Accrual ☐ Other (specify) ▶ H(d) Is this a separate return filed by an organization covered by a group ruling? 🔲 Yes 🔀 No 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 Some states require a complete return to attach Schedule B (Form 990 or 990-EZ) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16) Contributions, gifts, grants, and similar amounts received 1,961,558 1a a Direct public support 1b b Indirect public support 1c c Government contributions (grants) 1d 1.961.558 d Total (add lines 1a through 1c) (cash \$ ___ noncash \$ 2,543,125 2 Program service revenue including government fees and contracts (from Part VI), line 93) 2 3 Membership dues and assessments 18,704 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a 6a Gross rents 6b Less rental expenses 6с 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 than inventory 8b **b** Less cost or other basis and sales expenses 8c c Gain or (loss) (attach schedule) Bd d Net gain or (loss) (combine line 8c, columns (A) and (B)) Special events and activities (attach schedule) a Gross revenue (not including \$ contributions reported on line 1a) 9b Less direct expenses other than fundraising expenses Net income or (155) from special events (subtract line 9b from line 9a) 10a Gross sales of rejectory less returns and allowances 10a 1,881,3
b Less costor goods sold 10b 835,7
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 1,881,317 835.740 10c 1,045,577 11 Other revenue (from Part VII, line 103) Total revenue (add lines Vd. 2 & 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 12 5,568,964 gram services (Norp line 44, column (B)) 13 1,301,446 13 ragement of general (from line 44, column (C)) 147,178 14 14 Fundraising from line 44, column (D)) 15 15 16 Payments to affiliates (attach schedule) 16 Total expenses (add lines 16 and 44, column (A)) 1,448,634 17 17 18 4,120,330 Excess or (deficit) for the year (subtract line 17 from line 12) 19 6,887,718 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 20 Other changes in net assets or fund balances (attach explanation) ž Net assets or fund balances at end of year (combine lines 18, 19, and 20) 11,008,048

Pa	Functional Expenses and section 4947(a)	ust com I(1) none	piete column (A). Column exempt chantable trusts l	ns (B) (C) and (D) are re but optional for others (quirea for section 501(a See Specific Instruction:)(3) and (4) organization s on page 20)
	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
22	Grants and allocations (attach schedule)	1				
	(cash \$)	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	425 205	425.205		
26	Other salaries and wages	26 27	135,305	135,305		
27	Pension plan contributions	28				
28	Other employee benefits	29	21,900	21,900		
29	Payroll taxes	30	21,300	21,500	<u> </u>	<u>-</u>
30	Professional fundraising fees	31				
31 32	Accounting fees Legal fees	32	41,140		41,140	
33	Supplies	33		-	71,110	
34	Telephone	34				
35	Postage and shipping	35	21,488	21,488		
36	Occupancy	36	·	 -		
37	Equipment rental and maintenance	37	4,784	4,784		
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	52,574		52,574	
42	Depreciation, depletion, etc. (attach schedule)	42	1,684		1,684	
43	Other expenses (itemize) a	43a				
þ		43b	27 . 27			
С	See attached schedule	43c	1,169,759	1,117,969	51,780	
d		43d				
е		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13—15	44	1,448,634	1,301,446		
Rep	orting of Joint Costs Did you report in column	(B) (F	Program services)	any joint costs fro		_
	cational campaign and fundraising solicitation?	_				☐ Yes ☐ No
	es," enter (i) the aggregate amount of these joint cost	s \$, (ii) the	e amount allocated	to Program service:	s \$
	he amount allocated to Management and general \$, and (iv) the	e amount allocated	to Fundraising \$	
	Statement of Program Service Acco	OMPII	isnments (See S	pecific instructions	ons on page 23	
Wha	t is the organization's primary exempt purpose?	□ 13.50				Program Service Expenses
All o	rganizations must describe their exempt purpose ac lents served, publications issued, etc. Discuss achi	chievei	ments in a clear an	d concise manner	State the number	(Required for 501(c)(3) and (4) orgs and 4947(a)(1)
orga	nizations and 4947(a)(1) nonexempt charitable trusts	must a	also enter the amou	nt of grants and allo	cations to others	trusts but optional for others)
	RELIGIOUS SERVICES, EDUCATIONAL LECT			<u>_</u>		Odleis /
_	PRODUCTION, SALE AND DISTRIBUTION OF E			 V		
	KABBALAH DOOR TO DOOR REQUESTS FO					
_	(C	rants	and allocations	\$)	1,301,446
ь.	PROMOTION AND SALE OF RELIGIOUS BOOK	⟨S.				
_	(G	Frants	and allocations	\$)	
C.						

