



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt from Income Tax

2000

Open to Public Inspection

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning Jun 1, 2000, and ending May 31, 20 01

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: LAWYERS COMMITTEE FOR HUMAN RIGHTS. D Employer identification number: 13-3116646. E Telephone number: (212) 845-5200. F Check if application pending.

G Organization type (check only one): [X] 501(c) 3 (insert no) [] 527 or [] 4947(a)(1). Note H and I are not applicable to section 527 orgs. H (a) Is this a group return for affiliates? [] Yes [X] No. H (b) If 'yes' enter number of affiliates. H (c) Are all affiliates included? [] Yes [X] No.

J Accounting method: [] Cash [X] Accrual [] Other (specify). K Check here if the organization's gross receipts are normally not more than \$25,000. L Check this box if the organization is not required to attach Schedule B (Form 990 or 990 EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns. Row 1: Contributions, gifts, grants and similar amounts received. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6: Gross rents. Row 7: Other investment income. Row 8: Gross amount from sales of assets other than inventory. Row 9: Special events and activities. Row 10: Gross sales of inventory, less returns and allowances. Row 11: Other revenue. Row 12: Total revenue. Row 13: Program services. Row 14: Management and general. Row 15: Fundraising. Row 16: Payments to affiliates. Row 17: Total expenses. Row 18: Net assets or fund balances at beginning of year. Row 19: Net assets or fund balances at end of year.

SCANNED FEB 13 2002

RECEIVED JAN 30 2002 OGDEN, UT

514-16

23

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

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 \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (attach sch)	23			
24 Benefits paid to or for members (attach sch)	24			
25 Compensation of officers, directors, etc	25	155,000	139,500	15,500
26 Other salaries and wages	26	2,625,240	2,195,345	206,586
27 Pension plan contributions	27	88,022	73,507	7,288
28 Other employee benefits	28	289,212	241,714	21,689
29 Payroll taxes	29	216,340	181,061	17,254
30 Professional fundraising fees	30			
31 Accounting fees	31	17,075	0	17,075
32 Legal fees	32			
33 Supplies	33	117,397	98,541	9,336
34 Telephone	34	104,987	95,182	1,775
35 Postage and shipping	35	80,341	71,909	2,238
36 Occupancy	36	495,560	417,356	39,412
37 Equipment rental and maintenance	37			
38 Printing and publications	38	157,684	125,241	3,390
39 Travel	39	357,354	341,451	8,052
40 Conferences, conventions and meetings	40			
41 Interest	41	2,342	2,342	0
42 Depreciation, depletion, etc (attach schedule)	42	135,182	113,241	10,751
43 Other expenses (itemize)				
a PHOTOCOPY AND DUPLICATING	43a	52,741	47,294	1,446
b CONSULTANTS	43b	670,986	536,447	35,790
c ONLINE/TECH DISTRIBUTION	43c	44,613	43,983	167
d DUES/SUBSCRIPTIONS	43d	36,582	32,558	2,825
e See Other Expenses Stmt	43e	109,849	97,361	12,488
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	5,756,507	4,854,033	413,062

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

What is the organization's primary exempt purpose? <input type="checkbox"/> HUMAN RIGHTS PROGRAMS	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a INVOLVES THE NON PARTISAN GATHERING OF FACTS AND THE PREPARATION OF REPORTS ON HUMAN RIGHTS ABUSES AROUND THE WORLD EFFORTS HAVE BEEN CONCENTRATED IN ASIA, AFRICA (Grants and allocations \$ 0)	0
b EUROPE, LATIN AMERICA AND THE MIDDLE EAST REFUGEE PROJECT SERVES AS A LEGAL RESOURCE CENTER TO INDIGENT AND LOW INCOME REFUGEES IN NEW YORK CITY, PARTICULARLY (Grants and allocations \$ 0)	0
c THOSE WHO ARE INCARCERATED PENDING A DETERMINATION OF THEIR CLAIM THE PROGRAM IS CURRENTLY PROVIDING SUPPORT IN APPROXIMATELY 800 CASES (Grants and allocations \$ 0)	4,854,033
d (Grants and allocations \$)	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	4,854,033

