

Part II Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. **Do not merely refer to or repeat the language in the organizational document.** List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

See Attachment 1 to Form 1023, Part II, line 1.

- 2 What are or will be the organization's sources of financial support? List in order of size.

See Attachment 2 to Form 1023, Part II, line 2.

- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

See Attachment 3 to Form 1023, Part II, line 3.

See attached Exhibit "A".

Part II Activities and Operational Information (Continued)

4 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.

b Annual compensation

See Attachment 4 to Form 1023, Part II, lines 4.a. and 4.b.

See attached Exhibit "B".

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? Yes No
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See Specific Instructions for Part II, Line 4d, on page 3.) Yes No
If "Yes," explain.

5 Does the organization control or is it controlled by any other organization? Yes No
Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? Yes No
If either of these questions is answered "Yes," explain.

See Attachment 5 to Form 1023, Part II, line 5.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? Yes No
If "Yes," explain fully and identify the other organizations involved.

See Attachment 6 to Form 1023, Part II, line 6.

7 Is the organization financially accountable to any other organization? Yes No
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

See Attachment 7 to Form 1023, Part II, line 7.

Part II Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If "None," indicate "N/A."

See Attachment 8 to Form 1023, Part II, line 8.

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? Yes No

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? Yes No

b Is the organization a party to any leases? Yes No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

11 Is the organization a membership organization? Yes No

If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues. N/A

b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

N/A

c What benefits do (or will) the members receive in exchange for their payment of dues?

N/A

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? N/A Yes No
If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? N/A Yes No
If "Yes," explain how the recipients or beneficiaries are or will be selected.

13 Does or will the organization attempt to influence legislation? Yes No
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? Yes No
If "Yes," explain fully.

Part III Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? Yes
If you answer "Yes," do not answer questions on lines 2 through 7 below.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and p to question 8.

Exceptions—You are not required to file an exemption application within 15 months if the organization:

- a Is a church, interchurch organization of local units of a church, a convention or association of churches, or integrated auxiliary of a church. See Specific Instructions, Line 2a, on page 4;
- b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory orga timely submitted a notice covering the subordinate.

3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? Yes [

If "Yes," your organization qualifies under section 4.01 of Rev. Proc. 92-85, 1992-2 C.B. 490, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 7.

If "No," answer question 4.

4 If you answer "No" to question 3, has the organization been contacted by the IRS regarding its failure to file Form 1023 within 27 months from the end of the month in which the organization was created or formed? Yes [

If "No," your organization is requesting an extension of time to apply under the "reasonable action and good faith" requirements of section 5.01 of Rev. Proc. 92-85. Do not answer questions 5 through 7.

If "Yes," answer question 5.

5 If you answer "Yes" to question 4, does the organization wish to request relief from the 15-month filing requirement? Yes [

If "Yes," give the reasons for not filing this application prior to being contacted by the IRS. See Specific Instructions, Line 5, on page 4 before completing this item. Do not answer questions 6 and 7.

If "No," answer question 6.

6 If you answer "No" to question 5, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? Yes [

7 If you answer "Yes" to question 6 above and wish to request recognition of section 501(c)(4) status for the period beg with the date the organization was formed and ending with the date the Form 1023 application was received (the ef date of the organization's section 501(c)(3) status), check here and attach a completed page 1 of Form 1024 application.

Part III Technical Requirements (Continued)

- 8 Is the organization a private foundation?
 Yes (Answer question 9.)
 No (Answer question 10 and proceed as instructed.)

- 9 If you answer "Yes" to question 8, does the organization claim to be a private operating foundation?
 Yes (Complete Schedule E.)
 No

After answering question 9 on this line, go to line 15 on page 7.

- 10 If you answer "No" to question 8, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:

- | | | |
|---|--|--|
| a | <input type="checkbox"/> As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A.) | Sections 509(a)(1) and 170(b)(1)(A)(i) |
| b | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.) | Sections 509(a)(1) and 170(b)(1)(A)(ii) |
| c | <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (MUST COMPLETE SCHEDULE C.) | Sections 509(a)(1) and 170(b)(1)(A)(iii) |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1). | Sections 509(a)(1) and 170(b)(1)(A)(v) |
| e | <input checked="" type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d, g, h, or i (MUST COMPLETE SCHEDULE D.) | Section 509(a)(3) |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public safety. | Section 509(a)(4) |
| g | <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit. | Sections 509(a)(1) and 170(b)(1)(A)(iv) |
| h | <input type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. | Sections 509(a)(1) and 170(b)(1)(A)(vi) |
| i | <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2) |
| j | <input type="checkbox"/> The organization is a publicly supported organization but is not sure whether it meets the public support test of block h or block i. The organization would like the IRS to decide the proper classification. | Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2) |

If you checked one of the boxes a through f in question 10, go to question 15. If you checked box g in question 10, go to questions 12 and 13. If you checked box h, i, or j, in question 10, go to question 11.

