



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

2001

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

Open to Public Inspection

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 2001 calendar year, or tax year beginning, 2001, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type. See specific instructions. PUBLIC INTEREST PROJECTS INC, 80 BROAD STREET-17TH FLOOR, NEW YORK, NY 10004. D Employer identification number: 13-3191113. E Telephone number: (917) 438-4622. F Accounting method: Cash, Accrual (checked), Other (specify).

G Web site: N/A. H and I are not applicable to Section 527 organizations. H (a) Is this a group return for affiliates? No (checked). H (b) If yes, enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No (checked). I Enter 4 digit group GEN.

J Organization type (check only one): 501(c) 3 (checked), (insert no), 4947(a)(1) or 527. K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,050,787. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,050,787.

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

Table with 21 rows and 4 columns: Description, Sub-column (a, b, c), Total, and Net Asset/Fund Balance. Includes sections for Contributions, Program Service Revenue, Investment Income, and Special Events. Includes a 'RECEIVED' stamp dated NOV 08 2002 and a 'SCANNED' stamp dated NOV 13 2002.

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 (att sch) (cash \$ 3334668 non cash \$)	3,334,668	3,334,668		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	128,552	128,552		
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	8,771	8,771		
30	Professional fundraising fees				
31	Accounting fees	21,380		21,380	
32	Legal fees	4,526	4,526		
33	Supplies	2,687	2,687		
34	Telephone	22,144	22,144		
35	Postage and shipping	6,043	6,043		
36	Occupancy	52,490	52,490		
37	Equipment rental and maintenance	66,072	66,072		
38	Printing and publications	5,098	5,098		
39	Travel	49,983	49,983		
40	Conferences, conventions, and meetings	3,822	3,822		
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	2,943	2,943		
43	Other expenses not covered above (itemize)				
a	See Statement 3	884,498	877,154	7,344	
b					
c					
d					
e					
44	Total functional expenses (add lines 22-43) Organizations completing columns (B), (C), (D) carry these totals to lines 13-15	4,593,677	4,564,953	28,724	0

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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? CHARITABLE & EDUCATIONAL	Program Service Expenses Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others
a See Statement 4	
(Grants and allocations \$ 3,334,668)	4,564,953
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program	
(Grants and allocations \$)	
f Total of Program Service Expenses	4,564,953

Part IV Balance Sheets (See instructions)

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		198,075	45	430,671
	46	Savings and temporary cash investments		277,331	46	21,716
	47a	47a	Accounts receivable 12,500			
		47b	Less allowance for doubtful accounts	781,372	47c	12,500
	48a	48a	Pledges receivable			
		48b	Less allowance for doubtful accounts		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees and key employees (attach schedule)			50	
	51a	51a	Other notes & loans receivable (attach sch) 365,646			
		51b	Less allowance for doubtful accounts	171,469	51c	365,646
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities (attach schedule)		300,023	54	112,928
	55a	55a	Investments - land buildings & equipment basis <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 5,857			
		55b	Less accumulated depreciation (attach schedule) Statement 5 5,857	2,943	55c	
	56	Investments - other (attach schedule)			56	
	57a	57a	Land buildings and equipment basis			
		57b	Less accumulated depreciation (attach schedule)		57c	
	58	Other assets (describe ▶ See Statement 6)			58	14,422
59	Total assets (add lines 45 through 58) (must equal line 74)		1,731,213	59	957,883	
LIABILITIES	60	Accounts payable and accrued expenses			60	12,026
	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	
		64b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)			65	
66	Total liabilities (add lines 60 through 65)		0	66	12,026	
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		568,609	67	368,237
	68	Temporarily restricted		1,162,604	68	577,620
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117 check here <input type="checkbox"/> and complete lines 70 through 73:					
	70	Capital stock, trust principal, or current funds			70	
	71	Endowment, capital surplus, or line 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) (must equal line 59 and column (B) must equal line 21)		1,731,213	73	945,857
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		1,731,213	74	957,883

This information is available for public inspection and, for certain purposes, serves as the primary or sole source of information about a particular organization. It will be prepared for the public organization in such cases may be determined by the information presented on its return. Therefore, the information provided herein is complete and accurate and fully describes in Part III the organization's programs and accomplishments.

