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) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

Compared to the property of	A F	or the	e 1999 calendar year, OR tax year period beginning , 1999, and ending	
Market M	Вс		- Hame of organization	D Employer identification number
Post		Change 3ddress	, I	
Training Specific		Initial	ADDE OF THE COURT TENCITE THE	22-3291485
Section Sect		Final		E Telephone number
Institute Inst		return	See	
Interest			1433 LIBERTY STREET	(
Section Sec		(require	d Instruc-	F Check If exemption application
G Type of organization → X Exempt under eaction 501(c) (3) ◄ (invent number) OR ▶ section 4947(a)(1) nonexempt charitable trus Nets section 501(c)(3) assente organizations and 497(a)(1) nonexempt charitable trus fettivas ratios a completed Schedule A (Form 399) If (a) is this a group return filed for affiliates?		state	TITTE FERRY N.T. 0.7.6.4.3	
Note: Section 691(c)(3) exempt crossinations and 4847(b)(1) increasing the interest Must attach, a completed Schedule A (Form 390). H (a) Is this a group return filed for affiliates? (b) if "Yes," enter the number of affiliates for which this return is filed: (c) a note a separal was death or agrantisations are gross receipts are normally not more than \$25,000. The organization and the interest but if it received a form \$90 Peckage in the mail, should file a noturn without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts are normally not more than \$25,000. The organization and this a roturn with the IRS; but if it received a form \$90 Peckage in the mail, should file a noturn 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. Fart I Revenue, Expenses, and Changes in Net Assets or Fund Balanoses (See Specific Instructions on page 15.) 1 Contributions, gifts, grants, and similar streamts received: STMT I a Direct public support. 1 a Direct public support. 1 a Direct public support. 1 to Government contributions (graris) in the page of the page	G Ty			947(a)(1) nonexempt charitable trus
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K Check hora				→
Note: Form 990 Fez may be used by organizations with gross receipts less than \$100.000 and total assets less than \$250,000 at end of year. Parts Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.) Contributions, gifts, grants, and similar amounts received: STMT 1 1 243,016.				ed not file a return with the IRS;
Note: Farm 99-62 my be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.				
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a Direct public support b Indirect public support c Government contributions (grants) d Total (add lines 1a through 1o) (attach schedule of contributors) (cash \$\frac{2}{3}\$ and \$\frac{4}{3}\$, \$\frac{16}{3}\$, \$\frac{1}{3}\$ and \$\frac{1}{3}\$, \$\frac{1}{3}\$ and \$\fr				
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d Total (add lines 1 a through 1c) (attach schedule of contributors) (cash \$ 243,016, noncash \$ 11d 243,016. 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 3 4 Interest on savings and temporary cash investments 4 1 Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 5 3,678. 6 a Gross rents 6 a 6 d Gross rents 6 a 7 Other investment income (describe ► 7) 8 a Gross amount from sales of assets other than Inventory 6 a 8 a 8 Gross amount from sales of assets other than Inventory 6 a 8 a 9 Special events and activities (attach schedule) a Gross revenue (not including \$ 0 contributions reported on line 18) b Less: direct expenses other than fundraising expenses 9 c Net income or (loss) from special events (subtract line 9b from line 9a) b Less: direct expenses other than fundraising expenses 9 c Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross profit or (loss) from special events (subtract line 9b from line 10a) 11 Other revenue (from Part VII, line 10a) 12 Total revenue (add lines 14, 2, 3, 4, 5, 6, 7, 8d, 9c, 10c, and 1) 13 Program services (from line 44, column (3)) 14 Amagement and general (from line 44, column (3)) 15 Fundraising (from line 44, column (3)) 16 Payments to affiliales (attach schedule) 17 Total expenses of from line 44, column (3)) 18 Excess or (deficit) for the year (subtract line 10) 19 Attaches or (deficit) for the year (column (4)). 10 He assets or fund balances at beginning of year (from line 72, column (A)). 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Net assets or fund balances at end of year (c		b		
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Total expenses (add lines 16 and 44, column (A))	S	13	Program services (from line 44, column (b))	140,883.
Total expenses (add lines 16 and 44, column (A))	ıse	14	Management and general (from line 44, column (C))	36,628.
Total expenses (add lines 16 and 44, column (A))	per	15	Fundraising (from line 44, column (D))	15
18 Excess or (deficit) for the year (subtract line 17 from line 12)	Ä	16	Payments to affiliates (attach schedule)	16
18 Excess or (deficit) for the year (subtract line 17 from line 12)			Total expenses (add lines 16 and 44, column (A))	
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	ASS			19 41,581.
	et.			
	_Z			1211 110.764

Part | Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.)

