

Department of the Treasury
Internal Revenue Service

Note: You may be required to use a copy of this return to satisfy State reporting requirements. See instruction D.

For the calendar year 1984, or fiscal year beginning . . . 1984, and ending . . . 19

Use IRS label. Otherwise, please print or type.	Name of organization United States Council For World Freedom	A Employer identification number (see instruction L) 94 : 2804423
	Address (number and street) 11855 N. 19th Avenue	B State registration number (see instruction D)
	City or town, State, and ZIP code Phoenix, Arizona 85029	C If address changed, check here <input checked="" type="checkbox"/>

D Check applicable box—Exempt under section 501(c) (**3**) (insert number), OR section 4947(a)(1) trust Check here if application exemption is pending

E Accounting method: Cash Accrual Other (specify)

F Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here (see instruction C10).

G Is this a group return (see instruction J) filed for affiliates? Yes No
Is this a separate return filed by a group affiliate? Yes No

If "Yes" to either, give four-digit group exemption number (GEN)

Check here if your gross receipts are normally not more than \$25,000 (see instruction B11). You do not have to file a completed return with IRS but should file a return without financial data if you were mailed a Form 990 Package (see instruction A). Some States may require a completed return.

Check here if gross receipts are normally more than \$25,000 and line 12 is \$25,000 or less. Complete Parts I (except lines 13-15), III, IV, VI, and VII and only the indicated items in Parts II and V (see instruction I). If line 12 is more than \$25,000, complete the entire return.

501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990). (See instructions.)

Part I Statement of Support, Revenue, and Expenses and Changes in Fund Balances		(A) Total	These columns are optional—see instructions	
			(B) Unrestricted/Expendable	(C) Restricted/Nonexpendable
Support and Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	(a) Direct public support	41,262		41,262
	(b) Indirect public support			
	(c) Government grants			
	(d) Total (add lines 1(a) through 1(c)) (attach schedule—see instructions)	41,262		
	2 Program service revenue (from Part IV, line (f))			
	3 Membership dues and assessments		61	61
	4 Interest on savings and temporary cash investments			
	5 Dividends and interest from securities			
	6 (a) Gross rents			
	(b) Minus: Rental expenses			
	(c) Net rental income (loss)			
7 Other investment income (Describe <input type="checkbox"/> Securities <input type="checkbox"/> Other)				
8 (a) Gross amount from sale of assets other than inventory				
(b) Minus: cost or other basis and sales expenses				
(c) Gain (loss) (attach schedule)				
9 Special fundraising events and activities (attach schedule—see instructions):				
(a) Gross revenue (not including \$_____ of contributions reported on line 1(a))				
(b) Minus: direct expenses				
(c) Net income (line 9(a) minus line 9(b))				
10 (a) Gross sales minus returns and allowances	668			
(b) Minus: Cost of goods sold (attach schedule)	456			
(c) Gross profit (loss)		212	212	
11 Other revenue (from Part IV, line (g))				
12 Total revenue (add lines 1(d), 2, 3, 4, 5, 6(c), 7, 8(c), 9(c), 10(c), and 11).		41,535		
Expenses	13 Program services (from line 44(B)) (see instructions)	27,286		
	14 Management and general (from line 44(C)) (see instructions)	3,108		
	15 Fundraising (from line 44(D)) (see instructions)	9,249		
	16 Payments to affiliates (attach schedule—see instructions)	-0-		
	17 Total expenses (add lines 16 and 44(A))		39,643	
Fund Balances	18 Excess (deficit) for the year (subtract line 17 from line 12)		1,892	
	19 Fund balances or net worth at beginning of year (from line 74(A))		-0-	
	20 Other changes in fund balances or net worth (attach explanation)			
	21 Fund balances or net worth at end of year (add lines 18, 19, and 20)		1,892	

Part II Statement of Functional Expenses

All organizations must complete column (A). Column (B), (C), and (D) are required for most section 501(c)(3) and (c)(4) organizations and 4947(a)(1) trusts but optional for others. (See instructions.)