Part III Technical Requirements (Continued)

- 11** If you checked box h, i, or j in question 10, has the organization completed a tax year of at least 8 months?
 Yes—Indicate whether you are requesting:
 A definitive ruling (Answer questions 12 through 15.)
 An advance ruling (Answer questions 12 and 15 and attach two Forms 872-C completed and signed.)
 No—You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the application.

- 12** If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

- 13** If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here and:
 a Enter 2% of line 8, column (e), Total, of Part IV-A. _____
 b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.

- 14** If you are requesting a definitive ruling under section 509(a)(2), check here and:
 a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see Specific Instructions, Part II, Line 4d, on page 3.)
 b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

15 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)

	Yes	No	If "Yes," complete Schedule:
Is the organization a church?		X	A
Is the organization, or any part of it, a school?	X		B
Is the organization, or any part of it, a hospital or medical research organization?		X	C
Is the organization a section 509(a)(3) supporting organization?	X		D
Is the organization a private operating foundation?		X	E
Is the organization, or any part of it, a home for the aged or handicapped?		X	F
Is the organization, or any part of it, a child care organization?		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?	X		H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution?		X	I

Part IV Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A. Statement of Revenue and Expenses

	Current tax year	3 prior tax years or proposed budget for 2 years			(e) TOTAL
	(a) From <u> </u> to	(b) 19 <u> </u> **	(c) 19 <u> </u> ***	(d) 19 <u> </u>	
Revenue					
1 Gifts, grants, and contributions received (not including unusual grants—see pages 5 and 6 of the instructions)	22,000.00	25,000.00	30,000.00		77,000.00
2 Membership fees received					
3 Gross investment income (see instructions for definition)	600.00	1,000.00	1,200.00		2,800.00
4 Net income from organization's unrelated business activities not included on line 3					
5 Tax revenues levied for and either paid to or spent on behalf of the organization					
6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)					
7 Other income (not including gain or loss from sale of capital assets) (attach schedule)					
8 Total (add lines 1 through 7)	22,600.00	26,000.00	31,200.00		79,800.00
9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22.					
10 Total (add lines 8 and 9)	22,600.00	26,000.00	31,200.00		79,800.00
11 Gain or loss from sale of capital assets (attach schedule)					
12 Unusual grants.	20,000.00	0	0		20,000.00
13 Total revenue (add lines 10 through 12)	42,600.00	26,000.00	31,200.00		99,800.00
Expenses					
14 Fundraising expenses	1,000.00	1,250.00	1,500.00		
15 Contributions, gifts, grants, and similar amounts paid (attach schedule)	Attach. 9 20,600.00	Attach. 10 26,000.00	Attach. 11 31,200.00		
16 Disbursements to or for benefit of members (attach schedule)					
17 Compensation of officers, directors, and trustees (attach schedule)					
18 Other salaries and wages					
19 Interest					
20 Occupancy (rent, utilities, etc.)					
21 Depreciation and depletion					
22 Other (attach schedule)	1,000.00	1,250.00	1,500.00	(Attach. 12,	
23 Total expenses (add lines 14 through 22)	22,600.00	28,500.00	34,200.00	13 & 14, respectively)	
24 Excess of revenue over expenses (line 13 minus line 23)	20,000.00		0		

Part IV

Financial Data (Continued)

*11/13/98 - 5/31/99**

B. Balance Sheet (at the end of the period shown)		Current tax year Date
Assets		
1	Cash	\$ (160.71)
2	Accounts receivable, net	160.71
3	Inventories	
4	Bonds and notes receivable (attach schedule)	
5	Corporate stocks (attach schedule). . See Attachment. 15.	12,237.83
6	Mortgage loans (attach schedule)	
7	Other investments (attach schedule)	
8	Depreciable and depletable assets (attach schedule) . See Attachment 16.	125.00
9	Land	
10	Other assets (attach schedule)	
11	Total assets (add lines 1 through 10)	12,362.83
Liabilities		
12	Accounts payable	
13	Contributions, gifts, grants, etc., payable	12,237.83
14	Mortgages and notes payable (attach schedule)	
15	Other liabilities (attach schedule)	
16	Total liabilities (add lines 12 through 15)	12,237.83
Fund Balances or Net Assets		
17	Total fund balances or net assets	125.00
18	Total liabilities and fund balances or net assets (add line 16 and line 17)	

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation

** Pro Forma

Schedule B. Schools, Colleges, and Universities

1 Does, or will, the organization normally have: (a) a regularly scheduled curriculum, (b) a regular faculty of qualified teachers, (c) a regularly enrolled student body, and (d) facilities where its educational activities are regularly carried on? Yes No
 If "No," do not complete the rest of Schedule B.