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash – non interest bearing	99,850	45	565,163
	46	Savings and temporary cash investments	1,067,203	46	1,704,671
	47a	Accounts receivable			
		b Less allowance for doubtful accounts		47c	
	48a	Pledges receivable	2,613,950		
		b Less allowance for doubtful accounts	755,149	48c	2,613,950
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes & loans receivable (attach schedule)			
		b Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	66,623	53	96,904
	54	Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments – land, buildings, & equipment basis			
		b Less accumulated depreciation (attach schedule)		55c	
	56	Investments – other (attach schedule)		56	
	57a	Land, buildings, and equipment basis	1,464,511		
		b Less accumulated depreciation (attach schedule)	994,872	57c	469,639
	58	Other assets (describe <input type="checkbox"/> SECURITY DEPOSITS)	9,131	58	6,789
59	Total assets (add lines 45 through 58) (must equal line 74)	2,463,238	59	5,457,116	
LIABILITIES	60	Accounts payable and accrued expenses	313,001	60	771,946
	61	Grants payable	43,534	61	44,172
	62	Deferred revenue	2,196,600	62	4,608,582
	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)	36,844	64b	14,138
	65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities (add lines 60 through 65)	2,589,979	66	5,438,838	
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		67	
	68	Temporarily restricted	-126,741	68	18,278
	69	Permanently restricted		69	
	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)	-126,741	73	18,278
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	2,463,238	74	5,457,116

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

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

a	Total revenue, gains, and other support per audited financial statements	a	20,927,920
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 \$ 14,832,376		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) EVENT \$ 194,018		
	Add amounts on lines (1) through (4)	b	15,026,394
c	Line a minus line b	c	5,901,526
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	5,901,526

a	Total expenses and losses per audited financial statements	a	20,782,901
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 14,832,376		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) EVENT COSTS \$ 194,018		
	Add amounts on lines (1) through (4)	b	15,026,394
c	Line a minus line b	c	5,756,507
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	5,756,507

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(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 and deferred compensation	(E) Expense account and other allowances
MICHAEL POSNER 35 WEST 82 ST NY NY	EXEC DIRECTOR 40	155,000	10,990	0
SEE ATTACHED LISTING OF NON-COMPENSATED BOARD OF DIRECTORS	ATTACHED PT	0	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 instructions

Part VI Other Information (See specific instructions)

		N/A	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
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
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
81a	If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions	81a		0
81b	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	
82b	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		14,832,376
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	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
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a		
85b	b Did the organization make only in house lobbying expenditures of \$2,000 or less? 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	85b		
85c	c Dues, assessments, and similar amounts from members	85c		
85d	d Section 162(e) lobbying and political expenditures	85d		
85e	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
85g	g Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?	85g		
85h	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		
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		
86b	b Gross receipts included on line 12, for public use of club facilities	86b		
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? 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			
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach 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 on line 89c, above, reimbursed by the organization ▶			
90a	List the states with which a copy of this return is filed ▶ NEW YORK			
90b	b Number of employees employed in the pay period that includes March 12, 2000 (see instructions)	90b		50
91	The books are in care of ▶ ORGANIZATION Telephone number ▶ (212) 845-5200 Located at ▶ 333 SEVENTH AVENUE, NY NY ZIP code ▶ 10001			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

Part VII Analysis of Income-Producing Activities (See instructions)

	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	
Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	67,155	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b PUBLICATIONS & OTHER					18,506
c RENTS			16	48,663	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				115,818	18,506
105 Total (add line 104, columns (B), (D), and (E))					134,324

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 instructions)

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)
101	IDENTIFY AND DOCUMENT HUMAN RIGHTS ABUSES AROUND THE WORLD ENABLED
103	THE DISSEMINATION OF THIS INFORMATION TO A WORLD WIDE AUDIENCE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If 'Yes' to b, file Form 8870 and Form 4720 (see instructions)

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 officer) is based on all information of which preparer has any knowledge. (See instructions)