Do not include amounts reported on lines 6(b), 8(b), 9(b), 10(b), or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
23 Specific assistance to individuals				
24 Benefits paid to or for members				
25 Compensation of officers, directors, etc.				
26 Other salaries and wages				
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	649		649	
32 Legal fees				
33 Supplies	225	225		
34 Telephone	50		50	
35 Postage and shipping	2,910	1,514		1,396
36 Occupancy	477		477	
37 Equipment rental and maintenance				
38 Printing and publications	12,514	6,149		6,365
39 Travel	3,213		1,725	1,488
40 Conferences, conventions and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses (itemize): (a) Bank charges	86		86	
(b) Editorial & Newsletter Mgmt	18,292	18,292		
(c) Dues & subscriptions	21		21	
(d) Computer charges	1,106	1,106		
(e) Miscellaneous	100		100	
(f)				
44 Total functional expenses (add lines 22 through 43)	39,643	27,286	3,108	9,249

Part III Statement of Program Services Rendered

List each program service title on lines (a) through (d); for each, identify the service output(s) or product(s) and report the quantity provided. Enter the total expenses attributable to each program service and the amount of grants and allocations included in that total. (See instructions for Part III.)

Expenses (Optional for some organizations—see instructions)

(a)	World Freedom Report Newsletter Monthly newsletter mailed to all contributors	(Grants and allocations \$ -0-)	27,286
(b)		(Grants and allocations \$)	
(c)		(Grants and allocations \$)	
(d)		(Grants and allocations \$)	
(e)	Other program service activities (attach schedule)	(Grants and allocations \$)	
(f)	Total (add lines (a) through (e)) (should equal line 44(B))		27,286

Part IV Program Service Revenue and Other Revenue (State Nature)

	Program service revenue	Other revenue
(a) Fees from government agencies		
(b)		
(c)		
(d)		
(e)		
(f) Total program service revenue (enter here and on line 2)		
(g) Total other revenue (enter here and on line 11)		

Part V Balance Sheets

If line 12, Part I, and line 59 are \$25,000 or less, you should complete only lines 59, 66, and 74 and, if you do not use fund accounting, line 73. If line 12 or line 59 is more than \$25,000, complete the entire balance sheet. See instructions.

Note: Columns (C) and (D) are optional. Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.	(A) Beginning of year	End of year		
		(B) Total	(C) Unrestricted/Expendable	(D) Restricted/Nonexpendable
Assets				
45 Cash—non-interest bearing		1,608	1,608	
46 Savings and temporary cash investments		284	284	
47 Accounts receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
48 Pledges receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
49 Grants receivable				
50 Receivables due from officers, directors, trustees and key employees (attach schedule)				
51 Other notes and loans receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
52 Inventories for sale or use				
53 Prepaid expenses and deferred charges				
54 Investments—securities (attach schedule)				
55 Investments—land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)				
56 Investments—other (attach schedule)				
57 Land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)				
58 Other assets ▶ _____				
59 Total assets (add lines 45 through 58)		1,892	1,892	
Liabilities				
60 Accounts payable and accrued expenses				
61 Grants payable				
62 Support and revenue designated for future periods (attach schedule)				
63 Loans from officers, directors, trustees and key employees (attach schedule)				
64 Mortgages and other notes payable (attach schedule)				
65 Other liabilities ▶ _____				
66 Total liabilities (add lines 60 through 65)				
Fund Balances or Net Worth				
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.	FIRST TAX RETURN FILED	1,892	1,892	
67 a. Current unrestricted fund				
b. Current restricted fund				
68 Land, buildings and equipment fund				
69 Endowment fund				
70 Other funds (Describe ▶ _____)				
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.				
71 Capital stock or trust principal				
72 Paid-in or capital surplus				
73 Retained earnings or accumulated income				
74 Total fund balances or net worth (see instructions)		1,892	1,892	
75 Total liabilities and fund balances/net worth (see instructions)		1,892	1,892	