2 Is the organization an instrumentality of a state or political subdivision of a state? Yes No
 If "Yes," document this in Part II and do not complete items 3 through 10 of Schedule B. (See instructions on the back of Schedule B.)

3 Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to:

a Admissions? Yes No
 b Use of facilities or exercise of student privileges? Yes No
 c Faculty or administrative staff? Yes No
 d Scholarship or loan programs? Yes No
 If "Yes" for any of the above, explain.

4 Does the organization include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students? Yes No
 Attach whatever corporate resolutions or other official statements the organization has made on this subject.

5a Has the organization made its racially nondiscriminatory policies known in a manner that brings the policies to the attention of all segments of the general community that it serves? Yes No
 If "Yes," describe how these policies have been publicized and how often relevant notices or announcements have been made. If no newspaper or broadcast media notices have been used, explain.

b If applicable, attach clippings of any relevant newspaper notices or advertising, or copies of tapes or scripts used for media broadcasts. Also attach copies of brochures and catalogues dealing with student admissions, programs, and scholarships, as well as representative copies of all written advertising used as a means of informing prospective students of the organization's programs.

6 Attach a numerical schedule showing the racial composition, as of the current academic year, and projected to the extent feasible for the next academic year, of: (a) the student body, and (b) the faculty and administrative staff.

7 Attach a list showing the amount of any scholarship and loan funds awarded to students enrolled and the racial composition of the students who have received the awards.

8a Attach a list of the organization's incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

b State whether any of the organizations listed in 8a have as an objective the maintenance of segregated public or private school education, and, if so, whether any of the individuals listed in 8a are officers or active members of such organizations.

9a Enter the public school district and county in which the organization is located.

b Was the organization formed or substantially expanded at the time of public school desegregation in the above district or county? Yes No

10 Has the organization ever been determined by a state or Federal administrative agency or judicial body to be racially discriminatory? Yes No

If "Yes," attach a detailed explanation identifying the parties to the suit, the forum in which the case was heard, the cause of action, the holding in the case, and the citations (if any) for the case. Also describe in detail what changes in the organization's operation, if any, have occurred since then.

Schedule D. Section 509(a)(3) Supporting Organizations

1a Organizations supported by the applicant organization: Name and address of supported organization	b Has the supported organization received a ruling or determination letter that it is not a private foundation by reason of section 509(a)(1) or (2)?
Protestant University of Congo 24th of October Ave., Kinshasa, Dem. Rep. of Congo	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

c If "No" for any of the organizations listed in 1a, explain.
 The named school is a private Christian nondenominational university located in Kinshasa, Democratic Republic of Congo, which was founded in 1959 through European and North American missionary efforts.

2 Does the supported organization have tax-exempt status under section 501(c)(4), 501(c)(5), or 501(c)(6)? Yes No
 If "Yes," attach: (a) a copy of its ruling or determination letter, and (b) an analysis of its revenue for the current year and the preceding 3 years. (Provide the financial data using the formats in Part IV-A (lines 1-13) and Part III (lines 12, 13, and 14).)

3 Does your organization's governing document indicate that the majority of its governing board is elected or appointed by the supported organizations? Yes No
 If "Yes," skip to line 9.
 If "No," you must answer the questions on lines 4 through 9.

4 Does your organization's governing document indicate the common supervision or control that it and the supported organizations share? Yes No
 If "Yes," give the article and paragraph numbers. If "No," explain.

5 To what extent do the supported organizations have a significant voice in your organization's investment policies, in the making and timing of grants, and in otherwise directing the use of your organization's income or assets?
 See Attachment 17, Form 1023, Schedule D, Section 509 (a)(3), line 5.

6 Does the mentioning of the supported organizations in your organization's governing instrument make it a trust that the supported organizations can enforce under state law and compel to make an accounting? Yes No
 If "Yes," explain.
 The Protestant University of Congo is the only other organization supported by this organization.