	1 dilotional Expenses	ction	4947(a)(1) nonexempt chan	itable trusts but optional for of	thers. (See Specific Instruction	ons on page 19.)
	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)					
	(cash \$ noncash \$)	22				
23		23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25				<u> </u>
26	Other salaries and wages	26	93,519.	93,519.		
27		27	9,771.	9,771.		
28	Other employee benefits	28	7,765.	7,765.		
29		29	6,392.	6,392.		
30	• • • • • • • • • • • • • • • • • • • •	30				
31	Accounting fees	31	3,240.		<u>3,240.</u>	
32	Legal fees	32	196.		196.	
33	Supplies	33	173.	173.	<u> </u>	
34	Telephone	34	1,510.	1,510.	·	
35	Postage and shipping	35	54.	54.		
36	Occupancy	36				<u> </u>
37	• • • • • • • • • • • • • • • • • • • •	37		,		<u></u>
38	Printing and publications	38				
39	Travel	39	19,425.	19,425.		
40		40				
41		41				
	Depreciation, depletion, etc. (attach schedule).	42				
	. ,	43a	35,466.	2,274.	33,192.	
Ŀ	'	43b				·
C		43c				
0		43d				· · · · · · · · · · · · · · · · · · ·
4 A		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15		177 511	140 903	36 600	
Ret	orting of Joint Costs Did you report in	colu	mn (B) (Program serv	ices) any joint costs fro	m a combined	<u></u>
	cational campaign and fundraising solicit					Yes X No
lr "Y	es," enter (i) the aggregate amount of these jo	int co	sts \$; (ii) the amount alloca	ted to Program services	\$
	he amount allocated to Management and gen			; and (iv) the amount al		
	art III Statement of Program Se					
	at is the organization's primary exempt purpose			<u> </u>		Program Service
	organizations must describe their exempt p		e achievements in a cle	ear and concise manner	State the number	Expenses (Required for 501(c)(3) and
	clients served, publications issued, etc. Disc					(4) orgs., and 4947(a)(1) trusts; but optional for
orga	nizations and 4947(a)(1) nonexempt charital	ole tri	usts must also enter the	amount of grants and al	locations to others.)	others.)
a	SEARCHING FOR EVIDENCE	OF	EXTRATERRES'	TRIAL INTELL	GENCE,	
	SPONSOR ASTRONOMICAL RE	•	-			
	EVENTS.		·			
	<u> </u>		(Grants a	nd allocations \$)	<u>140,88</u> 3.
b į					···-	
						
			<u> </u>			
			(Grants a	nd allocations \$		
C .						
			(Grants a	nd allocations \$)	
d .				· .		
-						
						
-	<u> </u>			nd allocations \$		
-	Other program services (attach schedule)			nd allocations \$		<u> </u>
<u> </u>	Total of Program Service Expenses (sho	uld e	<u> qual line 44, column (</u>	B), Program services).	<u> ▶</u>	<u>140,883.</u>