Part VI List of Officers, Directors, and Trustees (List each office, director, and trustee whether compensated or not.) (See instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
See attached				

Part VII Other Information

	Yes	No
76 Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities.		X
77 Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78 (a) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? (b) If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? (c) If the organization has gross sales or receipts from business activities not reported on Form 990-T, attach a statement explaining your reason for not reporting them on Form 990-T.		X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year (see instructions)? If "Yes," attach a statement as described in the instructions.		X
80 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization (see instructions)? If "Yes," enter the name of organization ▶ _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		X
(a) Enter amount of political expenditures, direct or indirect, as described in the instructions NONE		
(b) Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		X
82 Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III ▶ _____		X
83 Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in attempts to influence public opinion about legislative matters or referendums (see instructions and Regulations section 1.162-20(c))? If "Yes," enter the total amount spent for this purpose		X
84 Section 501(c)(7) organizations.—Enter amount of: (a) Initiation fees and capital contributions included on line 12 N/A (b) Gross receipts, included in line 12, for public use of club facilities (see instructions) (c) Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion (see instructions)?		
85 Section 501(c)(12) organizations.—Enter amount of: (a) Gross income received from members or shareholders (b) Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them)		
86 Public interest law firms.—Attach information described in instructions.		
87 List the States with which a copy of this return is filed ▶ Arizona		
88 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	X	
89 The books are in care of ▶ Research Publications, Inc. Telephone No. ▶ 602-252-4477 Located at ▶ 11855 N. 19th Avenue Phoenix, Arizona 85029		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer _____ Date _____ Title _____

Paid Preparer's Use Only

Preparer's signature ▶ Walter K. Mallock Date _____ Check if self-employed

Firm's name (or yours, if self-employed) and address ▶ Mallock & Associates
11855 N. 19th Avenue Phoenix AZ ZIP code ▶ 85029

United States Council For World Freedom

92-2804423

Year Ended 12-31-84

Form 990, Part VI, page 4

BOARD OF DIRECTORS

JOHN K. SINGLAUB
Maj. Gen., USA (Ret) Chairman
DANIEL O. GRAHAM
Lt. Gen., USA (Ret) Vice-Chairman
W.A. "JOHN" JOHNSON
President, Research Publications Treasurer

DR. ANTHONY BOUSCAREN Professor, Political Science Le Moyne University, N.Y.	J. A. PARKER The Lincoln Institute for Research and Education Chairman
WALTER CHOPINSKY National Center for Constitution	DR. STEFAN POSSONY Professor Emeritus, Senior Fellow Hoover Institute, Stanford University
ANNA C. CHENNAULT President, TAG International	J. MILNOR ROBERTS Maj. Gen., A.U.S. Ret. Director, Committee for a Free Afghanistan
HON. LEV E. DOBRIANSKY U.S. Ambassador to Bulgaria (On leave of absence to Government Service)	KATHLEEN TEAGUE Executive Director, American Legislative Exchange Council
SANGMY Y. JUNG Business Consultant	DR. T. H. TSUAN Professor of International Studies Ferdinand Dickerson University
DR. ANTHONY KUBEK Professor, Political Science Troy State University, Alabama	JOHN LeBOUTILLIER Former U.S. Congressman
ROBERT MORRIS Former Chief Counsel U.S. Senate Internal Security Subcommittee	

ADVISORY BOARD

Partial Listing

HON. JOHN S. McCAIN III U.S. Congressman	FRED SOCIALLY Congressional Leader
DR. N.M. CAMARDESE Chairman, American Professionals	LEWIS W. WALT Gen., USMC (Ret)
DR. I. A. CARROLL Professor, Political Science	BERT KURLBUT Inventor
MARY HOPE CONDON DR. LUCILLE G. FORD Vice President, Animal Care	JOHN FISHER President, American Support Council
DR. RALPH MORTENSEN DR. GEORGE ROCKE III President, Missouri College	HOWARD PHILLIPS President, The Conservative Cause
HON. ELDON BUDO U.S. Congressman	ANDY MESSING National Defense Council
EAT SLEETER Col., USAF (Ret)	RT. REV. ALBION W. KNIGHT, DL Minister of Gospel, United Lutheran Church of America
HON. GERALD B. SOLOMON U.S. Congressman	PROF. JOHN HUTCHINSON U.S.A. Graduate School of Bus. JIM BISHOP President, Home Aids Group

None of the above listed directors or board members receive compensation, benefit plans, expense accounts or other allowances.