7a What percentage of your organization's income does it pay to each supported organization?
 100%

b What is the total annual income of each supported organization?
 Typically \$1.1 million to \$1.2 million for fiscal year 98-99
 For fiscal year 98-99 annual income \$1,173,582.00

c How much does your organization contribute annually to each supported organization?
 See Form 1023, Part IV, Line 15

Schedule D. Section 509(a)(3) Supporting Organizations (Continued)

8 To what extent does your organization conduct activities that would otherwise be carried on by the supported organizations? Explain why these activities would otherwise be carried on by the supported organizations.

Protestant University of Congo relies on fund-raising efforts in Europe and North America in order to continue to provide Christian education to its primarily African students. Absent the fund-raising efforts of the organization in support of the Protestant University of Congo, the University would be forced to close or directly engage in fund-raising efforts in North America.

9 Is the applicant organization controlled directly or indirectly by one or more "disqualified persons" (other than one who is a disqualified person solely because he or she is a manager) or by an organization that is not described in section 509(a)(1) or (2)? Yes No
If "Yes," explain.

Instructions

For an explanation of the types of organizations defined in section 509(a)(3) as being excluded from the definition of a private foundation, see Pub. 557, Chapter 3.

Line 1

List each organization that is supported by your organization and indicate in item **1b** if the supported organization has received a letter recognizing exempt status as a section 501(c)(3) public charity as defined in section 509(a)(1) or 509(a)(2). If you answer "No" in **1b** to any of the listed organizations, please explain in **1c**.

Line 3

Your organization's governing document may be articles of incorporation, articles of association, constitution, trust indenture, or trust agreement.

Line 9

For a definition of a "disqualified person," see **Specific Instructions**, Part II, Line 4d, on page 3 of the application's instructions.

Schedule H. Organizations Providing Scholarship Benefits, Student Aid, etc., to Individuals

1a Describe the nature and the amount of the scholarship benefit, student aid, etc., including the terms and conditions governing its use, whether a gift or a loan, and how the availability of the scholarship is publicized. If the organization has established or will establish several categories of scholarship benefits, identify each kind of benefit and explain how the organization determines the recipients for each category. Attach a sample copy of any application the organization requires individuals to complete to be considered for scholarship grants, loans, or similar benefits. (Private foundations that make grants for travel, study, or other similar purposes are required to obtain advance approval of scholarship procedures. See Regulations sections 53.4945-4(c) and (d).)

See Attachment 18 to Form 1023, Schedule H, Line 1a

b If you want this application considered as a request for approval of grant procedures in the event we determine that the organization is a private foundation, check here

c If you checked the box in 1b above, check the boxes for which you wish the organization to be considered.

4945(g)(1)

4945(g)(2)

4945(g)(3)

2 What limitations or restrictions are there on the class of individuals who are eligible recipients? Specifically explain whether there are; or will be, any restrictions or limitations in the selection procedures based upon race or the employment status of the prospective recipient or any relative of the prospective recipient. Also indicate the approximate number of eligible individuals.

See Attachment 19 to Form 1023, Schedule H, Line 2

3 Indicate the number of grants the organization anticipates making annually 50

4 If the organization bases its selections in any way on the employment status of the applicant or any relative of the applicant, indicate whether there is or has been any direct or indirect relationship between the members of the selection committee and the employer. Also indicate whether relatives of the members of the selection committee are possible recipients or have been recipients.

See Attachment 20 to Form 1023, Schedule H, Line 4

5 Describe any procedures the organization has for supervising grants (such as obtaining reports or transcripts) that it awards and any procedures it has for taking action if the terms of the grant are violated.

See Attachment 21 to Form 1023, Schedule H, line 5

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 4
Form 1023
Part II
Line 4a and 4b

See attached Exhibit "B". All directors and officers are uncompensated volunteers.

