

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

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

A For the 1999 calendar year, OR tax year period beginning 07/01, 1999, and ending 06/30/2000

B Check if Change of address Initial return Final return Amended return (required also for state reporting) C Name of organization SOKA UNIVERSITY OF AMERICA D Employer identification number 95-3909672 E Telephone number (818) 880-6400 F Check if exemption application is pending

G Type of organization - [X] 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 [X] I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) J Accounting method: Cash [] Accrual [X] Other (specify) (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 [X]

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.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions (86,107,491), Program service revenue (1,590,306), Membership dues (16,874,013), Gross rents (51,752), Net gain from sales of assets (6,184,607), and Total revenue (110,837,622).

RECEIVED MAY 31 '01

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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 19.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$339,270, noncash \$)	22 339,270.	339,270.	STMT 3	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 564,717.	187,614.	377,103.	
26 Other salaries and wages	26 2,159,355.	717,394.	1,441,961.	
27 Pension plan contributions	27 205,978.	68,431.	137,547.	
28 Other employee benefits	28 374,089.	124,282.	249,807.	
29 Payroll taxes	29 192,250.	63,870.	128,380.	
30 Professional fundraising fees	30			
31 Accounting fees	31 68,493.		68,493.	
32 Legal fees	32 514,413.		514,413.	
33 Supplies	33 246,561.	41,102.	205,459.	
34 Telephone	34 94,159.	2,593.	91,566.	
35 Postage and shipping	35 63,272.	2,284.	60,988.	
36 Occupancy	36 171,821.		171,821.	
37 Equipment rental and maintenance	37 616,992.	5,865.	611,127.	
38 Printing and publications	38 20,608.	6,474.	14,134.	
39 Travel	39 369,338.	27,343.	341,995.	
40 Conferences, conventions, and meetings	40 202,354.	153,038.	49,316.	
41 Interest	41 130,762.		130,762.	
42 Depreciation, depletion, etc (attach schedule)	42 841,236.		841,236.	
43 Other expenses (itemize): a STMT 4	43a 4,650,654.	850,911.	3,799,743.	
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 11,826,322.	2,590,471.	9,235,851.	

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? **SEE STATEMENT 5**

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 SEE STATEMENT 5	(Grants and allocations \$ 339,270.)	2,590,471.
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)		2,590,471.

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		516.	45	5,886.
	46 Savings and temporary cash investments		363,859.	46	3,673,332.
	47a Accounts receivable	47a		47c	
	b Less: allowance for doubtful accounts	47b			
	48a Pledges receivable	48a		48c	
	b Less: allowance for doubtful accounts	48b			
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)	51a		51c	
	b Less: allowance for doubtful accounts	51b			
	52 Inventories for sale or use		30,627.	52	17,524.
	53 Prepaid expenses and deferred charges		199,637.	53	288,796.
	54 Investments - securities (attach schedule) SEE STATEMENT 6.		384,245,998.	54	406,408,127.
	55a Investments - land, buildings, and equipment: basis STATEMENT 18	55a	NONE		
	b Less: accumulated depreciation (attach schedule)	55b		NONE	55c
	56 Investments - other (attach schedule) SEE STATEMENT 7.		7,969,600.	56	5,627,000.
	57a Land, buildings, and equipment: basis	57a	262,341,568.		
	b Less: accumulated depreciation (attach schedule)	57b	7,327,093.	57c	255,014,475.
	58 Other assets (describe SEE STATEMENT 8)		195,839.	58	201,250.
59 Total assets (add lines 45 through 58) (must equal line 74)		559,201,090.	59	671,236,390.	
Liabilities	60 Accounts payable and accrued expenses		10,414,765.	60	7,830,616.
	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)			64b	
	65 Other liabilities (describe SEE STATEMENT 9)		5,297,389.	65	4,970,294.
	66 Total liabilities (add lines 60 through 65)		15,712,154.	66	12,800,910.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		48,639,603.	67	48,484,792.
	68 Temporarily restricted		277,215,386.	68	351,619,122.
	69 Permanently restricted		217,633,947.	69	258,331,566.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)		543,488,936.	73	658,435,480.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		559,201,090.	74	671,236,390.