Chairman John K. Singlaub, Maj. Gen., USA (Ret) devotes an average of 30 hours per week.

Treasurer, W. A. Johnson devotes an average of 5-10 hours per week, all others are minimal.

**SCHEDULE A
(Form 990)**

Organization Exempt Under 501(c)(3)

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

Supplementary Information

▶ Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name: _____ Employer identification number: _____

**Part I Compensation of Five Highest Paid Employees
(Other than Officers, Directors, and Trustees—see specific instructions)**

Name and address of employees paid more than \$30,000	Title and average hours per week devoted to position	Compensation	Contributions to employee benefit plans	Expense account and other allowances
.....
.....
N/A
.....
.....
Total number of other employees paid over \$30,000 ▶				

**Part II Compensation of Five Highest Paid Persons for Professional Services
(See specific instructions)**

Name and address of persons paid more than \$30,000	Type of service	Compensation
.....
.....
N/A
.....
.....
Total number of others receiving over \$30,000 for professional services ▶		

Part III Statements About Activities

	Yes	No
1 During the year have you 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 of the expenses paid or incurred in connection with the legislative activities \$ _____ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.		X
2 During the year have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer or creator of your organization, or any organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary:		
(a) Sale, exchange, or leasing of property?		X
(b) Lending of money or other extension of credit?		X
(c) Furnishing of goods, services, or facilities?		X
(d) Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
(e) Transfer of any part of your income or assets?		Y
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.) N/A		
4 Do you make grants for scholarships, fellowships, student loans, etc.?		X

Part IV Reason for Non-Private Foundation Status (See instructions for definitions)

The organization is not a private foundation because it is (check applicable box; please check only ONE box):

- 1 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 2 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 3 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 4 A Federal, State or local government or governmental unit. Section 170(b)(1)(A)(v).
- 5 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name, city, and State of hospital ▶
- 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 8 An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
- 9 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) boxes 5 through 12 above or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name of supported organizations	(b) Box number from above

- 0 An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)
	1983	1982	1981	1980	Total
Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	21,199	20,634			41,833
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	529	370			899
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you 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 schedule. Do not include gain (or loss) from sale of capital assets					
23 Total of lines 15 through 22	21,728	21,004	-0-	-0-	42,732
24 Line 23 minus line 17	21,728	21,004			42,732
25 Enter 1% of line 23	217	210			

Organizations described in box 10 or 11:

- (a) Enter 2% of amount in column (e), line 24 N/A
- (b) Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1980 through 1983 exceeded the amount shown in 26(a). Enter the sum of all excess amounts here

Department of the Treasury
Internal Revenue Service

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For the calendar year 1984, or fiscal year beginning . . . 1984, and ending . . . 19

Use IRS label. Otherwise, please print or type.	Name of organization United States Council For World Freedom	A Employer identification number (see instruction L) 94 : 2804423
	Address (number and street) 11855 N. 19th Avenue	B State registration number (see instruction D)
	City or town, State, and ZIP code Phoenix, Arizona 85029	C If address changed, check here <input checked="" type="checkbox"/>

D Check applicable box—Exempt under section 501(c)(3) (insert number), OR section 4947(a)(1) trust Check here if application exemption is pending

E Accounting method: Cash Accrual Other (specify)

F Section 4947(a)(1) trusts filing this form in lieu of Form 1041, check here (see instruction C10).