EXHIBIT "B"

PROTESTANT UNIVERSITY OF CONGO

NORTH AMERICAN LIAISON BUREAU

BOARD OF DIRECTORS

NORTH AMERICAN LIAISON BUREAU

Dr. Robert James Decker
1740 Salinas Drive
Las Cruces, N.M. 88011
Tel.: (505) 532-5210

Vice-President

Dr. James Richard Dodson
5000 Fawn Meadow Road #242
San Antonio, TX 78240
Tel.: 210) 561-0044

Dr. Ben C. Hobgood
Box 523, 3526 Caroline Blvd.
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President

Dr. Melvin J. Loewen
1706 Kentfield Way
Goshen, IN 46525
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Dr. Charles Stuart
3498 Dwight St.Box 1006
Penney Farms, FL 32079
Tel. (904)529-7735

Secretary

Dr.Lamar Williamson
Box 224, 388 S. Carolina Ter.
Montreat, N.C. 28757
Tel.: (828)669-1664

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 5

Form 1023

Part II

Line 5

The organization is a successor to the unincorporated volunteer association previously serving and operating as North American Liaison Bureau in support of the Protestant University of Congo. The trustees of the Protestant University of Congo sets general guidelines for the organization's support and Fund-raising activities, but the organization selects its own directors and officers from interested volunteers. The organization maintains cordial relations with the American denominations which originally participated in launching what is now the Protestant University of Congo: American Baptist, The Christian Church (Disciples of Christ), United Methodist and Presbyterian Church U.S.A.

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 6
Form 1023
Part II
Line 6

None except as to items 6(a), (f) and (g) with respect to the Protestant University of Congo.

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 7
Form 1023
Part II
Line 7

The organization is responsible to the Board of Trustees of the Protestant University of Congo with respect to submitting annual financials reflecting Fund-raising and other receipts and operational expenses and disbursements. The fiscal year for the organization coincides with the annual meeting of the Board of Trustees for the University. Except for managed endowment funds held by the organization, all funds raised by the organization are distributed to the Protestant University of Congo through a deposit of funds by the organization in the United States bank account for the University.

NORTH AMERICAN LIAISON BUREAU, INC.

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 8
Form 1023
Part II
Line 8

The organization uses its own photocopier and filing cabinet and utilizes borrowed office space and equipment.

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 9

Form 1023

Part IV.A.

Line 15

(a) Current Tax Year - 11/13/98 to 5/31/99

Contributions, gifts, grants and similar amounts paid

1. Donations received from individuals remitted to the Protestant University Of Congo.

Amount received: \$ 20,000.00

2. Interest earned as endowment to the Protestant University of Congo

Amount received: \$ 600.00

Total Contributions Received: \$ 20,600.00

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 10

Form 1023

Part IV.A.

Line 15

(b) Tax Year - 6/1/99 to 5/31/2000

Contributions, gifts, grants and similar amounts paid

1. Donations received from individuals remitted to the Protestant University Of Congo.

Amount received: \$ 25,000.00

2. Interest earned as endowment to the Protestant University of Congo

Amount received: \$ 1,000.00

Total Contributions Received: \$ 26,000.00

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 11

Form 1023

Part IV.A.

Line 15

(c) Tax Year - 6/1/2000 to 5/31/2001

Contributions, gifts, grants and similar amounts paid

1. Donations received from individuals remitted to the Protestant University Of Congo.

Amount received: \$ 30,000.00

2. Interest earned as endowment to the Protestant University of Congo

Amount received: \$ 1,200.00

Total Contributions Received: \$ 31,200.00

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 12

Form 1023

Part IV.A.

Line 22

(a) Current Tax Year - 11/13/98 to 5/31/99

Other Expenses

<u>TYPE</u>	<u>AMOUNT</u>
1. Facsimiles	\$ 75.00
2. Mileage	\$ 250.00
3. Board of Directors Meeting	\$ 500.00
4. Long Distance Telephone Charges	\$ 75.00
5. Miscellaneous	<u>\$ 100.00</u>
TOTAL EXPENSES	\$ 1,000.00

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 13

Form 1023

Part IV.A.

Line 22

(b) Tax Year - 6/1/99 to 5/31/2000

Other Expenses

<u>TYPE</u>	<u>AMOUNT</u>
1. Facsimiles	\$ 100.00
2. Mileage	\$ 250.00
3. Board of Directors Meeting	\$ 500.00
4. Long Distance Telephone Charges	\$ 100.00
5. Miscellaneous	<u>\$ 300.00</u>
TOTAL EXPENSES	\$ 1,250.00

NORTH AMERICAN LIAISON BUREAU, INC.

**Attachment 14
Form 1023
Part IV.A.
Line 22
Tax Year - 6/1/2000 to 5/31/2001**

Other Expenses

<u>TYPE</u>	<u>AMOUNT</u>
1. Facsimiles	\$ 100.00
2. Mileage	\$ 300.00
3. Board of Directors Meeting	\$ 600.00
4. Long Distance Telephone Charges	\$ 300.00
5. Miscellaneous	<u>\$ 200.00</u>
TOTAL EXPENSES	\$ 1,500.00

NORTH AMERICAN LIAISON BUREAU, INC.