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 VII Analysis of Income-Producing Activities (See Specific Instructions on page 29.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SEM.-INTERN PROG.					1,533,357.
b TUITION-GRADUATE					56,949.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	16,874,013.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	51,752.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	6,184,607.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			03	482.	
103 Other revenue: a					
b FOOD SERVICE			03	6,052.	
c MISCELLANEOUS			01	22,919.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				23,139,825.	1,590,306.
105 Total (add line 104, columns (B), (D), and (E))					24,730,131.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 30.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A-	FEES FROM SEMINARS, INTERN PROGRAM AND TUITION FOR GRADUATE
93B	LEVEL WORK THAT IS USED TO ACCOMPLISH THE EDUCATIONAL MISSION OF THE UNIVERSITY.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 30.) N/A

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

This return, including accompanying schedules and statements, and to the best of my knowledge and belief, is based on all information of which preparer has any knowledge.

Date 5/7/01
Arnold Kawasaki
V.P. for Admin.
Type or print name and title.

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

1999

Department of the Treasury
Internal Revenue Service

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

Name of the organization **SOKA UNIVERSITY OF AMERICA** Employer Identification number **95-3909672**

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
GAIL THOMAS ALISO VIEJO, CA 92656	DEAN OF FACULTY FULL TIME	84,975.	20,628.	NONE
SCOTT COWDREY ALISO VIEJO, CA 92656	DIR OF INFORMATION FULL TIME	77,333.	22,425.	NONE
MICHAEL HAYS ALISO VIEJO, CA 92656	PROFESSOR FULL TIME	77,000.	16,906.	NONE
JOHN SHERIDAN ALISO VIEJO, CA 92656	LIBRARY DIRECTOR FULL TIME	75,000.	20,336.	NONE
TOMOKO TAKAHASHI WOODLAND HILLS, CA 91367	DEAN OF GRADUATE FULL TIME	72,666.	11,785.	NONE
Total number of other employees paid over \$50,000	▶ 9			

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
HARDY HOLZMAN PFEIFFER & ASSOCIATES LOS ANGELES, CA 90017	DESIGNING CONSULTANT	2,901,242.
WILLIAM D. ROSS LOS ANGELES, CA 90017	LEGAL	376,777.
24 KT. GREEN THOUSAND OAKS, CA 91360	LANDSCAPING	179,743.
PRICEWATERHOUSECOOPERS, LLP WOODLAND HILLS, CA 91364	ACCOUNTANT	154,909.
JOHNSON ERP CONSULTING MARTINEZ, CA 94553	CONSULTANT	122,983.
Total number of others receiving over \$50,000 for professional services	▶ 3	

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

Schedule A (Form 990) 1999

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3. Does the organization make grants for scholarships, fellowships, student loans, etc.?

Part IV Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
5 [] A church, convention of churches, or association of churches.
6 [X] A school.
7 [] A hospital or a cooperative hospital service organization.
8 [] A Federal, state, or local government or governmental unit.
9 [] A medical research organization operated in conjunction with a hospital.
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11b [] A community trust.
12 [] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions...
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Header: Provide the following information about the supported organizations. (See page 4 of the instructions.)