i 22-3291485 Page 3

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

	<u> </u>	Datatice offeets (one opening instructions of page 22.)			
-	Vote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	656.	45	1,280.
	46	Savings and temporary cash investments	40,925.	46	109,484.
	1.0				<u> </u>
	472	Accounts receivable			
	414	Less: allowance for doubtful accounts 47b		47c	
	ן ו	Less. allowance for doubtful accounts 1470		470	
		Pledges receivable 48a		4.0	
	1	Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees]]	
		(attach schedule)		50	
	51a	Other notes and loans receivable (attach			
s		schedule)			
ě	b	Less: allowance for doubtful accounts		51c	 -
Assets	52	Inventories for sale or use		52	
_	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities (attach schedule)		54	
	55a	Investments - land, buildings, and			· · · · · · · · · · · · · · · · · · ·
	l	equipment; basis 55a			
	Ь	Less: accumulated depreciation (attach			
		schedule) 55b		55c	
	56	Investments - other (attach schedule)		56	
	1	Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach			
	~	schedule)		57c	
	58	Other assets (describe)	<u></u>	58	 _
	"	Other assets (decombe P		100	-
	59	Total assets (add lines 45 through 58) (must equal line 74)	/1 501	59	110.764.
_	60	Accounts payable and accrued expenses	<u> </u>	60	
	61			61	
		Grants payable		+	
	62	Deferred revenue		62	
ä	63	Loans from officers, directors, trustees, and key employees (attach			
jabilities	١	schedule)	_	63	·
Ē		Tax-exempt bond liabilities (attach schedule)	.	64a	
	i	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)		65	<u> </u>
	66	Total liabilities (add lines 60 through 65)		66	
	Orga	anizations that follow SFAS 117, check here ▶ and complete lines			
		67 through 69 and lines 73 and 74.			
S	67	Unrestricted		67	
anc	68	Temporarily restricted		68	
3ak	69	Permanently restricted		69	
Net Assets or Fund Balances	Orga	inizations that do not follow SFAS 117, check here $\blacktriangleright X$ and			
2	-	complete lines 70 through 74.	•		
ř	70	Capital stock, trust principal, or current funds		70	
S	71	Paid-in or capital surplus, or land, building, and equipment fund	41,581.	71	110,764.
set	72	Retained earnings, endowment, accumulated income, or other funds		72	,
As	73	Total net assets or fund balances (add lines 67 through 69 OR lines			
ē		70 through 72; column (A) must equal line 19 and column (B) must			
Z		equal line 21)	41,581.	73	110,764.
	74	Total llabilities and net assets/fund balances (add lines 66 and 73)		74	110,764.
_	· · ·	The state of the s			

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.

	Financial Statements wi	•		1	1 (4)	ער ען זו	Financial State	•		
	Return (See Specific Inst		-	١				emente win	CXP	enses per
		Sec. 1	10115, page 24.	<u>)</u> 2000001			Return		Ban Inc	aan aan da
a	Total revenue, gains, and other support			XXXX	а		penses and losses	•		
	per audited financial statements >	a			•		financial statemer		a	
b	Amounts included on line a but not on	(3.2) (3.2)			b		s included on line	a but not		
	line 12, Form 990:	(500) (700)			i	on line	17, Form 990:			
(1)	Net unrealized gains	ŵ.,		804. (S 808 (S	(1)	Donated	services			
	on investments	99				and use	of facilities \$			
(2)	Donated services	20000 2000			(2)	Prior yea	r adjustments			
	and use of facilities \$	2000 2000				reported	on line 20,			
(3)	Recoveries of prior	***				Form 990	o <u>\$</u>			
	year grants \$	83			(3)		eported on			
(4)	Other (specify):			200 ying 200 gasa	. ,		Form 990 \$			
` - /				winding VSX 121	(4)	Other (spe				
	s	300			17	Office (ope			33.0	
	Add amounts on lines (1) through (4) ▶	h h	 	0.00110041						
	Add antiounts of lines (1) through (4)	<u> </u>				Add amo	unts on lines (1) thre	augh (4)	6.2220138 h	2011 (2011 (1771 (1770 (
_	Line a minus line h	_		ĺ	_					
C	Line a minus line b	C	8 288 U.S. 200 D. 40 B. 64	2000	٦ 0				C	ume mai sesarva
d	Amounts included on line 12,			800	d		s included on line			
	Form 990 but not on line a:						90 but not on line	a:		
(1)	Investment expenses	133 A			(1)	investme	ent expenses			
	not included on line			3,8			ded on line			
	6b, Form 990 \$	12.		W. A		6b, Form	990			
(2)	Other (specify):			(20,000) (10,000) (10,000)	(2)	Other (spe	cify):			
	<u> </u>	***		W (3)			\$			
	Add amounts on lines (1) and (2)	đ				Add am	ounts on lines (1)	and (2)	d	
e	Total revenue per line 12, Form 990				e		penses per line 17			
	(line c plus line d) ▶	e		ľ			lus line di) · · · ·		e	
Pa	rt V List of Officers, Directors, Tr		ees, and Key E	mp	love					ee Specific
	Instructions on page 24.)			•	•	•		•	•	·
						d average	(C) Compensation	(D) Contribution		(E) Expense
	(A) Name and address					r week position	(if not pald, enter -0-,)	employee benefit deferred comper		account and other allowances
	_ SEE_STATEMENT 3						-o-	-0-		-0-
										
	· · · · · · · · · · · · · · · · · · ·							 -		
										
			<u></u>	-			<u> </u>			<u></u>
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			<u> </u>							
			<u>·</u>				_			
75	Did any officer director trustee or key emp	love	e tecelve aggrega	te co	mner	sation of n	nore than \$100,000 f	rom your		
	Did any officer, director, trustee, or key emp								 	Vac V N.
	Did any officer, director, trustee, or key emp organization and all related organizations, of if "Yes," attach schedule - see Specific Instru	whi	ch more than \$10							Yes X No