**Attachment 15
Form 1023
Part IV.B.
Line 5**

Corporate Stocks Schedules

1. IDS/American Express - Account Number 0000 0063 040524249001
Cobble Scholarship Endowment
Value Information as of 9/4/98 - \$10,008.31

2. IDS/American Express Account Number 0000 0010 6536 7295 5002
Undesignated Investment
Value Information as of 9/4/98 - \$2,229.52

Total Stock Value - \$12,237.83

NORTH AMERICAN LIAISON BUREAU, INC.

**Attachment 16
Form 1023
Part IV.B.
Line 8**

Depreciable Assets

Used Canon Photocopier	\$100.00
Two Drawer File Cabinet	<u>\$ 25.00</u>
Total	\$125.00

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 17
Form 1023
Schedule D
Section 509(a)(3)
Line 5

The organization sets its own investment policies through its Board of Directors, but consults with the Office of the President and the Board of Trustees for the Protestant University of Congo as to general guidelines for investments and in the timing of disbursing gross receipts and interest and investment income back to University. The President and the Board of Trustees for the Protestant University of Congo also suggest substantive expenditures of funds raised by the organization from time to time.

NORTH AMERICAN LIAISON BUREAU, INC.

**Attachment 18
Form 1023
Schedule H
Line 1a**

The Protestant University of Congo follows the donors' wishes in distributing scholarships. At present there are few such scholarships to distribute, and they are primarily on denominational or geographic grounds. Sponsoring churches from abroad will provide funds, for example, to underwrite scholarships for students from their churches who are enrolled in the School of Theology of the University. Other scholarship donors have specified that they wish priority for their scholarships be given to students coming from certain geographical regions. In both such cases, these students are nominated by the church assemblies and sent to the Protestant University of Congo for entrance exams. Typically, twice as many candidates as there are funds arrive on campus to undergo the rigorous, competitive tests given by faculty members. Only the strongest candidates are selected, those judged capable of completing the full five years required to obtain a university degree.

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 19
Form 1023
Schedule H
Line 2

See Attachment 18, above. There will be no restrictions based on the race of an applicant. The actual number of eligible individuals will vary from year to year based on a function of enrollment.

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 20
Form 1023
Schedule H
Line 4

There will be no relationship between the members of the Selection Committee and the recipient. Members of the family of Selection Committee members shall be ineligible to receive a scholarship. Nor will the Organization base its selection on the applicant's employment status, or the employment status of any relative of the applicant.

NORTH AMERICAN LIAISON BUREAU, INC.

Attachment 21
Form 1023
Schedule H
Line 5

The Executive Committee of the Protestant University of Congo will supervise the award of grants for all scholarships based on annual reviews of the testing results of applicants and recipients.



UNIVERSITE PROTESTANTE AU CONGO

B.P. 4745 Kinshasa 2, République Démocratique du Congo
Croisement des avenues du 24-Novembre et de la Victoire / Kinshasa-Lingwala
Tél. : 60044 - 60562 Télécél : 46812 Tél./Fax : (243 88) 46122
E-mail : Univprocongo @ Maf.org

BUREAU DU CONSEIL D'ADMINISTRATION

Kinshasa, le

N/Réf. :

V/Réf. :

Objet :

TO WHOM IT MAY CONCERN

This is to certify that the Protestant University of Congo, by decision of its Board of Trustees, hereby names as its representative for North America the Revered Dr. Ben C. Hobgood, President Emeritus of the former Free University of the Congo.

Dr. Hobgood is authorized to represent our institution at academic, religious, civic and other such events to which our university would benefit from representation. He will be available to make presentations and explanations of our program, activities and needs.

Individuals, organizations and governmental departments interested in learning of our university should contact Dr. Hobgood. He is authorized to solicit and accept contributions in any form for transmission to us in Kinshasa/Congo. Because he will be in continuous contact with us, those questions he cannot readily answer will be referred to us, and information returned through him response to such inquiries.

All persons concerned with the welfare of the Protestant University of Congo are hereby requested to grant to Dr. Hobgood all rights and privileges to which is position entitles him.

Kinshasa, July 22, 1995.

