Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

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

OMB No. 1545-0047

1999

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning , 1999, and ending

B Check if: ☐ Change of address ☐ Initial return ☐ Final return ☐ Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.

C
ST. MATTHEW PUBLISHING, INC.
515 SOUTH MAIN MALL #300
TULSA, OK 74103

D Employer identification number: 73-1020156

E Telephone number: (918)585-2751

F Check ▶ ☐ if exemption application is pending

G Type of organization ▶ ☒ Exempt under section 501(c) (3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates for which this return is filed: ▶

(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

Note: Form 990-EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	26,889,631		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash $ 26,889,631 noncash $)			1d	26,889,631
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other		
8a	Gross amount from sale of assets other than inventory		8a			
b	Less: cost or other basis and sales expenses		8b	99,033		
c	Gain or (loss) (attach schedule) STATEMENT 1		8c	-99,033		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	-99,033

9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	26,790,598
13	Program services (from line 44, column (B))			13	14,839,087
14	Management and general (from line 44, column (C))			14	9,279,344
15	Fundraising (from line 44, column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses** (add lines 16 and 44, column (A))			17	24,118,431
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	2,672,167
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	-169,337
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	2,502,830

REVENUE / EXPENSES / NET ASSETS

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 18.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att. sch.) (cash $ ______ non cash $ ______)	22				
23 Specific assistance to individuals (att. sch.)	23				
24 Benefits paid to or for members (att. sch.)	24				
25 Compensation of officers, directors, etc.	25	906,078		906,078	
26 Other salaries and wages	26	3,132,339		3,132,339	
27 Pension plan contributions	27				
28 Other employee benefits	28	3,628		3,628	
29 Payroll taxes	29	260,266		260,266	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	1,203,745		1,203,745	
33 Supplies	33	5,568		5,568	
34 Telephone	34	189,789		189,789	
35 Postage and shipping	35	12,889,615	12,889,615		
36 Occupancy	36	817,121		817,121	
37 Equipment rental and maintenance	37	172,000		172,000	
38 Printing and publications	38				
39 Travel	39	649,950		649,950	
40 Conferences, conventions, and meetings	40	28,534		28,534	
41 Interest	41	8,953		8,953	
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses (itemize): a STATEMENT 2	43a	3,850,845	1,949,472	1,901,373	
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	24,118,431	14,839,087	9,279,344	0

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______ ; (ii) the amount allocated to Program services $ ______ ; (iii) the amount allocated to Management and general $ ______ ; and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 22.)

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a (Grants and allocations $ 0)	14,839,087
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	14,839,087

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

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
ASSETS					
45 Cash - non-interest-bearing			1,100,701	45	589,587
46 Savings and temporary cash investments				46	
47a Accounts receivable	47a	9,872			
b Less: allowance for doubtful accounts	47b		53,579	47c	9,872
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach sch)				50	
51a Other notes and loans receivable (attach schedule)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			1,106	53	
54 Investments - securities (attach schedule)				54	
55a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments - other (attach schedule)				56	
57a Land, buildings, and equipment: basis	57a	2,356,110			
b Less: accumulated depreciation (attach schedule) STMT. 3	57b		1,836,036	57c	2,356,110
58 Other assets (describe ▶ SEE STATEMENT 4)			112,624	58	49,748
59 **Total assets** (add lines 45 through 58) (must equal line 74)			3,104,046	59	3,005,317
LIABILITIES					
60 Accounts payable and accrued expenses			2,736,697	60	462,243
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)			536,686	64b	40,244
65 Other liabilities (describe ▶)				65	
66 **Total liabilities** (add lines 60 through 65)			3,273,383	66	502,487
NET ASSETS OR FUND BALANCES					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			-169,337	67	2,502,830
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72; *column (A) must equal line 19 and column (B) must equal line 21*)			-169,337	73	2,502,830
74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			3,104,046	74	3,005,317

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 24.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	N/A
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 24.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES E. EWING 10736 JEFFERSON BLVD. #145 CULVER CITY, CA 90230	PRESIDENT 40	305,769	0	0
MILTON R. MCELRATH 18375 VENTURA BLVD., #185 TARZANA, CA 91356	VICE-PRES 40	347,434	0	0
DONALD R. LUCE 713 W. DURATE RD. #G-134 ARCAIDIA, CA 91007	SECRETARY 40	252,875	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule – see Specific Instructions on page 25.

Part VI Other Information (See Specific Instructions on page 25.)