_	(G	rants	and allocations	<u>\$</u>)	
d,				•••••		
	•••••••••••••••••••••••••••••••••••••••				·····	
	ir	rante	and allocations	\$	······	
e (\$ \$		
	otal of Program Service Expenses (should equ			•		1,301,446
			<u>, , , , , , , , , , , , , , , , , , , </u>			.,,

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

r	lote	Where required attached schedules and amounts column should be for end-of-year amounts only	within the d	escription	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	_			45	
	46	Savings and temporary cash investments		-		46	194,607
			14701	69 540			
		Accounts receivable	47a 47b	68,549		47c	68,549
	•	Less allowance for doubtful accounts					00,010
	482	Pledges receivable					
		Less allowance for doubtful accounts	48a 48b			48c	
	49	Grants receivable				49	<u> </u>
	50	Receivables from officers, directors, truste (attach schedule)	ees, and ke	ey employees		50	
	51a	Other notes and loans receivable (attach					
sts		schedule)	51a	860,000			
Assets	b	Less allowance for doubtful accounts	51b		891,842		860,000
⋖	52	Inventories for sale or use		-	6,914,177		6,914,177
	53	Prepaid expenses and deferred charges	. 15	, , , , , , , , , , , , , , , , , , ,		53	1,350
	54	Investments—securities (attach schedule)	▶ 12	Cost 🗆 FMV		54	<u>5,848,742</u>
	55a	Investments—land, buildings, and	55a				
	١,	equipment basis Less accumulated depreciation (attach	1 1				
	ן ו	schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	350,371			
	ь	Less accumulated depreciation (attach schedule)	57b	1,684	339,150	57c	348,687
	58	Other assets (describe >	<u> </u>)	555,555	58	345,617
							•
	59	Total assets (add lines 45 through 58) (mus	t equal line	74)	8,145,169	59	14,581,729
	60	Accounts payable and accrued expenses		-		60	24,778
	61	Grants payable		-		61	
Ŋ	62	Deferred revenue		, 		62	
Itle	63	Loans from officers, directors, trustees, and schedule)	d key empl	oyees (attach		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule		64a	·- · · · · · · · · · · · · · · · · · ·		
Ë	Ъ	Mortgages and other notes payable (attach	•			64b	•
	65	Other liabilities (describe ▶)	1,257,451	65	3,548,903
	66	Total liabilities (add lines 60 through 65)			1,257,451	66	3,573,681
	Orga	inizations that follow SFAS 117, check here I	ightharpoonup and c	omplete lines			
es		67 through 69 and lines 73 and 74			İ	67	
auc	67 68	Unrestricted Temporarily restricted		-		68	
3al	69	Permanently restricted				69	
Fund Balances		inizations that do not follow SFAS 117, check	k here ▶ 🕅	and			
Fu	J. 3.	complete lines 70 through 74					
ō	70	Capital stock, trust principal, or current fund	ds			70	
ets	71	Paid-in or capital surplus, or land, building,			0.00= -40	71	44 000 010
455	72	Retained earnings, endowment, accumulate			6,887,718	12	11,008,048
Net Assets or	73	Total net assets or fund balances (add line					
2		70 through 72, column (A) must equal line equal line 21)	ra and con	umin (D) Must	6,887,718	73	11,008,048
	74	Total liabilities and net assets / fund balance	ces (add line	es 66 and 73)	8,145,169		14,581,729