Mr. Joseph KATANGA Tshitenge

Secretary

Revd. Dr. MULUMBA Musumbu

President of the Board of Trustees

Prof. Dr. NGOY Boliya

Recteur

GRADY H. WILLIAMS, JR.
ATTORNEY AT LAW
1279 KINGSLEY AVENUE
SUITE 117
ORANGE PARK, FLORIDA 32073
(904)264-0441

**MASTER OF LAWS
IN TAXATION
ADMITTED TO PRACTICE
IN FLORIDA & TEXAS**

**MAILING ADDRESS:
POST OFFICE BOX 1542
ZIP: 32067-1542
FACSIMILE:
(904) 269-1115**

December 18, 1998

via Certified Mail/RRR # Z261-468-491
Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192

Re: North American Liaison Bureau, Inc. (EIN: 59-3541955)

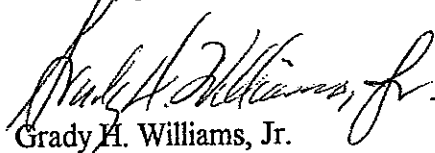
Greetings:

Enclosed please find the following on behalf of my above referenced client:

1. IRS Form 8718 with \$500.00 user fee in form of check drawn on applicant's account.
2. IRS Form 872-C.
3. IRS Form 1023.
4. Copy of 11/18/98 correspondence to Atlanta, GA IRS Service Center and enclosed IRS Form 2848 filed therewith, authorizing my representation of this applicant.

If you have any questions regarding the enclosures, please call me at your earliest convenience.

Sincerely yours,


Grady H. Williams, Jr.

cc: Client (w/encls.)

**User Fee for Exempt Organization
 Determination Letter Request**

For IRS Use Only

▶ Attach this form to determination letter application.
 (Form 8718 is NOT a determination letter application.)

Control number _____
 Amount paid _____
 User fee screener _____

1 Name of organization North American Liaison Bureau, Inc. 2 Employer Identification Number 59 13541955

Caution: Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

3 Type of request Fee

- a Initial request for a determination letter for:
- An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or
 - A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years ▶ **\$150**
- Note: If you checked box 3a, you must complete the Certification below.

Certification

I certify that the annual gross receipts of _____ name of organization
 have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.
 Signature ▶ _____ Title ▶ _____

- b Initial request for a determination letter for:
- An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years, or
 - A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years ▶ **\$500**
- c Group exemption letters ▶ **\$500**

Instructions

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 98-8, 1998-1, I.R.B. 225.

Check the box on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the Internal Revenue Service for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Send the determination letter application and Form 8718 to:

Internal Revenue Service
 P.O. Box 192
 Covington, KY 41012-0192

If you are using express mail or a delivery service, send the application and Form 8718 to:

Internal Revenue Service
 201 West Rivercenter Blvd.
 Attn: Extracting Stop 312
 Covington, KY 41011

Attach Check or Money Order Here

BEN C. HOBGOOD
BETSY B. HOBGOOD
 P.O. BOX 523 904-284-6843
 PENNEY FARMS, FL 32079

63-2/630
 00166

1749

Date Dec. 18, 1998

Pay to the Order of: Internal Revenue Service \$ 500.00

Five hundred + no Dollars

Look for: Micro Print signature line, gray border and background with CAP type, First Union logo on back. If not present, do not cash.

FIRST UNION
 First Union National Bank
 Green Cove Springs, Florida

CODE

For User Fee / Form 8718

[Signature] MP

⑆06300002⑆ 9982019550⑈ 1749

Form **872-C**

Consent Fixing Period of Limitation Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

OMB No. 1545-0056

(Rev. April 1996)

Department of the Treasury
Internal Revenue Service

(See instructions on reverse side.)

To be used with
Form 1023. Submit
in duplicate.

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

North American Liaison Bureau, Inc.

(Exact legal name of organization as shown in organizing document)

3526 Caroline Blvd., Penney Farms, FL 32079

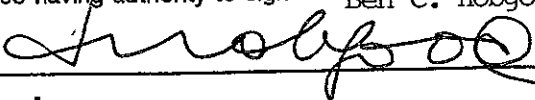
(Number, street, city or town, state, and ZIP code)

and the
District Director of
Internal Revenue, or
Assistant
Commissioner
(Employee Plans and
Exempt Organizations)

Consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year 5/31/99
(Month, day, and year)

Name of organization (as shown in organizing document)	Date
North American Liaison Bureau, Inc.	12-18-98
Officer or trustee having authority to sign Ben C. Hobgood	
Signature 	Title ▶ President
For IRS use only	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date