G Is this a group return (see instruction J) filed for affiliates? Yes No
Is this a separate return filed by a group affiliate? Yes No

If "Yes" to either, give four-digit group exemption number (GEN)

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	(a) Gross revenue (not including \$_____ of contributions reported on line 1(a))			
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(c) Net income (line 9(a) minus line 9(b))				
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	(b) Minus: Cost of goods sold (attach schedule)	456		
	(c) Gross profit (loss)	212	212	
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	14 Management and general (from line 44(C)) (see instructions)	3,108		
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Part II Statement of Functional Expenses

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25 Compensation of officers, directors, etc.				
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(f)				
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List each program service title on lines (a) through (d); for each, identify the service output(s) or product(s) and report the quantity provided. Enter the total expenses attributable to each program service and the amount of grants and allocations included in that total. (See instructions for Part III.)

Expenses (Optional for some organizations—see instructions)

(a) World Freedom Report Newsletter Monthly newsletter mailed to all contributors	(Grants and allocations \$ -0-)	27,286
(b)	(Grants and allocations \$)	
(c)	(Grants and allocations \$)	
(d)	(Grants and allocations \$)	
(e) Other program service activities (attach schedule)	(Grants and allocations \$)	
(f) Total (add lines (a) through (e)) (should equal line 44(B))		27,286

Part IV Program Service Revenue and Other Revenue (State Nature)

	Program service revenue	Other revenue
(a) Fees from government agencies		
(b)		
(c)		
(d)		
(e)		
(f) Total program service revenue (enter here and on line 2)		
(g) Total other revenue (enter here and on line 11)		

Part V Balance Sheets

If line 12, Part I, and line 59 are \$25,000 or less, you should complete only lines 59, 66, and 74 and, if you do not use fund accounting, line 73. If line 12 or line 59 is more than \$25,000, complete the entire balance sheet. See instructions.

Note: Columns (C) and (D) are optional. Columns (A) and (B) must be completed to the extent applicable. Where required, attached schedules should be for end-of-year amounts only.	(A) Beginning of year	End of year		
		(B) Total	(C) Unrestricted/Expendable	(D) Restricted/Nonexpendable
Assets				
45 Cash—non-interest bearing		1,608	1,608	
46 Savings and temporary cash investments		284	284	
47 Accounts receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
48 Pledges receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
49 Grants receivable				
50 Receivables due from officers, directors, trustees and key employees (attach schedule)				
51 Other notes and loans receivable ▶ _____ minus allowance for doubtful accounts ▶ _____				
52 Inventories for sale or use				
53 Prepaid expenses and deferred charges				
54 Investments—securities (attach schedule)				
55 Investments—land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)				
56 Investments—other (attach schedule)				
57 Land, buildings and equipment: basis ▶ _____ minus accumulated depreciation ▶ _____ (attach schedule)				
58 Other assets ▶ _____				
59 Total assets (add lines 45 through 58)		1,892	1,892	
Liabilities				
60 Accounts payable and accrued expenses				
61 Grants payable				
62 Support and revenue designated for future periods (attach schedule)				
63 Loans from officers, directors, trustees and key employees (attach schedule)				
64 Mortgages and other notes payable (attach schedule)				
65 Other liabilities ▶ _____				
66 Total liabilities (add lines 60 through 65)				
Fund Balances or Net Worth				
Organizations that use fund accounting, check here <input type="checkbox"/> and complete lines 67 through 70 and lines 74 and 75.	FIRST TAX RETURN FILED	1,892	1,892	
67 a. Current unrestricted fund				
b. Current restricted fund				
68 Land, buildings and equipment fund				
69 Endowment fund				
70 Other funds (Describe ▶ _____)				
Organizations that do not use fund accounting, check here <input type="checkbox"/> and complete lines 71 through 75.				
71 Capital stock or trust principal				
72 Paid-in or capital surplus				
73 Retained earnings or accumulated income				
74 Total fund balances or net worth (see instructions)		1,892	1,892	
75 Total liabilities and fund balances/net worth (see instructions)		1,892	1,892	