Part VI Other Information (See specific instructions)

		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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		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?		X
81a	Enter direct or indirect political expenditures. See line 81 instructions. b Did the organization file Form 1120-POL for this year?	81a 0	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?		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 in Part III.)	82b N/A	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4) (5) or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
85b	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.	N/A	
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	N/A	
85h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86b	Gross receipts included on line 12 for public use of club facilities	N/A	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
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.		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.		X
	c Enter amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4911, 4955, and 4958		0
	d Enter amount of tax on line 89c above reimbursed by the organization		0
90a	State with which (copy of) this return is filed ▶ NEW YORK		
90b	Number of full-time employees in the pay period that includes March 12, 2001 (see instructions)		1
91	Address (street or P.O. box) ▶ CORPORATE OFFICE Telephone number ▶ (917) 438-4622 City ▶ 30 BROAD STREET-17TH STREET NY NY ZIP + ▶ 10004-3307		
92	Enter the amount of tax credit for state and local taxes paid or accrued during the tax year ▶ 92		N/A

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

Note 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 PFASW-SAFE WORKPLACE					11,000
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	84,129	
96 Dividends & interest from securities			14	30,362	
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			18	13,078	
100 Gain or (loss) from sales of assets other than inventory			18	-61,890	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D) and (E))				65,679	11,000
105 Total (add line 104, columns (B), (D), and (E))					76,679

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)
93A	PUBLIC EDUCATION AND MEDIA SERVICES FOR WORKPLACE SAFETY CAMPAIGN

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

(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
N/A	%			
	%			
	%			
	%			

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 9970 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.

Signature of Officer: Donald K. Bell Date: 10/25/02

Type or print name and title

Paid Preparer's Use Only

Preparer's Signature: Fred Fishkin Date: 10/16/02

Firm's name (if self-employed): Fred Fishkin CPA PC

Address: 70 West 93rd St 31F

City and State: New York NY 10025

Preparer's EIN: 099-34-3780

Phone: 13-3802402

Toll-free: (212) 663-4579

Schedule A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

(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)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information - (see separate instructions)

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

Name of the Organization

PUBLIC INTEREST PROJECTS, INC

Employer Identification Number

13-3191113

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
LISA GUIDE ALEXANDRIA VA	PROJECT DIR	108,719	0	0

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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
NONE		0

Total number of other independent contractors paid over \$50,000 ▶	0	

Part III Statements About Activities (See instructions)

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 **▶ \$ 107,216**

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

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

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

	Yes	No
1	X	
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4		X

Note. 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

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.)
- 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)(vii). (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 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).)

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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	4,241,276	800,189	895,920	697,885	6,635,270
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable etc purpose	5,490	37,000	62,472	65,277	170,239
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	19,993	40,792	18,881	12,904	92,570
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	4,266,759	877,981	977,273	776,066	6,898,079
24 Line 23 minus line 17	4,261,269	840,981	914,801	710,789	6,727,840
25 Enter 1% of line 23	42,668	8,780	9,773	7,761	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 134,557
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,152,762
c Total support for Section 509(a)(1) test. Enter line 24, column (e)					26c 6,727,840
d Add: Amounts from column (e) for lines 18 92,570 19 26b 3,152,762					26d 3,245,332
e Public support (line 26c minus line 26d total)					26e 3,482,508
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 51.76%
27 Organizations described on line 12 N/A					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for line 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27c total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for Section 509(a)(1) test. Enter amount from line 23, column (e)					27f 6,727,840
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants: For the calendar year in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show the name of each grantor, the date and amount of the grant, and a brief description of the grant. Do not file this list with your return. Do not include these grants in line 15.

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 No 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 grants from any governmental entity?		
34b	Has the organization received any financial aid or grants from any governmental entity? If you answered No to any of the above please explain (If you need more space, attach a separate statement)		

35	Does the organization have a policy that prohibits discrimination on the basis of race in its admissions, programs, and other written communications with the public dealing with student admissions, programs, and scholarships?		

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

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' 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	38,391												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	68,825												
38	Total lobbying expenditures (add lines 36 and 37)	38	107,216												
39	Other exempt purpose expenditures	39	4,457,739												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	4,564,955												
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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	41	378,248
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														
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	94,562												
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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	378,248	328,247			706,495
46					1,059,743
47	107,216	175,783			282,999
48	94,562	82,062			176,624
49					264,936
50	38,391	75,083			113,474

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. Fund staff or management (include compensation and expenses reported on lines c through h)
- c. Direct 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. Other arrangements, seminars, conferences, speeches, lectures, or any other means
- i. Total lobbying expenditures (add lines c through h)

Yes	No	Amount

See instructions for how to also attach a statement containing 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

- (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.