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 Revenue I Statements with See Specific Instru	n Revenue	per	Part	F	econcilia inancial eturn	ation o Statem	f Expense nents with	s pe Exp	r Audited enses per
	Total reve		and other support			a	Total exp	enses a	nd lo	sses per		
	per audite	ed financial	statements -	a 5	,568,964		audited fin	iancial sta	stement	ts ▶	a	1,448,634
b	Amounts line 12, F		n line a but not on			Ь	Amounts I on line 17,			a but not		
(1)	Net unrea on investr	lized gains nents	\$			(1)	Donated and use of		<u>\$</u>			
(2)	Donated and use of	services of facilities	<u>\$</u>			(2)	Prior year ad reported on	~				
(3)		es of prior	•				Form 990		<u>\$</u>			
(4)	year gran		<u>\$</u>			(3)	Losses rep line 20, For		s			
(4)	Other (sp	ecily)				(4)	Other (spe		<u>-</u>			
			\$, ,						
	Add amou	unts on lines	s (1) through (4) 🕨	b					\$			
_	Lino a mi	nuc lina h		c 5	,568,964	С	Add amour		s (1) thr	rough (4)►	С	1,448,634
C d		nus line b included o	n line 12.			d	Amounts in		on line 1	17.		
_) but not o	·····-				Form 990					
(1)		t expenses				(1)	Investment	expenses				
		led on line	•				not include	-	\$			
(2)	6b, Form 9 Other (sp					(2)	6b, Form 99 Other (spe		<u>-</u>			
(-,		,,				_,						
			\$						\$			
			es (1) and (2)	 			Add amou				d	
e	(line c plu		ne 12, Form 990	e 5	,568,964	е	Total exper		ine 17,	FORM 990	e	1,448,634
Pai	rt V Lis	t of Offic	ers, Directors, T	rustees, a	nd Key	Empl			even	ıf not comp	ensa	ted, see Specific
	ins	tructions or	n page 25)	-				Love		FN Combination	- 1-	(E) Sypanso
		(A) Nam	e and address		(B) Title a week o	nd avera levoted	ige hours per to position	(C) Compe (If not par -0-	d, enter	(D) Contribution employee benefit deferred compen	plans &	(E) Expense account and other allowances
	LIP BERG	H STREET	r,NY NY 10017		DIRECT AS REQ				0		n	
	REN BERG		<u> </u>		DIRECT							<u> </u>
			r, NY NY 10017		AS REQ				0			
.:::	IUDA BER				DIRECT							
	EAST 481 HAEL BE		r, NY NY 10017		AS REQ				0			
			T, NY NY 10017		AS REQ				0			
ĘIT/	AN YARDE	NI			DIRECT	OR						
			<u>ON BLVD , LA CA</u>	90035	AS REQ			1	0			
	AHOU YAF		2ND FLOOR LON	DON WAY	DIRECT				0			
	AL KUTNO		ZND FLOOR LON	DON WINS	DIRECT					.		
			S, YECAMACHAL	O 53950, N	1X				٥			
75	organizatio	on and all rel	or, trustee, or key en lated organizations, cedule—see Specific	f which mor	e than \$10),000 w	mpensation of as provided	of more that by the rela	an \$100 ted orga	,000 from yo	our >	☐ Yes 🔀 No