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. NOT APPLICABLE

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns for calendar year (1998, 1997, 1996, 1995) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described in lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 4 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29 X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30 X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) SEE STATEMENT 16	31 X	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	X
b Admissions policies?	33b	X
c Employment of faculty or administrative staff?	33c	X
d Scholarships or other financial assistance?	33d	X
e Educational policies?	33e	X
f Use of facilities?	33f	X
g Athletic programs?	33g	X
h Other extracurricular activities?	33h	X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	X
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35 X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 6 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

NOT APPLICABLE

- Check here a if the organization belongs to an affiliated group.
- Check here b if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	NONE
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	NONE
38	Total lobbying expenditures (add lines 36 and 37)	38	NONE
39	Other exempt purpose expenditures	39	11,826,322.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	11,826,322.
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000	41	741,316.
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	185,329.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 7 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45	741,316.	681,481.	710,066.	747,909.	2,880,772.
46					4,321,158.
47	NONE	NONE	14,217.	12,330.	26,547.
48	185,329.	170,370.	177,517.	186,977.	720,193.
49					1,080,290.
50	NONE	NONE	NONE	NONE	NONE

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 8 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990, PART 1 - LIST OF CONTRIBUTORSSTATEMENT 1

<u>DIRECT CONTRIBUTIONS</u>	<u>DATE</u>	<u>AMOUNT</u>
	VAR	74,915,000
	09/10/99	200,000
	01/02/00	90,000
	VAR	90,000
	06/12/00	80,000
	12/23/99	58,000
	10/08/99	30,000
	12/31/99	30,000
	06/12/00	20,000
	04/24/00	20,000
	VAR	10,500
	VAR	10,000
	02/08/00	10,000
	VAR	10,000
	11/18/00	10,000
	VAR	9,000
	09/24/99	5,000
	05/08/00	5,000
	11/12/99	5,000
	11/18/99	5,000
	12/06/99	5,000
	05/17/00	5,000
	VAR	<u>10,484,991</u>
TOTAL		<u><u>86,107,491</u></u>

THIS STATEMENT NOT OPEN TO PUBLIC INSPECTION

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION

AMOUNT

UNREALIZED GAIN/(LOSS) ON INVESTMENTS

15,935,244.

TOTAL

15,935,244.
=====

SOKA UNIVERSITY OF AMERICA

FEIN 95-3909672

FORM 990, PART II, GRANTS AND ALLOCATIONS PAID

STATEMENT 3

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FELLOWSHIPS AWARDED TO 22 RECIPIENTS	322,000
SCHOLARSHIPS AWARDED TO 4 RECIPIENTS	<u>17,270</u>
TOTAL	<u><u>339,270</u></u>

FORM 990, PART II - OTHER EXPENSES
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DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
UTILITIES	252,769.		252,769.
PROPERTY TAXES	1,217,986.		1,217,986.
OTHER TAXES	44,401.		44,401.
DUES	49,463.		49,463.
BOOKS & SUBSCRIPTIONS	154,794.	102,548.	52,246.
CONSULTANT FEES	862,384.		862,384.
MANAGEMENT FEES	162,155.		162,155.
OTHER PROFESSIONAL FEES	99,815.	99,815.	
ADVERTISING	392,530.	9,710.	382,820.
TV & RADIO	11,848.		11,848.
INSURANCE EXPENSE	447,351.		447,351.
FOOD SERVICES	131,675.	131,675.	
STUDENT MEALS	83,743.	83,743.	
CLEANING	9,327.	9,327.	
SERVICE CHARGE	23,186.		23,186.
MOVING EXPENSE	38,563.		38,563.
SHORT TRIP	268,570.	268,570.	
CLASS EVENT	5,150.	5,150.	
EMPLOYEE TRAINING	4,809.		4,809.
COMPUTER EXPENSE	32,219.	15,966.	16,253.
FACULTY RESEARCH	6,472.	6,472.	
RECEPTION EXPENSE	14,625.	14,625.	
MISCELLANEOUS	103,310.	103,310.	
INVESTMENT RELATED EXPENSES	233,509.		233,509.
TOTALS	4,650,654.	850,911.	3,799,743.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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THE UNIVERSITY IS LOCATED IN CALABASAS, CALIFORNIA AND REPRESENTS ONE OF THREE SOKA CAMPUSES. THE MAIN CAMPUS IS LOCATED NEAR TOKYO, JAPAN AND ANOTHER SMALLER CAMPUS IS IN VERRIERES, FRANCE. THE THREE CAMPUSES ARE COLLECTIVELY REFERRED TO AS "SOKA." SOKA IS A JAPANESE PRIVATE LIBERAL ARTS COLLEGE FOUNDED IN 1971 AND OFFERS A VARIETY OF DEGREES IN THE FIELD OF ECONOMICS, BUSINESS, LAW, EDUCATION, LANGUAGES, AND ENGINEERING. CURRENTLY, THE UNIVERSITY OFFERS A GRADUATE PROGRAM PROVIDING MASTER'S DEGREE TRAINING FOR ENGLISH AS A SECOND LANGUAGE (ESL) INSTRUCTORS. THE UNIVERSITY ALSO CONDUCTS ENGLISH-CONVERSATION CLASSES FOR STUDENTS ENROLLED AT THE TOKYO CAMPUS. THE UNIVERSITY SERVES ABOUT 500 UNDERGRADUATE STUDENTS WHO STUDY HERE FOR PERIODS RANGING FROM THREE WEEKS TO FOUR MONTHS, AND THEIR WORK IS CREDITED THROUGH JAPAN'S MINISTRY OF EDUCATION. IN ADDITION, THE UNIVERSITY OFFERS NONCREDIT, EVENING LANGUAGE CLASSES IN JAPANESE THAT ARE OPEN TO THE PUBLIC. THE UNIVERSITY IS ALSO THE HEADQUARTERS FOR THE PACIFIC BASIN RESEARCH CENTER, A POST-GRADUATE AND GRADUATE LEVEL PUBLIC POLICY RESEARCH CENTER CONDUCTED JOINTLY WITH HARVARD UNIVERSITY.