Fori	m 990 (1999)	_	F	Page 5
	rt VI Other Information (See Specific Instructions on page 25.)			No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		x
	If "Yes," attach a conformed copy of the changes.	*******		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
'8 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	olf "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	A
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		Х
	Is the organization related (other than by association with a statewide or nationwide organization) through common		90000000 00000000	800
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	[
Ł	o If "Yes," enter the name of the organization THE SECOND FOUNDATION		3978/J-	
	and check whether it is X exempt OR nonexempt.			
31 a	Enter the amount of political expenditures, direct or indirect, as described in the			
	Instructions for line 81			
b	Did the organization file Form 1120-POL for this year?	81b		X
	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		<u> </u>
ь	o If "Yes," you may indicate the value of these items here. Do not include this amount			30.1 A. 1
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in			
	Part III.) 82b N/A			
l3a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a_	· 	X
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b_		X
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b	of "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b		x_
15	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 <u>a</u>		<u>x</u> .
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	0.800		
	received a waiver for proxy tax owed for the prior year.		26 3 2 5 6 6 6 7 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
c	Dues, assessments, and similar amounts from members		(2001/2012) S 2007/801	
d	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		<u>X</u>
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		<u> </u>
6	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	73 × -		
b	Gross receipts, included on line 12, for public use of club facilities			
17	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.)			
8	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	2000000000	X
9 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶		3080.30	1000 (1000) 1000 (1000)
Ь	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			
		89b		<u> </u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons 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 filled NEW JERSEY			
	, , , , , , , , , , , , , , , , , , , ,	90b		
1	The books are in care of \blacktriangleright BRAND, SONNENSCHINE LLP Telephone no. \blacktriangleright 212-21	<u> 19-0</u>	220	<u> </u>
	Located at ► 377 BROADWAY NEW YORK, NY ZIP+4 ► 10013			
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here	• • •)	►
_	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	N/		
	·	Form	990	(1999)

Farm 99 <u>0 (1</u> 999)					•		<u> 22-32</u>	<u>91485 </u>	Page 6
Part VII	Analysis of Income-Produc	<u>ing Activi</u>	<u>ties (See Spe</u>						
Enter gross am	ounts unless otherwise		lated business in			1512, 5	13, or 514	(E) Relate	
indicated.		(A) Business	(B) Amoun	, (C) Exclusion		(D)		exempt fu	
93 Program	service revenue:	code	Amoun	code	<u> </u>	Amoun		incon	ne
a								- 	
ь						· -			
		<u> </u>	<u> </u>						
_									
	Medicald payments								<u> </u>
	contracts from government agencies								
_	hip dues and assessments								
	savings and temporary cash investments	ļ				_			
	s and interest from securities			_ 14		3	,678.		
	I income or (loss) from real estate:			***	307872.503		<i>,</i> 0 , 0 .	300 00 00 00 00 00 00 00 00 00 00 00 00	~,;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	nced property	<u> </u>			<u>, </u>	<u> </u>	<u> </u>		<u> </u>
	financed property								
			 		-				
	ncome or (loss) from personal property		<u> </u>						<u>-</u>
	estment income								
-	s) from sales of assets other than inventory							·	
	ne or (loss) from special events .				┼				 _
•	fit or (loss) from sales of inventory		ļ						
	enue: a			-	 		———		
			 						
									
q ''''			<u></u>						
e				3 5005 5000 1000 1000	3		 _		
104 Subtotal (add columns (B), (D), and (E)).	(00)/ ₂ //////////	<u></u>				<u>, 678.</u>		
105 Total (add	d line 104, columns (B), (D), and (E	:))	• • • • • • • • • • • • • • • • • • •			!	>	3	1,6 <u>7</u> 8.
	plus line 1d, Part I, should equal th								
	<u>Relationship of Activities t</u>								oage 30.)
Line No. Ex	plain how each activity for which	income is re	eported in calum	n (E) of Part VII cont	ributed im	portantly	to the acco	mplishment	
	the organization's exempt purpos	es (other th	an by providing fu	inds for such purposes	s)				
									·
					_	_	_		
					_				
			-						
Part IX In	formation Regarding Taxa	able Subs	idiaries and E	isregarded Entit	ties (Se	e Spec	ific Instr	uctions on p	age 30.)
	(A)	4.0 0 4 .00	(B)	(C)	100 100	<u> </u>		(E	
	e, address, and EIN of corporation,		Percentage of	Nature of activitie	s	Total i		End-of-ye	
<u>p</u>	artnership, or disregarded entity		ownership interest					 	= 0
								 	