Par	t VI Other Information (See Specific Instructions on page 26)		N/A	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 report		77		X		
	If "Yes," attach a conformed copy of the changes						
78a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						
þ	If "Yes," has it filed a tax return on Form 990-T for this year?		78b		X		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? I	f "Yes," attach a statement	79	,,,,,,,	X		
80a	Is the organization related (other than by association with a statewide or nationwide organization)	nization) through common					
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexe	mpt organization?	80a		X		
b	If "Yes," enter the name of the organization ▶						
	and check whether it is exen	npt OR Li nonexempt					
81a	Enter the amount of political expenditures, direct or indirect, as described in the	81a					
	madediana for time of	[Ola	81b				
	Did the organization file Form 1120-POL for this year?		010		\vdash		
82a	Did the organization receive donated services or the use of materials, equipment, or at substantially less than fair rental value?	or facilities at no charge	82a		x		
	•						
D	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					
83a	Did the organization comply with the public inspection requirements for returns and	exemption applications?	83a	Х			
	Did the organization comply with the disclosure requirements relating to quid pro		83b	Х			
	Did the organization solicit any contributions or gifts that were not tax deductible		84a	,,,,,,,	X		
b	If "Yes," did the organization include with every solicitation an express statement	that such contributions					
	or gifts were not tax deductible?		84b				
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by member		85a 85b		 		
b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below	v unless the organization					
	received a waiver for proxy tax owed for the prior year	85c					
	Dues, assessments, and similar amounts from members	85d					
	Section 162(e) lobbying and political expenditures Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e					
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f					
	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	•	85g	,,,,,,,	<u> </u>		
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amo	ount in 85f to its reasonable	<u> </u>				
•	estimate of dues allocable to nondeductible lobbying and political expenditures for the		85h		<u> </u>		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a The second					
b	Gross receipts, included on line 12, for public use of club facilities	86b					
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a					
b	Gross income from other sources (Do not net amounts due or paid to other						
	sources against amounts due or received from them)	87b					
88	At any time during the year, did the organization own a 50% or greater interest in			ŀ			
	partnership, or an entity disregarded as separate from the organization und	er Regulations sections	88		x		
00-	301 7701-2 and 301 7701-37 If "Yes," complete Part IX	ilaaaau .saalau					
09a	501(c)(3) organizations Enter Amount of tax imposed on the organization during section 4911 ▶, section						
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 ex		ļ	1			
_	during the year or did it become aware of an excess benefit transaction from a pr						
	a statement explaining each transaction		89b		<u> </u>		
С	Enter Amount of tax imposed on the organization managers or disqualified person	s during the year under					
	sections 4912, 4955, and 4958	▶ _					
	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ _					
	List the states with which a copy of this return is filed ▶ NOT APPLICABLE						
	Number of employees employed in the pay period that includes March 12, 2000 The books are in care of ► KABBALAH CENTRE INTERNATIONAL		22 404	20			
91		Telephone no ► (718)29	03 -4 0	<u> </u>	-		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 10				▶ □		
_	and enter the amount of tax-exempt interest received or accrued during the tax y						

Part	VII Analysis of Income-Producing A	Activities (See S	pecific Instruct	ions on pag	e 30)	
Enter	gross amounts unless otherwise	Unrelated t	ousiness income	Excluded by sec	tion 512 513 or 514	(E)
ındıc	→	(A)	(B)	(C)	(D)	Related or exempt function
93	Program service revenue	Business code	Amount	Exclusion code	Amount	ıncome
а	CLASSES AND SEMINARS			3		2,543,125
b		_				- I
c		_	_			
d						
e						
f	Medicare/Medicaid payments					-
g g	Fees and contracts from government agencie	25				
94	Membership dues and assessments					
95	Interest on savings and temporary cash investmen	ts		14	18,704	
96	Dividends and interest from securities					•
97	Net rental income or (loss) from real estate					
a	debt-financed property					
	not debt-financed property	-				_
98	Net rental income or (loss) from personal propert	, <u> </u>				
99	Other investment income	,	-			
100	Gain or (loss) from sales of assets other than invento	rv			·	
101	Net income or (loss) from special events	.,				
102	Gross profit or (loss) from sales of inventory					1,045,577
103	Other revenue a					
ь						
c		_				
d						
e						
104	Subtotal (add columns (B), (D), and (E))				18,704	3,588,702
105	Total (add line 104, columns (B), (D), and (E))) ————			<u> </u>	3,607,406
Note	Line 105 plus line 1d, Part I, should equal th	e <u>amount on line</u>	12, Part I			_
Part	VIII Relationship of Activities to the Ac	complishment of	f Exempt Purpo	oses (See Sp	ecific Instructio	ns on page 31)
Lıne ▼					portantly to the a	ccomplishment
93A	SEMINARS FOR THE EDUCATION OF	KABBALAH,				
102	SALES OF BOOKS AND TAPES FOR	THE FURTHERA	NCE OF THE ED	UCATION		
_	OF KABBALAH.					
Part			regarded Entition	es (See Spec	ific Instructions	on page 31)
	(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of a	ctivities	(D) Total income	(E) End-of-year assets
		%				
		%				
		%				
		%				
Part	X Information Regarding Transfers Asset	ociated with Pers	onal Benefit Con	tracts (See S	pecific Instruction	ns on page 31)
(a)	Did the organization, during the year, receive a benefit contract?	any funds, directly	or indirectly, to p	ay premiums	, i	☐ Yes 🗵 No
<i>(</i> , ,					ا ما ا	
	Did the organization, during the year, pay pre			personal ben	efit contract?	☐ Yes 🏻 No

including accompanying schedules and statements and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