THE UNIVERSITY PLANS TO DEVELOP AN AMERICAN-ACCREDITED FOUR-YEAR UNIVERSITY AND GRADUATE SCHOOL LOCATED IN ORANGE COUNTY. THE UNIVERSITY WILL BE OPEN TO STUDENTS FROM THE U.S., JAPAN AND OTHER FOREIGN NATIONS, AND WILL OFFER A LIBERAL ARTS PROGRAM. SINCE INCEPTION IN 1984, THE UNIVERSITY HAS DERIVED MOST OF ITS REVENUES FROM ITS SPONSOR AND AFFILIATE, SOKA GAKKAI INTERNATIONAL ("SOKA GAKKAI"), AN INTERNATIONAL RELIGIOUS ORGANIZATION ENGAGED IN VARIOUS ACTIVITIES TO PROMOTE PEACE, CULTURE AND EDUCATION BASED ON BUDDHISM.

FORM 990, PART IV - INVESTMENTS - SECURITIES
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CORPORATE EQUITY SECURITIES	57,205,496.	87,665,751.
DEBT SECURITIES	292,193,442.	236,212,411.
INT'L EQUITY SECURITIES	16,847,060.	38,439,935.
VENTURE CAPITAL AND OTHER	18,000,000.	44,090,030.
	-----	-----
TOTALS	384,245,998.	406,408,127.
	=====	=====

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
RESTRICTED CERT. OF DEPOSITS	7,969,600.	5,627,000.
	-----	-----
TOTALS	7,969,600.	5,627,000.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
STUDENT LOANS	175,241.	180,652.
DEPOSITS	20,598.	20,598.
	-----	-----
TOTALS	195,839.	201,250.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PROPERTY TAXES PAYABLE	280,000.	280,000.
RETENTION PAYABLE	5,017,389.	4,690,294.
	-----	-----
TOTALS	5,297,389.	4,970,294.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
RECLASS OF COST OF GOODS SOLD	59,192.

TOTAL	59,192.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
RECLASS OF COST OF GOODS SOLD	59,192.