Signature of Officer: *John Foran* Date: 01/17/02 Type or Print Name and Title: John Foran, Director Finance + Admin

Paid Preparer's Use Only

Preparer's Signature: *John Foran* Date: 1/17/02 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed) and address and ZIP code: DEFINO & D'ELIA, 2093 BELLMORE AVENUE, BELLMORE NY 11710 EIN: 11-2660699 Phone no: _____

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

Name of the Organization LAWYERS COMMITTEE FOR HUMAN RIGHTS	Employer Identification Number 13-3116646
---	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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
DAVE GIAIMO 602 W 139TH ST NY NY	DIR OF INFO TECH 40	100,000	4,741	0
GEORGE BLACK 202 RIVERSIDE DRIVE NY NY	RESEARCH DIR 40	95,500	5,871	0
LILI BROWN 145 N MOUNT AVE MONTCLAIR NJ	ASSIST EXEC DIR 40	100,000	6,138	0
JOHN FORAN 6 BLACKBERRY HILL RD KATONAH NY	DIR FINANCE 40	100,000	6,370	0
ANNE TRAVERS PRATT 411 HIGHLAND AVE MONTCLAIR N J	DIR OF DEVELOPMENT 40	85,000	3,817	0
Total number of other employees paid over \$50,000	3			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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
BETH SCULLY 44 PROSPECT PARK WEST, BROOKLYN NY	DEVELOPMENT	50,612
KENNETH HURWITZ 684 WAASHINGTON STREET, NY NY	RESEARCH	57,103
Total number of others receiving over \$50,000 for professional services	NONE	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>108,619</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
a Sale, exchange or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

Part IV Reason for Non-Private Foundation Status (See 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. Section 170(b)(1)(A)(i)
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** _____
- 10 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 the **Support Schedule** in Part IV A.)
- 11a 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 the **Support Schedule** in Part IV A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV A.)
- 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 – subject to certain exceptions, and **(2) no more than 33-1/3%** 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. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV A.)
- 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). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

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

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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	5,303,872	4,564,005	4,264,147	3,461,610	17,593,634
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	173,916	168,654	78,490	102,000	523,060
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	66,642	17,526	77,791	23,623	185,582
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 schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	5,544,430	4,750,185	4,420,428	3,587,233	18,302,276
24 Line 23 minus line 17	5,370,514	4,581,531	4,341,938	3,485,233	17,779,216
25 Enter 1% of line 23	55,444	47,502	44,204	35,872	
26 Organizations described on lines 10 or 11.	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Attach a list (which is 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 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.</p> <p>c Total support for Section 509(a)(1) test. Enter line 24, column (e).</p> <p>d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a _____</p> <p>26b _____</p> <p>26c _____</p> <p>26d _____</p> <p>26e _____</p> <p>26f _____ %</p>
27 Organizations described on line 12	<p>a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) 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: (1999) <u>901,800</u> (1998) <u>849,476</u> (1997) <u>496,643</u> (1996) <u>594,331</u></p> <p>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 these differences (the excess amounts) for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____</p> <p>c Add: Amounts from column (e) for lines 15 <u>17,593,634</u> 16 _____ 17 <u>523,060</u> 20 _____ 21 _____</p> <p>d Add: Line 27a total <u>2,842,250</u> and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c <u>18,116,694</u></p> <p>27d <u>2,842,250</u></p> <p>27e <u>15,274,444</u></p> <p>27f <u>18,302,276</u></p> <p>27g <u>83.46 %</u></p> <p>27h <u>1.01 %</u></p>
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, 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 instructions.)					