Part VI List of Officers, Directors, and Trustees (List each office, director, and trustee whether compensated or not.) (See instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
See attached				

Part VII Other Information

	Yes	No
76 Has the organization engaged in any activities not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of the activities.		X
77 Have any changes been made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.		X
78 (a) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? (b) If "Yes," have you filed a tax return on Form 990-T, Exempt Organization Business Income Tax Return, for this year? (c) If the organization has gross sales or receipts from business activities not reported on Form 990-T, attach a statement explaining your reason for not reporting them on Form 990-T.	N	A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year (see instructions)? If "Yes," attach a statement as described in the instructions.		X
80 Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization (see instructions)? . . . If "Yes," enter the name of organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		X
81 (a) Enter amount of political expenditures, direct or indirect, as described in the instructions NONE		X
(b) Did you file Form 1120-POL, U.S. Income Tax Return for Certain Political Organizations, for this year?		X
82 Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as support in Part I or as an expense in Part II. See instructions for reporting in Part III ▶ _____		X
83 Section 501(c)(5) or (6) organizations.—Did the organization spend any amounts in attempts to influence public opinion about legislative matters or referendums (see instructions and Regulations section 1.162-20(c))? If "Yes," enter the total amount spent for this purpose		X
84 Section 501(c)(7) organizations.—Enter amount of: (a) Initiation fees and capital contributions included on line 12 N/A (b) Gross receipts, included in line 12, for public use of club facilities (see instructions) (c) Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion (see instructions)?		
85 Section 501(c)(12) organizations.—Enter amount of: (a) Gross income received from members or shareholders (b) Gross income received from other sources (do not net amounts due or paid to other sources against amounts due or received from them)		
86 Public interest law firms.—Attach information described in instructions.		
87 List the States with which a copy of this return is filed ▶ Arizona		
88 During this tax year did you maintain any part of your accounting/tax records on a computerized system?	X	
89 The books are in care of ▶ Research Publications, Inc. Telephone No. ▶ 602-252-4477 Located at ▶ 11855 N. 19th Avenue Phoenix, Arizona 85029		

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ <u>Walter K. Mallock</u>	Date	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours, if self-employed) and address ▶ Mallock & Associates 11855 N. 19th Avenue Phoenix AZ		ZIP code ▶ 85029

United States Council For World Freedom

92-2804423

Year Ended 12-31-84

Form 990, Part VI, page 4

BOARD OF DIRECTORS

JOHN K. SINGLAUB
Maj. Gen. USA (Ret) Chairman
DANIEL O. GRAHAM
Lt. Gen. USA (Ret) Vice-Chairman
W.A. "JOHN" JOHNSON
President, Research Publications Treasurer

DR. ANTHONY BOUSCAREN Professor, Political Science Le Moyne University, N.Y.	J. A. PARKER The Lincoln Institute for Research and Education Chairman
WALTER CHOPIWISKY National Center National Consultant	DR. STEFAN POSSONY Professor Emeritus, Senior Fellow Hoover Institute, Stanford University
ANNA C. CHENNAULT President, TAG International	J. MILNOR ROBERTS Maj. Gen. A.U.S. Ret. Director, Committee for a Free Afghanistan
HON. LEV E. DOBRIANSKY U.S. Ambassador to Bulgaria (On leave of absence to Government Service)	KATHLEEN TEAGUE Executive Director, American Legislative Exchange Council
SANGMY Y. JUNG Business Consultant	DR. T. H. TSUAN Professor of International Studies Furman College University
DR. ANTHONY KUBEK Professor, Political Science Troy State University, Alabama	JOHN LeBOUTILLIER Former U.S. Congressman
ROBERT MORRIS Former Chief Counsel U.S. Senate Internal Security Subcommittee	