			%					 	
			%		 }			 	
	1 1 1	Α	%	, including accompanyin	n schedule	e and etai	lements and	to the best of my	knowledge

D Factor (Truster)

SCHEDULE A (Form 990)

Department of the Treasury

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

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Service Name of the organization Employer identification number THE SETI LEAGUE, INC. 22-3291485 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions, List each one. If there are none, enter "None.") (b) Title and average (d) Contributions to (e) Expense (a) Name and address of each employee paid more hours per week employee benefit plans & account and other (c) Compensation than \$50,000 devoted to position deferred compensation allowances PAUL SHUCH 121 FLORENCE DRIVE <u>93,51</u>9 9.771 COGAN STATION, PA 17728 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.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

Sche <u>r</u>	edule A (Form 990) 1999	<u> 291485</u>		>age 2
Pai	rt III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ \incides \in	1		х
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary.		- - -	
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b	-	X
С	Furnishing of goods, services, or facilities?	2c	-	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<u>2d</u>		X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	-	<u>x</u>
3 4a b	Does the organization make grants for scholarships, fellowships, student loans, etc.?			X
Pai	rt IV Reason for Non-Private Foundation Status (See pages 2 through 4 of the instru	uctions.)		
5 6 7 8 9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership feet receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more that its support from gross investment income and unrelated business taxable income (less section 511 tax) from busin by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A. An organization that is not controlled by any disqualified persons (other than foundation managers) and supports 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) section 509(a)(3).)	on 170(b)(1)(A); al public, s, and gross n 33 1/3% of esses acquired) organizations		
	Provide the following information about the supported organizations. (See page 4 of the instructions.) (a) Name(s) of supported organization(s)	(b) Line numi from above		- -
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)			- -

Par	IV-A Support Schedule (Complete only if yo					
	Note: You may use the worksheet in the ins		ng from the accrual to			
Cale	ndar year (or fiscal year beginning in) · · · · · · 🕨	(a) 1998	(ь) 1997	(c) 1996	(d) 1995	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.) · · · · ·	172,611.	<u>138,018.</u>	<u>85,471</u> ,	122,425.	518,525,
16	Membership fees received					
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					
20	activities not included in line 18			·		
20	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	172,611.	138,018.	85,471	122,425.	518,525.
24	Line 23 minus line 17	172,611.	138,018.	85,471.	122,425.	518,525.
25	Enter 1% of line 23	1,726.	1,380.	855.	1,224.	
26	_	Enter 2% of amount			▶ <u>26a</u>	10,371
b	Attach a list (which is not open to public inspection	•		-		
	person (other than a governmental unit or publicly s		•	_		
	1998 exceeded the amount shown in line 26a. Ente	r the sum of all these	excess amounts .	STMT.	4 ▶ 26Ь	<u>363,258</u> .
					(22,983) (20,000)	-10 -0-
C	Total support for section 509(a)(1) test: Enter line 24	, column (e)			▶ 26c	518,525.
d	Add: Amounts from column (e) for lines: 18	19			0.3855	262 050
			-	<u>8.</u>	1	363,258
e	Public support (line 26c minus line 26d total)					155,267. 29,9440 %
27	Public support percentage (line 26e (numerator) d					29,9440 %
21	Organizations described on line 12: a For amoun person," attach a list to show the name of, and total					•
	of such amounts for each year:		PLICABLE	ii disqualilled persor	i. Linei tile suiti	
	(1998) (1997)	1101 111	(1996)		(1995)	
ь	For any amount included in line 17 that was receive	ed from a nondisqual	ified person, attach a	list to show the name	of, and amount	
	received for each year, that was more than the large	•	• •		•	
	organizations described in lines 5 through 11, as we	ell as individuals.) Af	ter computing the dit	fference between the	amount received	•
	and the larger amount described in (1) or (2), enter the					
	(1998) (1997)		(1996)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	(1995)	
C	Add: Amounts from column (e) for lines: 15	16	s			
	Add: Amounts from column (e) for lines: 15 20	21			▶ 27c	<u> </u>
d	Add: Line 27a total	and line 27b total 🚬	·		▶ <u>27d</u>	
e	Public support (line 27c total minus line 27d total)				▶ 27e	
f	Total support for section 509(a)(2) test: Enter amou		·			
g	Public support percentage (line 27e (numerator)	divided by line 27f (d	enominator))		▶ 27g	%
<u>h</u>	Investment income percentage (line 18, column (%
28	Unusual Grants: For an organization described in lin attach a list (which is not open to public inspection)					
	grant, and a brief description of the nature of the gr.					