By ▶

GRADY H. WILLIAMS, JR.
ATTORNEY AT LAW
1279 KINGSLEY AVENUE
SUITE 117
ORANGE PARK, FLORIDA 32073
(904) 264-0441

**MASTER OF LAWS
IN TAXATION
ADMITTED TO PRACTICE
IN FLORIDA & TEXAS**

**MAILING ADDRESS:
POST OFFICE BOX 1542
ZIP: 32067-1542
FACSIMILE:
(904) 269-1115**

November 18, 1998

Internal Revenue Service Center
Atlanta, GA 39901

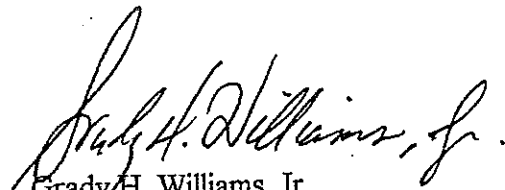
**RE: Submission of hard copy IRS Forms SS-4 and 2848 for NORTH AMERICAN
LIAISON BUREAU, INC. [EIN 59-3541955]**

Greetings:

Enclosed for original filing with the Service find IRS Forms SS-4 and 2848 for **NORTH AMERICAN LIAISON BUREAU, INC.** The EIN for this corporation was obtained on November 17, 1998 via TeleTin.

Should you have any questions about this filing, please call me.

Sincerely yours,


Grady H. Williams, Jr.

cc: Client

Power of Attorney and Declaration of Representative

▶ For Paperwork Reduction and Privacy Act Notice, see the Instructions.

Part I Power of Attorney

1 Taxpayer Information

Taxpayer name(s) and address (Please type or print.) North American Liaison Bureau, Inc. P.O. Box 523 Penney Farms, FL 32079	Social security number(s) _____ _____ Daytime telephone number (904) 284-6843	Employer identification number 59-3541955 Plan number (if applicable)
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hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s) (Please type or print.)

Name and address Grady H. Williams, Jr., Esq. P.O. Box 1542, Orange Park, FL 32067-1542	CAF No. 6505-74965R Telephone No. (904) 264-0441 Fax No. (904) 269-1115 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. () _____ Fax No. () _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>
Name and address	CAF No. _____ Telephone No. () _____ Fax No. () _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax Matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
Income	990	1998

4 Specific Use Not Recorded on Centralized Authorization File (CAF).—If the power of attorney is for a specific use not recorded on CAF, please check this box. (See the instructions for *Specific Use Not Recorded on CAF* on page 4.)

5 Acts Authorized.—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks or the power to sign certain returns. (See instructions.)
 List any specific additions or deletions to the acts otherwise authorized in this power of attorney: apply for EIN via SS-4
and for Sec. 501(c) exempt status.

Note: In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

Note: The tax matters partner/person of a partnership or S corporation is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

6 Receipt of Refund Checks.—If you want to authorize a representative named in line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here _____ and list the name of that representative below.

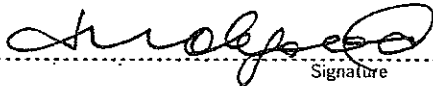
Name of representative to receive refund check(s) ▶ N/A

- 7 Notices and Communications.**—Notices and other written communications will be sent to the first representative listed in line 2.
- a If you want the second representative listed to receive such notices and communications, check this box
 - b If you do not want any notices or communications sent to your representative, check this box
- 8 Retention/Revocation of Prior Power(s) of Attorney.**—The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of Taxpayer(s).—If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ If this power of attorney is not signed, it will be returned.

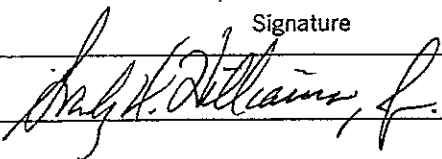
 Signature	11-13-98 Date	President Title (if applicable)
Ben C. Hobgood Print Name		
Signature	Date	Title (if applicable)
Print Name		

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
 - h Unenrolled Return Preparer—an unenrolled return preparer under section 10.7(a)(7) of Treasury Department Circular No. 230.

▶ If this power of attorney is not signed, it will be returned.

Designation —Insert above letter (a-h)	Jurisdiction (state) or Enrollment Card No.	Signature	Date
a	Florida		11-16-98



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 17, 1998

GRADY H. WILLIAMS, JR.
1279 KINGSLEY AVE, SUITE 117
ORANGE PARK, FL 32073

The Articles of Incorporation for NORTH AMERICAN LIAISON BUREAU, INC. were filed on November 13, 1998 and assigned document number N98000006529. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Pamela Hall, Document Specialist
New Filings Section

Letter Number: 698A00055342