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80a	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?		80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 5 and check whether it is ☐ exempt OR ☒ nonexempt.				
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a 0			
b	Did the organization file Form 1120-POL for this year?		81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86	501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX		88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0				
d	Enter: Amount of tax in 89c, above, reimbursed by the organization ▶ 0				

90a List the states with which a copy of this return is filed ▶ SEE STATEMENT 6

b Number of employees employed in the pay period that includes March 12, 1999 (See instructions.) 90b 0

91 The books are in care of ▶ JOYCE & POLLARD Telephone no. ▶ (918)585-2751
Located at ▶ 515 S. MAIN MALL, STE 300 TULSA, OK ZIP + 4 ▶ 74103

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here N/A ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information – (See separate instructions.)

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

OMB No. 1545-0047

1999

Name of the organization: ST. MATTHEW PUBLISHING, INC.

Employer identification number: 73-1020156

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
EVELYN F. SYNDER	MANAGER			
38875 BROOKDALE ROAD	40	133,875	0	0
PAUL EWING	ASST. TO TREAS.			
8581 SANTAMONICA BLVD #123	40	133,492	0	0
ELISABETH A. ROONEY-EWING	MANAGER - L.A.			
10736 JEFFERSON BLVD #145	40	107,053	0	0
CANDIS A. DARKEN	MANAGER - N.Y.			
222 HARBOR VIEW TERRACE	40	106,162	0	0
DEBORAH K. MCELRATH	MANAGER-W/H OPS			
18034 VENTURA BLVD. #434	40	105,961	0	0
Total number of other employees paid over $50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions. List each one (whether individuals or firms.) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
JOYCE & POLLARD		
515 S. MAIN ST. STE 300; TULSA, OK 74103	LEGAL & ACCOUNTING	989,140
GENESIS OF LIFE		
19059 VALLEY BLVD; BLOOMINGTON, CA 92316	PROMOTIONAL	219,124
PRICEWATERHOUSECOOPERS		
6120 S. YALE; TULSA, OK 74136	LEGAL & ACCOUNTING	323,781
Total number of others receiving over $50,000 for professional services ▶	0	

Part IV-A Support Schedule *(Complete only if you checked a box on line 10, 11, or 12.)* **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	21,777,153	15,960,729	11,900,992	10,916,721	60,555,595
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 (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets .SEE .STM...7.			2,497		2,497
23 Total of lines 15 through 22	21,777,153	15,960,729	11,903,489	10,916,721	60,558,092
24 Line 23 minus line 17	21,777,153	15,960,729	11,903,489	10,916,721	60,558,092
25 Enter 1% of line 23	217,772	159,607	119,035	109,167	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ **26a** 1,211,162

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 60,558,092

d Add: Amounts from column (e) for lines: 18 ______ 19 ______ 22 2,497 26b ______ ▶ **26d** 2,497

e Public support (line 26c minus line 26d total) ▶ **26e** 60,555,595

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 100.00%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

N/A

(1998) ______ (1997) ______ (1996) ______ (1995) ______

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year:

(1998) ______ (1997) ______ (1996) ______ (1995) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c**

d Add: Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.)

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS:

DESCRIPTION:	LEASEHOLD IMPROVEMENTS	
DATE ACQUIRED:	VARIOUS	
HOW ACQUIRED:	PURCHASED	
DATE SOLD:	VARIOUS	
TO WHOM SOLD:		
GROSS SALES PRICE:	0	
COST OR OTHER BASIS:	99,033	
EXPENSES OF SALE:	0	
DEPRECIATION:	0	
GAIN (LOSS)		$ -99,033
GAIN (LOSS) FROM OTHER ASSETS		-99,033
TOTAL GAIN (LOSS)		$ -99,033

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
AUTO EXPENSE	$ 27,270		27,270	
BANK PROCESSING	468,153	468,153		
CHURCH & FUNERAL EXPENSE	111,824	111,824		
CONSULTING FEES	142,489		142,489	
DONATIONS	811,672		811,672	
DUES & SUBSCRIPTIONS	73,782		73,782	
INSURANCE	73,428		73,428	
MEDICAL EXPENSES	1,224		1,224	
MISCELLANEOUS	99,766		99,766	
MOVING EXPENSE	893		893	
OFFICE	635,475		635,475	
PHOTOGRAPHY	105,609	105,609		
SPECIALTY ITEMS	1,263,886	1,263,886		
TAXES-OTHER	2,835		2,835	
UTILITIES	32,539		32,539	
TOTAL	$3,850,845	1,949,472	1,901,373	0