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 Employer identification number 95:4685000 KABBALAH CENTRE INTERNATIONAL Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions List each one If there are none, enter "None") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans & deferred compensation (c) Compensation account and other than \$50 000 per week devoted to position allowances Total number of other employees paid over \$50 000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service Total number of others receiving over \$50,000 for professional services

iring the year, has the organization attempted to influence national, state, or local legislation, including tempt to influence public opinion on a legislative matter or referendum? Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	ther		v
e lobbying activities			X
iring the year, has the organization, either directly or indirectly, engaged in any of the following acts with its trustees, directors, officers, creators, key employees, or members of their families, or with any taxa ganization with which any such person is affiliated as an officer, director, trustee, majority owner, or princ neficiary	able ipal		
le exchange, or leasing of property?	2a		<u> </u>
nding of money or other extension of credit?	2b_		X
rnishing of goods, services, or facilities?	2 <u>c</u>		х
yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		х
	2e	<u> </u>	х
he answer to any question is "Yes," attach a detailed statement explaining the transactions	ſ		
you have a section 403(b) annuity plan for your employees? each a statement to explain how the organization determines that individuals or organizations receiving gra			X
	· · · · · · · · · · · · · · · · · · ·		
•			
.)			
	hospital s	name	, city
	Section 170	O(b)(1)	(A)(ıv
An organization that normally receives a substantial part of its support from a governmental unit or fr Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	om the ger	ieral p	ublic
receipts from activities related to its charitable etc., functions—subject to certain exceptions, and (2) no its support from gross investment income and unrelated business taxable income (less section 511 tax) from	o more tha om business	n 33½	√3% c
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)(3))	section 50		
(a) Name(s) of supported organization(s)			
	,		
	Reason for Non-Private Foundation Status (See page 2 of the instruction of the instructio	armishing of goods, services, or facilities? 2c ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d ansfer of any part of its income or assets? the answer to any question is "Yes, attach a detailed statement explaining the transactions best the organization make grants for scholarships fellowships, student loans, etc? or you have a section 403(b) annuity plan for your employees? tach a statement to explain how the organization determines that individuals or organizations receiving grants loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions) ■ Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions) anization is not a private foundation because it is (Please check only ONE applicable box) A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5) 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)(iii) A redical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital s and state ▶ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iii) (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 ger Section 170(b)(1)(A)(iii) (Also complete the Support Schedule in Part IV-A) A community trust Section 170(b)(1)(A)(iii) (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from contributions, membership fees receipts from activities related to its charitable etc., functions—subject to certain exceptions, and (2) no more tha its support from gross investment income and unrelated business taxable income (less section 511 tax) from business by the organization that is	armishing of goods, services, or facilities? ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)? ansfer of any part of its income or assets? the answer to any question is "Yes, attach a detailed statement explaining the transactions best the organization make grants for scholarships fellowships, student loans, etc? by ou have a section 403(b) annuity plan for your employees? Aa tach a statement to explain how the organization determines that individuals or organizations receiving grants loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions) Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(ii) A school Section 170(b)(1)(A)(ii) (Also complete Part V. page 5) A chopital 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)(iii) A rederal, state, or local government or governmental unit. Section 170(b)(1)(A)(iii) A morganization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii) (Also complete the Support Schedule in Part IV-A) An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii) A community trust. Section 170(b)(1)(A)(iv) (Also complete the Support from a governmental unit or from the general p. Section 170(b)(1)(A)(iii) (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 p. Section 170(b)(1)(A)(iv) (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 p. An organization that normally receives a substantial part of its supp

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No	1545	0172
20	0)

Department of the Treasury Internal Revenue Service

► See separate instructions

► Attach this form to your return

Attachment Sequence No 67

Name(s)	shown	on	return
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Rusiness or activity to which this form relates