TOTAL	59,192.
	=====

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
HIROSHI OKAYASU	CHAIRMAN 1 HR/WK	NONE	NONE	NONE
YOSHINOBU HABUKI	TRUSTEE/PRESIDENT 40 HRS/WK	67,980.	11,316.	NONE
HIROMASA IKEDA	TRUSTEE 1 HR/WK	NONE	NONE	NONE
KENJI YOSHIGO	TRUSTEE 1 HR/WK	NONE	NONE	NONE
ARCH ASAWA	V.P. FOR ADM. AFFAIR 40 HRS/WK	115,875.	9,270.	NONE
ERIC HAUBER	V.P. FOR ACADEMIC 40 HRS/WK	94,554.	18,757.	NONE
ARNOLD KAWASAKI	A. SECY/V.P. FOR ADM 40 HRS/WK	74,943.	20,419.	NONE
MITSUO KIMURA	ASST. FIN. OFFICER 40 HRS/WK	67,272.	19,673.	NONE
KIYOSHI HATANAKA	ASST. FIN. OFFICER 40 HRS/WK	68,784.	19,803.	NONE
JOHN D. MONTGOMERY	TRUSTEE 3 HRS/WK	75,309.	NONE	NONE

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KIYOSHI NAKADA	CFO 1 HR/WK	NONE	NONE	NONE

THE ABOVE CAN BE REACHED AT:
 26800 W. MULHOLLAND HWY.
 CALABASAS, CA 91302

GRAND TOTALS	564,717.	99,238.	NONE
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FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

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SOKA UNIVERSITY OF JAPAN (SUJ), THE ORGANIZATION'S SOLE VOTING MEMBER, IS A JAPANESE EDUCATIONAL CORPORATION. ALTHOUGH SUJ IS A NON-PROFIT ORGANIZATION IN JAPAN, IT HAS NOT APPLIED FOR OR OBTAINED A RULING FROM THE INTERNAL REVENUE SERVICE AS TO WHETHER IT IS A 501(C)(3) ORGANIZATION. IN ADDITION, SUJ FILES FORM 1120F IN THE UNITED STATES. SOKA UNIVERSITY OF AMERICA AND SUJ ARE THEREFORE NOT BEING TREATED AS MEMBERS OF AN AFFILIATED GROUP.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4
=====

SOKA UNIVERSITY OF AMERICA, IN CONJUNCTION WITH THE PACIFIC BASIN RESEARCH CENTER FOLLOWS HARVARD PROCEDURES FOR AWARDING FELLOWSHIPS. A FACULTY COMMITTEE SELECTS THE PREFERRED CANDIDATES ON THE BASIS OF APPLICATIONS SUBMITTED IN RESPONSE TO A PUBLIC ANNOUNCEMENT. APPLICATIONS FOR FELLOWSHIPS SHOULD BE SENT TO THE FOLLOWING:

MR. JOHN D. MONTGOMERY
C/O SOKA UNIVERSITY OF AMERICA
26800 W. MULHOLLAND DRIVE
CALABASAS, CA 91302

SOKA UNIVERSITY OF AME

26800 MULHOLLAND HWY

CALABASAS, CA 91302

Affidavit of Publication

-of-

CLASSIFIED ADVERTISING

State of California, } ss.
County of Los Angeles

HOWARD MORRISON _____ of said

County and State, being duly sworn, says:

That he is and at all times herein mentioned was a citizen of the United States, over 21 years of age, and not a party to nor interested in the above entitled matter; that he is a principal clerk of the printers and publishers of the LOS ANGELES TIMES a newspaper printed and published daily in the said Los Angeles County; that the

LEGAL NOTICE

in the above entitled matter of which the annexed is a printed copy, was published in said newspaper.