STATEMENT 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIP.	$ 308,265	0	308,265
FURNITURE AND FIXTURES	1,824,928	0	1,824,928
MACHINERY AND EQUIPMENT	25,417	0	25,417
IMPROVEMENTS	197,500	0	197,500
TOTAL	$ 2,356,110	0	2,356,110

STATEMENT 4
FORM 990, PART IV, LINE 58
OTHER ASSETS

	ENDING
OTHER ASSETS	$ 49,748
TOTAL	$ 49,748

STATEMENT 5
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
UNIVERSAL ADVERTISING		X
CHURCH BY MAIL, INC.		X

STATEMENT 6
FORM 990, PART VI, LINE 90A
LIST OF STATES WHICH THIS RETURN IS FILED

OKLAHOMA
CALIFORNIA

STATEMENT 7
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 1998	(B) 1997	(C) 1996	(D) 1995	(E) TOTAL
MISCELLANEOUS	$ 0	0	2,497	0	2,497
	$ 0	0	2,497	0	2,497

THE ORGANIZATION MEETS THE 33 1/3% SUPPORT TEST DESCRIBED IN THE REGULATIONS UNDER SECTION 170(B)(1)(A)(VI) WHICH REQUIRES THE SCHEDULE OF CONTRIBUTORS TO ONLY GIVE INFORMATION FOR CONTRIBUTORS WHOSE GIFTS OF $5,000 OR MORE ARE GREATER THAN 2% OF THE AMOUNT REPORTED ON FORM 990, PART I, LINE 1D. THE SCHEDULE OF CONTRIBUTORS IS NOT PROVIDED BECAUSE NO CONTRIBUTOR GAVE THE REQUIRED AMOUNT.

Form **2758** (Rev. June 1998) Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.

OMB No. 1545-0148

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name: ST. MATTHEW PUBLISHING, INC.

Employer identification number: 73-1020156

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): 515 SOUTH MAIN MALL #300

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: TULSA, OK 74103

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until 8/15, 2000, to file (check only one):

- ☐ Form 706-GS(D)
- ☐ Form 706-GS(T)
- ☒ Form 990 or 990-EZ
- ☐ Form 990-BL
- ☐ Form 990-PF
- ☐ Form 990-T (401(a) or 408(a) trust)
- ☐ Form 990-T (trust other than above)
- ☐ Form 1041 (estate) (see instructions)
- ☐ Form 1041-A
- ☐ Form 1042
- ☐ Form 1120-ND (sec. 4951 taxes)
- ☐ Form 3520-A
- ☐ Form 4720
- ☐ Form 5227
- ☐ Form 6069
- ☐ Form 8612
- ☐ Form 8613
- ☐ Form 8725
- ☐ Form 8804
- ☐ Form 8831

If the organization does not have an office or place of business in the United States, check this box ▶ ☐

2a For calendar year 1999, or other tax year beginning ______ and ending ______

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No

4 State in detail why you need the extension ADDITIONAL TIME RESPECTFULLY REQUESTED IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), Form 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. $ 0

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. $ 0

c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. $ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ Martin A Arzier   Title ▶ CPA   Date ▶ 5/15/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant – To Be Completed by the IRS

- ☑ We HAVE approved your application. Please attach this form to your return.
- ☐ We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- ☐ We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other: ______

______ Director   By: ______   ______ Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print

Name: GUEST & COMPANY, P.C.

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): 7170 S. BRADEN AVE., SUITE 100

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: TULSA, OK 74136

KFA For Paperwork Reduction Act Notice, see back of form.

Form **2758**
(Rev. June 1998)
Department of the Treasury
Internal Revenue Service

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☐ Form 706-GS(T)	☐ Form 990-T (trust other than above)	☐ Form 3520-A	☐ Form 8613
☒ Form 990 or 990-EZ	☐ Form 1041 (estate) (see instructions)	☐ Form 4720	☐ Form 8725
☐ Form 990-BL	☐ Form 1041-A	☐ Form 5227	☐ Form 8804
☐ Form 990-PF	☐ Form 1042	☐ Form 6069	☐ Form 8831

If the organization does not have an office or place of business in the United States, check this box. ▶ ☐

2a For calendar year 1999 , or other tax year beginning ________ and ending ________

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. $ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ Martin A. Fraijer   Title ▶ CPA   Date ▶ 8/8/00

FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.

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☐ Other: ________

________ Director   By: ________   ________ Date

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