Part V Priva

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)

NOT APPLICABLE

		•	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	Γ		<u> </u>
	other governing instrument, or in a resolution of its governing body?	29	V 800	recent
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,			
31	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
J I	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		18 . (1) 18 . (1)		
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b	<u> </u>	<u> </u>
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	, ,		
	with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32c 32d		
	u Copies of all filaterial used by the organization of office benefit to solicit contributions:	324		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a	200,30	989,200
Ł	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		<u> </u>
Ċ	Scholarships or other financial assistance?	<u>33d</u>		
е	Educational policies?	33e		
ſ	Use of facilities?	33f		
g	Athletic programs?	<u>33g</u>		<u> </u>
ħ	Other extracurricular activities?	33h	119/4839	<u> </u>
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		,		node Stane
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		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	78.00 78.00		
3 5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	j		İ
_	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

	nedule <u>A (Form 9</u> 90) 1999 '		·				329	1485 Page 5
Pa		xpenditures by Electrical pleted ONLY by an	-			ons.)	NO.	T APPLICABLE
Ch		e organization belong						
<u>Ch</u>	eck here 🕨 🛮 b 🔝 if yo	ou checked "a" above	and "limited control" p	provisions apply.				
		imits on Lobbying	•	rred.)	Affiliate	a) ed grou tals	ıp	(b) To be completed for ALL electing organizations
36	Total lobbying expendi	`			6		_	
37	Total lobbying expendi		· · ·		7			
38	Total lobbying expendi				8			
39	Other exempt purpose	•			9			
40	Total exempt purpose	expenditures (add line	es 38 and 39)	4	0			
41	Lobbying nontaxable a			k.Xv				
	if the amount on line	10 is - The lo	bbying nontaxable an	nount is -				
				→ 1000				
	Over \$500,000 but not over				2011 (10 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20	9000W-37	2058400	7000%-1111/2009-1002159-12001 #1/
	Over \$1,000,000 but not over \$1,500,000 but not over			> 100	1	79.W.7	X16.9%	
				Port				
42	Grassroots nontaxable				2			
43	Subtract line 42 from li	ine 36. Enter -0- if line	42 is more than line	36 4	.3			
44	Subtract line 41 from li	ine 38, Enter -0- if line	41 is more than line	38	4	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Caution: If there is an		43 or line 44, you mus Averaging Period		04/6)	<u> </u>	888 SE	
	(Some organization	ons that made a sec		do not have to co	mplete all o			
			Lobbying Expendi	tures During 4-Y	ear Averagir	ıg Pe	riod	
	Calendar year (or fiscal	(a)	(b)	(c)		(d)		(e)
,	year beginning in) ►	· <u>1999</u>	1998	1997		996_		Total
4 5	Lobbying nontaxable						İ	
40	amount				**************************************		******	
46	(150% of line 45(e))					146 (2000) 121 (1796)		
		· ·						
<u>47</u>	Total lobbying expenditures							
	Grassroots nontaxable				-			
48	amount		vaj engaloj je engaloj ve kaj mo		797 (48.878)	99880	.200174.s	
4 O	Grassroots celling amount (150% of line 48(e))							
7.	Grassroots lobbying		<u> </u>		***************************************	- <u>x-vj.;;;</u>	. www.c	
5 O_	expenditures						\	
Pa		ctivity by Nonelecti	~					
		ing only by organiza				of th	e inst	ructions.)
	ing the year, did the organi		-		any	Yes	No	Amount
	mpt to influence public opin	_				 	X	
b	Paid staff or managem	ent (Include compens	ation in expenses repo	orted on lines a thro	uah h.)	\vdash	X	
	Media advertisements	•	· • • • • • • • • • • • • • • •				X.	
	Mailings to members, I						X	
е	Publications, or publish	ned or broadcast state:	ments				X	
	Grants to other organiz			<i></i>		<u> </u>	Х	
	Direct contact with legi					├	X	_ -
h	Rallies, demonstrations					:::00000	X	
,	Total lobbying expendit	ui es (add lines c throu	ıgn n)		• • • • • • •	Electrical Control		
	If "Yes" to any of the al	bove, also attach a st	atement giving a detai	iled description of the	ne lobbyina ac	tivities		
					<u> </u>		Sched	ule A (Form 990) 1999