Identifung number

	BBALAH CENTRE IN	ITERNATION	.,	Dusites	is or acceptly to will	CII UIIS IOII	ii i Ciato.	•		95-4685000
Par			ertain Tangibl	o Dro	perty (Section	n 179)				
r eu			sted property,				you co	omplete Pa	art I	
1	Maximum dollar limi	tation if an en	iterprise zone b	usines	ss, see page 2	of the in	struct	ions	1	\$20,000
2	Total cost of section 179 property placed in service. See page 2 of the instructions									ļ. <u>.</u>
3	Threshold cost of se	ction 179 prop	Derty before rec	duction	ın limitation				3	\$200,000
4	Reduction in limitation	on Subtract lin	ne 3 from line 2	lf zei	ro or less, ente	r -0-			4	
5	Dollar limitation for t			line 1	If zero or less,	, enter -()- If m	narried		
	filing separately, see								5	
	(a) [Description of prop	erty		(b) Cost (business	use only)		c) Elected cost		
6										
7	Listed property Ente	er amount from	ı line 27			_ 7				
8	Total elected cost of	section 179 p	property Add a	mount	s ın column (c)	, lines 6	and 7		8	<u> </u>
9	Tentative deduction	Enter the sma	aller of line 5 or	line 8					9	
10	Carryover of disallov								10	
11	Business income limitati								11	
12	Section 179 expense						<u>an line</u>	<u> 11 '</u>	12	
13	Carryover of disallowe		•-							
	Do not use Part II o									
	un computers, or pro									
Par			or Assets Pla	iced i	in Service Oi	nly Dur	ing Y	our 2000	iax Y	Year (Do not include
	listed prope	пуј			1.0					
					al Asset Acco					
14	If you are making the							ervice durin	g the	
	or more general ass							the metricat	one)	
	36	(b) Month and	eral Depreciat		T	see page	3 01	ine instrucți	0115)	
(a)	Classification of property	year placed in Service	(business/investmonly—see instruc	ent use	(d) Recovery period	(e) Conv	ention	(f) Metho	d	(g) Depreciation deduction
15a	3-year property		4	8,921	3. yr	Н	,	200DB	}	1,684
	5-year property			<u> </u>						
	7-year property									
	10-year property									
e	15-year property									
f					1					
g	25-year property				25 yrs			S/L		
h	Residential rental				27 5 yrs	MIM	1	S/L		
	property				27 5 yrs	MM	1	S/L		
ī	Nonresidential real				39 yrs	MM	1	S/L		
	property					MM		S/L		
	Sec	tion C—Alteri	native Depreci	ation	System (ADS)	(See pa	ge 5 o	f the instruc	tions	5)
	Class life							S/L		
_	12-year				12 yrs			S/L		
	40-year	l			40 yrs.	MM		S/L		
Par	t III Other Depr	eciation (Do	not include l	sted	property) (Se	e page	5 of t	he instruct	tions)
17	GDS and ADS dedu	ctions for asse	ets placed in se	rvice	n tax years be	ginning l	before	2000	17	
18	Property subject to s	section 168(f)(1			- '				18	
19	ACRS and other der								19	<u> </u>
Par	t IV Summary (S	See page 6 o	of the instructi	ons)						,
20	Listed property Ente								20	
21	Total Add deduction									
	here and on the appro	•	-				see ins	tructions	<u>2</u> 1	1,684
22	For assets shown above and placed in service during the current year,									

enter the portion of the basis attributable to section 263A costs

Form 990	Supplemental Schedule	For Tax Year 2000
Name KABBALAH	CENTRE INTERNATIONAL	mployer ID Number 5-4685000

Page 1, part I, line 10c

Type of inventory:	Gross sales
RELIGIOUS ITEMS AND BOOKS	1,881,317
Gross sales	1,881,317
Less returns and allowances	1881317
Net sales	835,740
Less cost of goods sold	
Total gross profit / loss	\$ 1,045,577

Page 2, part II, line 43

	Total	Program Services	Management and general	Fundraising
SEMINAR EXPENSE	966,743	966,743		
WEB PRODUCTION	44,503	44,503		
OFFICE EXPENSE AND PRINTING	25,133	15,606	9,527	
AUTO AND TRAVEL	23,241	23,241		
REPAIRS AND MAINTENANCE	20,200	12,120	8,080	
OUTSIDE SERVICES	18,287	18,287		
ADVERTISING AND MARKETING	16,175	16,175		
COMPUTER AND INTERNET SERVICE	14,014		14,004	
TELEPHONE	9,368	5,621	3,747	
STAFF MAINTENANCE	9,164	9,164		
SALES TAX EXPENSE	9,293		9,293	
BANK CHARGES	5,415		5,415	
SUPPLIES FOR EVENTS	2,616	2,616		
UTILITIES	2,435	1,826	609	
WORKERS COMPENSATION	2,067	2,067		
DUES AND SUBSCRIPTIONS	1,105		1,105	
	<u>\$ 1,169,759</u>	\$ 1,117,969	\$ 51,780	\$_