ADVISORY BOARD

Partial Listing

HON. JOHN S. McCAIN III U.S. Congressman	FRED SOCLAFY Congressional Leader
DR. N.M. CAMARDESE Chairman, American Professionals	LEWIS W. WALT Gen. USMC (Ret)
DR. I. A. CARROLL Professor, Political Science	BERT KUELSBT Inventor
MARY HOPE CONDON DR. LUCILLE G. FORD Vice President, Assistant Counsel	JOHN FISHER President, American Support Council
DR. RALPH MORTENSEN DR. GEORGE ROCKE III President, Missouri College	HOWARD PHILLIPS President, The Conservative Cause
HON. ELDON BUDO U.S. Congressman	ANDY MESSING National Defense Council
EAT SLEETER Col. USAF (Ret)	RT. REV. ALBION W. KNIGHT, DL Minister of Grace, United Lutheran Church of America
HON. GERALD B. SOLOMON U.S. Congressman	PROF. JOHN HUTCHINSON U.S.A. Graduate School of Bus. JIM BISHOP President, Home Aids Group

None of the above listed directors or board members receive compensation, benefit plans, expense accounts or other allowances.

Chairman John K. Singlaub, Maj. Gen., USA (Ret) devotes an average of 30 hours per week.

Treasurer, W. A. Johnson devotes an average of 5-10 hours per week, all others are minimal.

**SCHEDULE A
(Form 990)**

Organization Exempt Under 501(c)(3)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ Attach to Form 990.

Name: _____ Employer identification number: _____

**Part I Compensation of Five Highest Paid Employees
(Other than Officers, Directors, and Trustees—see specific instructions)**

Name and address of employees paid more than \$30,000	Title and average hours per week devoted to position	Compensation	Contributions to employee benefit plans	Expense account and other allowances
.....
.....
N/A
.....
.....
Total number of other employees paid over \$30,000 ▶				

**Part II Compensation of Five Highest Paid Persons for Professional Services
(See specific instructions)**

Name and address of persons paid more than \$30,000	Type of service	Compensation
.....
.....
N/A
.....
.....
Total number of others receiving over \$30,000 for professional services ▶		

Part III Statements About Activities

	Yes	No
1 During the year have you 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 of the expenses paid or incurred in connection with the legislative activities \$ _____ Complete Part VI of this form for organizations that made an election under section 501(h) on Form 5768 or other statement. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities and a classified schedule of the expenses paid or incurred.		X
2 During the year have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer or creator of your organization, or any organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary:		
(a) Sale, exchange, or leasing of property?		X
(b) Lending of money or other extension of credit?		X
(c) Furnishing of goods, services, or facilities?		X
(d) Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
(e) Transfer of any part of your income or assets?		Y
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		
3 Attach a statement explaining how you determine that individuals or organizations receiving disbursements from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.) N/A		
4 Do you make grants for scholarships, fellowships, student loans, etc.?		X

Part IV Reason for Non-Private Foundation Status (See instructions for definitions)

The organization is not a private foundation because it is (check applicable box; please check only ONE box):

- 1 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 2 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 3.)
- 3 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 4 A Federal, State or local government or governmental unit. Section 170(b)(1)(A)(v).
- 5 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name, city, and State of hospital ▶
- 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)
- 8 An organization that normally receives: (a) no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and (b) more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)
- 9 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) boxes 5 through 12 above or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name of supported organizations	(b) Box number from above

- 0 An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a)	(b)	(c)	(d)	(e)
	1983	1982	1981	1980	Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	21,199	20,634			41,833
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	529	370			899
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 The value of services or facilities furnished to you 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 schedule. Do not include gain (or loss) from sale of capital assets					
23 Total of lines 15 through 22	21,728	21,004	-0-	-0-	42,732
24 Line 23 minus line 17	21,728	21,004			42,732
25 Enter 1% of line 23	217	210			

Organizations described in box 10 or 11:

- (a) Enter 2% of amount in column (e), line 24 N/A
- (b) Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1980 through 1983 exceeded the amount shown in 26(a). Enter the sum of all excess amounts here