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part VII Exempt Organizations (See page 8 of the instructions.) 51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? No a Transfers from the reporting organization to a noncharitable exempt organization of: Yes |51a(i) Х X **b** Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (lii) Rental of facilities, equipment, or other assets (vi) Performance of services or membership or fundraising solicitations d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (a) Line no. Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes, " complete the following schedule: (a) (b) (c) Name of organization Description of relationship Type of organization

- OTHER EXPENSES FORM 990, PART II

		PROGRAM	MANAGEMENT
DESCRIPTION	TOTAL	SERVICES	AND GENERAL
B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 (3 	 	[
INSURANCE	1,302.	1,302.	
FILING FEES	325.	_	325.
ADVERTISING	972.	972.	
BANK CHARGES	921.		921.
DATA PROCESSING	628.		628.
DUES AND SUBSCRIPTIONS	758.	•	758.
OFFICE EXPENSE	30,560.		. 30,560.
		 	[
TOTALS	35,466.	2,274.	33,192.

STATEMENT

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

TO POSITION TITLE AND TIME DEVOTED 1111 NAME AND ADDRESS

RICHARD FACTOR 638 MOUNTAIN ROAD KINNELON, N.J. 07405

MARC ARNOLD
51 NEWARK STREET
HOBOKRN, N.J. 07030
MARTIN SCHREIBER
377 BROADWAY
NEW YORK NY 10013

GRAND TOTALS

STATEMENT

Application for Extension of Time to File Certain Excise, Income, Information, and Other Returns

Department of the			Sing (10, 1040-9140
Internal Revenue	Survice	File a separate application for each return.	Employer Ido-Hillantias
Please type or	Name		Employer Identification number
File the		ADMI 181 AVD 114	00 0001405
nal and	THE	SETI LEAGUE, INC. eet, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	22-3291485
the due date	Number, str	set, and room or state no. (or P.O. box no. it mains not delivered to sitest address)	
for filing your		TTDDDWY AMDUDA	
return, See Instructions on	4 3 3	LIBERTY STREET post office, state, and ZIP code. For a foreign address, see Instructions.	
back.			
Notes Corne		LE FERRY, NJ 07643 tex return filers must use Form 7004 to request an extension of time to file. Partnerships, Rt	MICe and
		rm 8736 to request an extension of time to file Form 1065, 1066, or 1041.	ivios, end
		of time until 11/15/2000 , to file (check	ck anly one):
	706-GS(D)		orm 8612
	706-GS(D) 706-GS(T)		orm 8613
	990 or 990-		orm 8725
 -	990-BL		orm 8804
	990-PF		orm 8831
		oes not have an office or place of business in the United States, check this box	▶ □
	_	999, or other tax year beginning and ending	
			ange in accounting period
		time to file been previously granted for this tax year?	X Yes No
		ou need the extension TAXPAYER IS IN THE PROCESS OF OBTAINT	
		L INFORMATION NEEDED TO FILE AN ACCURATE RETURN	· D
_,412-	2 <u>3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 </u>	**************************************	
5a If this	form is for Fo	rm 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720,	
		1725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions	\$
· · · · · · · · · · · · · · · · · · ·	•	rm 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and	
estima	ted tax payme	ents made. Include any prior year overpayment allowed as a credit	\$
	-	ct line 5b from line 5a. Include your payment with this form, or deposit with FTD	<u> </u>
coupor	s If required. S	See Instructions	\$
		Signature and Verification	
		lectare that I have examined this form, including accompanying schedules and statements, and to the best of my knowle nd complete; and that I am authorized to prepare this form.	dge
and belief, it is		A	
		/// ~~~	
Signature >	/ Run	Title BRAND SONNENSCHINE LLP Date	·8/9/N
	IAL AND ON	E COPY. The IRS will show below whether or not your application is approved and will	return the copy.
		Be Completed by the IRS	
∭ We H	IAVE approv	ed your application. Please attach this form to your return.	
We H	IAVE NOT a	oproved your application. However, we have granted a 10-day grace period from the later o	of the date
show	n below or t	ne due date of your return (including any prior extensions). This grace period is considered	to be a valid
exter	ision of time	for elections otherwise required to be made on a timely return. Please attach this form to	your return.
☐ We H	IAVE NOT a	pproved your application. After considering the reasons stated in item 4, we cannot grant	OF CONTRAINED TAIL
an ex	ctension of til	me to tile. We are not granting the 10-day grace period.	
☐ We d	annot consid	der your application because it was filed after the due date of the return for which an exten SL	sion was _{econ}
redne	ested.	St.	b 0 / 5000
Other	r:		
		AGALICA	CREAMER, DIRECTOR
		By: OGDEN SUEW	RECKON PROCESSILLS OF FRIENDS
		Director	Date
ır you want a I	copy of this fo Name	rm to be returned to an address other than that shown above, please enter the address to which the co	ppy snould be sent.
_Please		SONNENGCUINE IID	
уре	Number, street	SONNENSCHINE LLP , and room or suite no. (or P.O. box no. if mail is not delivered to street address)	
or			
Print	<u>377 BR</u>	DADWAY	