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	
		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?		
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?		
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) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? 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?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

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 (The term 'expenditures' means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	87,948
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	20,671
38	Total lobbying expenditures (add lines 36 and 37)	38	108,619
39	Other exempt purpose expenditures	39	5,647,888
40	Total exempt purpose expenditures (add lines 38 and 39)	40	5,756,507
41	Lobbying nontaxable amount Enter the amount from the following table – If the amount on line 40 is – Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is – 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	437,825
42	Grassroots nontaxable amount (enter 25% of line 41)	42	109,456
43	Subtract line 42 from line 36 Enter 0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38	44	0
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount	437,825	417,111	380,456	373,852	1,609,244
46 Lobbying ceiling amount (150% of line 45(e))					2,413,866
47 Total lobbying expenditures	108,619	101,230	99,123	2,587	311,559
48 Grassroots non taxable amount	109,456	104,278	95,114	93,463	402,311
49 Grassroots ceiling amount (150% of line 48(e))					603,467
50 Grassroots lobbying expenditures	87,948	80,984	80,023	2,587	251,542

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

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

- 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)

Yes	No	Amount

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1d of Form 990 or
and line 1 of Form 990-EZ (see instructions)

OMB No 1545 0047

2000

Name of Organization

LAWYERS COMMITTEE FOR HUMAN RIGHTS

Employer Identification Number

13-3116646

Organization type (check one) – Section

501(c)(3) ◀ (enter number),

527 or

4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations – Check this box if the organization had **no** charitable contributors who contributed more than \$1,000 during the year (But see **General rule** below) ▶

Enter here the total gifts received during the year for a religious, charitable, etc. purpose ▶ \$

BAA For Paperwork Reduction Act Notice, see instructions for Form 990 and Form 990-EZ

Schedule B (Form 990 or 990-EZ) (2000)

Name of Organization

Employer Identification Number

LAWYERS COMMITTEE FOR HUMAN RIGHTS

13-3116646

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	----- ----- -----	\$ <u>1,311,206</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>	----- ----- -----	\$ <u>360,306</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>	----- ----- -----	\$ <u>443,122</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>	----- ----- -----	\$ <u>123,000</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>	----- ----- -----	\$ <u>150,000</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>6</u>	----- ----- -----	\$ <u>248,381</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of Organization

Employer Identification Number

LAWYERS COMMITTEE FOR HUMAN RIGHTS

13-3116646

Part I Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 117,076	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
8	----- ----- -----	\$ 137,500	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
9	----- ----- -----	\$ 125,000	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
-----	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
-----	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
-----	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
ANNUAL DINNER	701,724	579,624	122,100	159,168	-37,068
ELLIS ISLAND	51,690	35,790	15,900	34,850	-18,950
Total	<u>753,414</u>	<u>615,414</u>	<u>138,000</u>	<u>194,018</u>	<u>-56,018</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MISCELLANEOUS	6,793	6,007	786	0
TEMPORARY LABOR	43,558	36,151	7,407	0
TRANSLATION FEES	4,295	0	4,295	0
WITNESS PROG EXPENSES	55,203	55,203	0	0
Total	<u>109,849</u>	<u>97,361</u>	<u>12,488</u>	<u>0</u>

Board of Directors List 2002

M. Bernard Aidinoff, Treasurer of the Board
Senior Counsel
Sullivan & Cromwell
125 Broad Street
New York, NY 10004-2498

Tom A. Bernstein, President of the Board
Chelsea Pier Management, Inc.
Pier 62, Suite 300
New York, NY 10011

Joseph L. Brand, Esq.
Patton Boggs, LLP
2550 M Street, NW
Washington, DC 20037

Raymond M. Brown
Partner
Brown & Brown, P C
One Gateway Center, 5th Floor
Newark, NJ 07102

Lynda Clarizio
Senior Vice President, Business Affairs
America Online, Inc
22000 AOL Lane
Dulles, VA 20166-9323

Craig Cogut
Pegasus Investors, L.P.
99 River Road
Cos Cob, CT 06807-2314

Michael I. Davis
Fross Zelnick Lehrman & Zissu, P.C.
866 UN Plaza
New York, NY 10017

Mitchell F. Dolin
Covington & Burling
1201 Pennsylvania Avenue NW
Washington, DC 20004-2401

Donald Francis Donovan
Partner
Debevoise & Plimpton
875 Third Avenue
New York, NY 10022