Form 990	Supplemental Schedule	 For Tax Year 2000
Name KABBALAH	CENTRE INTERNATIONAL	Employer ID Number 95-4685000

Page 3, part IV, line 51a

Loan receivable

Gross **Amount**

Allow for doubtful accounts

Net Amount Due

Borrower name and title

DUE FROM CENTRES

Original amount

891842

Date of note **Maturity date**

Repayment terms Interest rate

0 0000

Security provided by borrower Security provided by borrower

Purpose of loan

Desc and FMV of consideration

Relation to foundation

Balance - beginning of year

891842

Borrower name and title

KABBALAH ENTERPRISES INC

Original amount

860000

Date of note Maturity date Repayment terms

Interest rate

0 0000

Security provided by borrower Security provided by borrower

Purpose of loan

Desc and FMV of consideration

Relation to foundation

Balance - beginning of year 0

860,000

860,000

Total

\$ 860,000

\$

\$ 860,000

Page 3, part IV, line 54

Corporate Stocks

Description of investment	Valuation method	Amount
	Cost	
VARIOUS SECURITIES	Cost	5,848,742
Total		<u> </u>

Form 990	Supplemental Schedule	For Tax Year 2000
Name KABBALAH CENTRE INTERNATIONAL		Employer ID Number 95-4685000

Page 3, part IV, line 57

	Cost or other basis	Accumulated depreciation	Book value
FURNITURE	2,300	256	2,044
EQUIPMENT	8,921	1,428	7,493
BUILDING	339,150		339,150
Total	\$ 350,371	\$ 1,684	\$ 348,687

Page 3, Part IV, line 58

Description	Amount
NOTE RECEIVABLE	343,000
PATENTS AND TRADEMARKS	2,617
Total	\$ 345,617

Page 3, Part IV, line 65

Description	Amount
LINE OF CREDIT	1,226,850
SALES TAX PAYABLE	2,774
CUSTOMERS DEPOSITS	22,630
LOANS PAYABLE	74,980
DUÉ TO CENTRES	1,878,669
LOANS AND EXCHANGES	343,000
Total	\$ 3.548,903

Form 990	Supplemental Schedule	For Tax Year 2000
Name KABBALAH	CENTRE INTERNATIONAL	Employer ID Number 95-4685000

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age 4, part V		Compen- sation	Contrib to benefit plans	Expenseaccount
Name	PHILIP BERG			
Address	155 EAST 48TH STREET,NY NY 10017			
Title	DIRECTOR			
Avg hours per wk	AS REQ			
Total		\$0		\$
Name	KAREN BERG			
Address	155 EAST 48TH STREET, NY NY 10017			
Title	DIRECTORQ			
Avg hours per wk	AS REQ			
Total		\$0	<u></u>	<u>\$</u>
Name	YEHUDA BERG			
Address	155 EAST 48TH STREET, NY NY 10017			
Title	DIRECTOR			
Avg hours per wk	AS REQ			
Total		\$0	\$	\$
Name	MICHAEL BERG			
Address	155 EAST 48 TH STREET, NY NY 10017			
Title	DIRECTOR			
Avg hours per wk	AS REQ			
Total			\$	
Name	EITAN YARDENI			
Address	1062 SOUTH ROBERTSON BLVD , LA CA	90035		
Title	DIRECTOR			
Avg hours per wk	AS REQ			
Total		<u>\$0</u>		\$
Name	ELIAHOU YARDENI			
Address	10/20 GROSVENOR ST 2ND FLOOR LON	IDON W1X9FD, UK		
Title	DIRECTOR	•		
Avg hours per wk	AS REQ			
Total		\$ 0		
			_	

Form 990	Supplemental Schedule	For Tax Year 2000	
Name KABBALAH CEN	TRE INTERNATIONAL	Employer ID Number 95-4685000	
Name	YIGAL KUTNOVSKY		
Address	218 AV DE LAS FUENTES, YECAMACHALO 53950, MX		
Title	DIRECTOR		
Avg hours per wk			
Total			

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