LOS ANGELES TIMES

TIMES MIRROR SQUARE
LOS ANGELES CA, 90053

on the following days, to-wit:

SATURDAY MARCH 18, 2000

Howard Morrison

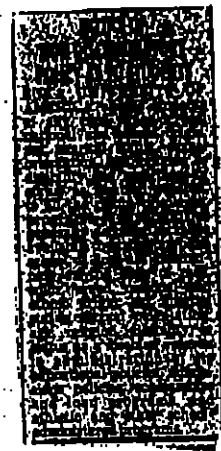
Subscribed and sworn to before

me, this _____ day of

APR 6 - 2000 19__

Alicia D. Burruel

Notary Public in and for the County of Los Angeles, State of California



SOKA UNIVERSITY OF AMERICA

FEIN 95-3909672

FORM 990, PART V, COMPENSATION FROM RELATED ORGANIZATIONS

STATEMENT 17

<u>NAME</u>	<u>TITLE</u>	<u>ORGANIZATION</u>	<u>AMOUNT</u>
HIROSHI OKAYASU	CHAIRMAN	SOKA UNIV. OF JAPAN	145,880
YOSHINOBU HABUKI	PRESIDENT	SOKA UNIV. OF JAPAN	<u>102,431</u>
TOTAL			<u><u>248,311</u></u>

SOKA UNIVERSITY OF AMERICA

FEIN 95-3909672

FORM 990, PART IV, - LINE 55A, LAND, BUILDINGS AND EQUIPMENT

STATEMENT 18

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LAND HELD FOR DONATION	33,536,345
RESERVE AGAINST LAND HELD FOR DONATION	<u>(33,536,345)</u>
TOTAL	<u><u>0</u></u>

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
 • If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

ENVELOPE
POSTMARK DATE
046 FEB 9 2001

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization SOKA UNIVERSITY OF AMERICA	Employer Identification number 95-3909672
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O PRICEWATERHOUSECOOPERS LLP, 400 S. HOPE ST.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90071	

Check type of return to be filed (File a separate application for each return):

Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box **X**
 • If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2001 .
 5 For calendar year _____, or other tax year beginning JULY 1, 1999, 20____ and ending JUNE 30, 2000 .
 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
 7 State in detail why you need the extension ALL INFORMATION, NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN, HAS NOT YET BEEN OBTAINED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ N/A
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____ N/A
 c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ NONE

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 [Signature] Title E.S. Date 2/14/01

Notice to Applicant — To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.
 We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's 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 the organization's return.
 We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
 We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
 Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name PRICWATERHOUSECOOPERS LLP, ATT. TED BUDGE
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 400 SOUTH HOPE STREET
	City or town, province or state, and country (including postal or ZIP code) LOS ANGELES, CA 90071

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

OMB No. 1545-0148

▶ **File a separate application for each return.**

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

Name SOKA UNIVERSITY OF AMERICA	Employer identification number 95-3909672
Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	
C/O PRICEWATERHOUSECOOPERS LLP, 400 S. HOPE STREET	
City, town, or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90071	

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 FEBRUARY 15, 2001, to file (check only one):

<input type="checkbox"/> Form 706-GS(D)	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1120-ND (sec. 4951 taxes)	<input type="checkbox"/> Form 8612
<input type="checkbox"/> Form 706-GS(T)	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 3520-A	<input type="checkbox"/> Form 8613
<input checked="" type="checkbox"/> Form 990 or 990-EZ	<input type="checkbox"/> Form 1041 (estate) (see instructions)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8725
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8804
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1042	<input type="checkbox"/> Form 6069	<input type="checkbox"/> 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 _____, or other tax year beginning JULY 1, 1999 and ending JUNE 30, 2000

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 ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN HAS NOT YET BEEN OBTAINED.

5a If this form is for Form 706-GS(D), 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. \$ N/A

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 \$ N/A

c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions \$ NONE

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 [Signature] Title E. A. Date 11/09/00

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 returned.

Please Type or Print	Name TED BUDGE, c/o PRICEWATERHOUSECOOPERS LLP
	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) 400 S. HOPE STREET
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90071-2889

EXTENSION APPROVED
DLG 11-2000
LINDA WEISKOPF, FIELD DIRECTOR
 SUBMISSION PROCESSING, OGD/EL