Form 2758

Application for Extension of Time to File Certain Excise, Income, Information, and Other Returns

OND	Mo	1545	.O4 4E

(Rey. June 1998)

	he Treasting	► File a separate application for each return.			
Internal Revenu	Name	Pite a separate application for each setum.	Employer Identification number		
Please type or	1,40,110				
File the	ים עית ו	SETI LEAGUE, INC.	22-3291485		
one copy by	Number str	eet, and room or suite no. (or P.O. box no. if mail is not delivered to street address)			
the due date					
for filing your return, See	433	LIBERTY STREET			
instructions on	City, town or	r post office, state, and ZIP code. For a foreign address, see instructions.			
back	LITT	LE FERRY. NJ 07643			
Note: Corpo	orate income	tax return filers must use Form 7004 to request an extension of time to file. Partnerships, RE	MICs, and		
trust i	must use Fo	rm 8738 to request an extension of time to file Form 1065, 1066, or 1041.			
1 i request a	an extension	of time until, to file (chec			
_	706-GS(D)	——————————————————————————————————————	orm 8612		
	706-GS(T)		orm 8613		
	990 or 990-	<u> </u>	orm 8725		
 1	990-BL		orm 8804		
	990-PF		orm 8831		
	-		▶ □		
		235''''''''''''''''''''''''''''''''''''	nge in accounting period		
	•	time to file been previously granted for this tax year?			
		rou need the extension TAXPAYER IS IN THE PROCESS OF OBTAINI			
		L INFORMATION NEEDED TO FILE AN ACCURATE RETURN.			
5a if this	form is for Fo	rm 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720,	–		
•		• • •	\$		
b if this	form is for Fo	rm 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and	•		
_		ents made. Include any prior year overpayment allowed as a credit	\$		
		ct line 5b from line 5a. Include your payment with this form, or deposit with FTD	م ال مام		
coupo	n If required. S	See Instructions	\$ NONE		
	•	Signature and Verification			
•		teclare that I have examined this form, including accompanying schedules and statements, and to the best of my knowle	dge .		
and belier, it is	s true, correct, a	and complete; and that I am authorized to prepare this form.			
	N)	. 11.	-//		
Signature 🕨	(bus)	Title BRAND SONNENSCHINE LLP Date	5/11/00		
	VAL AND ON	IE COPY. The IRS will show below whether or not your application is approved and will	return the copy.		
		Be Completed by the IRS			
₩e ł	IAVE approv	ed your application. Please attach this form to your return.			
We I	IAVE NOT a	pproved your application. However, we have granted a 10-day grace period from the later o	of the date		
shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid					
extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.					
We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for					
		me to file. We are not granting the 10-day grace period.	.		
We cannot consider your application because it was filed after the due date of the return for which an extension was					
T. Othe	ested. ••	EXTENSION	751 Amm-		
[.] Ottle			ON APPROVED		
		By:	_		
	- 		M11 o 2000 Date		
		Ju	N1 3 2000 Date		
lf you want a	copy of this fo	orm to be returned to an address other than that shown above, please enter the address to which the co	ppy should be sent.		
	Name	RICHARD'CRE	AMER DIRECTOR		
Clease	BRAND	SONNENSCHINE LLP - GODEN GODINIGSIO	N BBUCESSING CON TO		
or ype		, and room or suite no. (or P.O. box no. if mail is not delivered to street address)			
Print	377 BR	OADWAY			
		ost office, state, and ZIP code. For a foreign address, see Instructions.			
	NEW YO	RK NY 10013-3	972		