A. Whitney Ellsworth
Publishing Consultant
75 Main Street
P O Box 356
Salisbury, CT 06068

Kenneth R. Feinberg
The Feinberg Group, LLP
1120 20th Street NW
Suite 740 South
Washington, DC 20036-3437

Marvin E. Frankel
Partner
Kramer Levin Naftalis & Frankel LLP
919 Third Avenue, 38th Floor
New York, NY 10022

R. Scott Greathead
Howe & Addington, LLP
450 Lexington Avenue, Suite 3800
New York, NY 10017

Martina A. Hone
Vice President, Public Policy
Power-Up
1650 Tysons Blvd. Suite 610
McLean, VA 22101

Robert Joffe
Presiding Partner
Cravath, Swaine & Moore
Worldwide Plaza
825 Eighth Ave
New York, NY 10019-7475

Lewis B. Kaden
Davis Polk & Wardwell
450 Lexington Avenue
New York, NY 10017

Harold Honju Koh
Yale University Law School
P.O. Box 208215
127 Wall Street
New Haven, CT 06520-8215

Kerry Kennedy Cuomo
1344 Kirby Road
McLean, VA 22101

Philip A. Lacovara
Mayer, Brown & Platt
1675 Broadway
New York, NY 10019
Jo Backer Laird
General Counsel & Senior Vice President
Christie's
Counsel's Office
20 Rockefeller Plaza
New York, NY 10020

Robert Todd Lang
Weil, Gotshal & Manges LLP
767 Fifth Avenue, Room 3101
New York, NY 10153-0119

Li Lu
Founding General Partner
Himalaya Capital
489 Fifth Avenue, 12th Floor
New York, NY 10017

Barbara Schatz, Secretary of the Board
Columbia University School of Law
435 W. 116th Street, Box B-6
New York, NY 10027

Steven R. Shapiro
National Legal Director
ACLU
125 Broad Street
New York, NY 10004-2400

George A. Vradenburg
America OnLine, Inc
22000 AOL Way
Dulles, VA 20166-9323

Sigourney Weaver
Goat Cay Productions
FDR Station
P O. Box 38
New York, NY 10150

William D. Zabel, Chairman of the Board
Schulte Roth & Zabel LLP
919 Third Avenue
New York, NY 10022

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization LAWYERS COMMITTEE FOR HUMAN RIGHTS	Employer Identification Number 13-3116646
	Number Street and Room or Suite Number If a P O Box see instructions 333 SEVENTH AVENUE	
	City Town or Post Office For a foreign address see instructions NEW YORK	
	State	ZIP Code
	NY	10001

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990 BL	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990 EZ	<input type="checkbox"/> Form 990 T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990 PF	<input type="checkbox"/> Form 1041 A	<input type="checkbox"/> Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box
- 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 will cover

1 I request an automatic 3-month (6 month, for **990-T corporation**) extension of time until Jan 15, 20 02, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year 20 ____ or

▶ tax year beginning Jun 1, 20 00 and ending May 31, 20 01

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

3a 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 \$ _____

b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a 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 \$ _____

Signature and Verification

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 and that I am authorized to prepare this form

Signature ▶ _____	Title ▶ _____	Date ▶ _____
-------------------	---------------	--------------

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box

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)

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 LAWYERS COMMITTEE FOR HUMAN RIGHTS		Employer Identification Number 13-3116646
	Number, Street, and Room or Suite Number. If a P.O. Box, See Instructions 333 SEVENTH AVENUE		For IRS Use Only
	City, Town, or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions NEW YORK NY 10001		

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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

If this is for a **group return**, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is **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 Apr 15, 2002

5 For calendar year _____, or other tax year beginning Jun 1, 2000 and ending May 31, 2001

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 ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE RETURN

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 \$ _____

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 \$ _____

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 \$ _____

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 *Jouis* Title CPA Date 1/8/02

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 filed 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 _____

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 DEFINO & D.E.I.A
	Number and Street (include suite, room, or apartment number) or a P.O. Box Number CLO SUS INC 305 7TH AVE - 10TH FL
	City or Town, Province or State, and Country (including postal or ZIP code) NEW YORK, NY 10001