	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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51a	279,300	AM WILDERNESS COALITION	CHARITABLE RESTRICTED GRANT FOR WILDERNESS PROTECTION

52a 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
N/A		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Schedule of Contributors

OMB No 1545-0047

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

2001

Department of the Treasury
Internal Revenue Service

Name of Organization

PUBLIC INTEREST PROJECTS, INC

Employer Identification Number

13-3191113

Organization type (check one)

Filers of

Form 990 or 990 EZ

Section

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990 PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7) (8) or (10) organization can check box(es) for both the general rule and a special rule - see instructions)

General Rule -

- For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

- For a Section 501(c)(3) organization filing Form 990 or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a Section 501(c)(7), (8) or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc purpose. Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990 EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990 PF to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

PUBLIC INTEREST PROJECTS, INC

13-3191113

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	----- ----- ----- -----	\$ <u>1 500 000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>	----- ----- ----- -----	\$ <u>200 000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>	----- ----- ----- -----	\$ <u>125 000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>	----- ----- ----- -----	\$ <u>100 000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>	----- ----- ----- -----	\$ <u>500 000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
(a) Number		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>	----- ----- ----- -----	\$ <u>550 000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

PUBLIC INTEREST PROJECTS, INC

13-3191113

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 285,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Statement 1
Form 990, Part I, Line 7
Other Investment Income

UNREALIZED SECURITY GAINS

Total \$ 13 078
 \$ 13 078

Statement 2
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price 180 576
 Cost or Other Basis 242,466

Total Gain (Loss) Publicly Traded Securities \$ -61 890

Total Net Gain (Loss) From Noninventory Sales \$ -61 890

Statement 3
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
CONSULTANTS	844,135	844 135		
DUES & SUBSCRIPTIONS	3,411	3 411		
INVESTMENT FEES	4 662		4,662	
MEDIA	20,356	20 356		
MISCELLANEOUS	645		645	
OFFICE EXPENSE	9,252	9,252		
PAYROLL FEES	2,037		2 037	
Total	\$ <u>884 498</u>	\$ <u>877 154</u>	\$ <u>7 344</u>	\$ <u>0</u>

Statement 4
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
PUBLIC INTEREST PROJECTS INC WAS ORGANIZED TO UNDERTAKE STUDIES, CAMPAIGNS AND INITIATIVES ON ENVIRONMENTAL PUBLIC HEALTH, URBAN POLICY AND OTHER ISSUES OF INTEREST TO CONSUMERS AND THE GENERAL PUBLIC IT HAS INCUBATED A NUMBER OF MAJOR ORGANIZATIONS INCLUDING THE ENVIRONMENTAL SUPPORT CENTER, PUBLIC EMPLOYEES FOR ENVIRONMENTAL RESPONSIBILITY AND TAXPAYERS FOR COMMON SENSE CURRENT PROJECTS INCLUDE A NATIONAL COALITION ON MIDWIFERY AN IMMIGRATION RIGHT PROJECT, THE RACIAL JUSTICE COLLABORATIVE PROJECT TRUST FOR AMERICA HEALTH A PROJECT DESIGNED TO COORDINATE THE EFFORTS		

PUBLIC INTEREST PROJECTS, INC.

13-3191113

Statement 4 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
BETWEEN THE ENVIRONMENTAL AND PUBLIC HEALTH SECTORS, AND THE WILDERNESS CENTER A START UP EFFORT TO ASSIST WITH COALITION BUILDING EFFORTS AMONG LOCAL AND STATE WILDERNESS PRESERVATION GROUPS THROUGHOUT THE US	3,334,668	4,564,953
	<u>\$ 3,334,668</u>	<u>\$ 4,564,953</u>

Statement 5
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

Category	Basis	Accum Deprec	Book Value
Miscellaneous	\$ 5,857	\$ 5,857	\$ 0
Total	<u>\$ 5,857</u>	<u>\$ 5,857</u>	<u>\$ 0</u>

Statement 6
Form 990, Part IV, Line 58
Other Assets

LOANS & EXCHANGES	\$ 14,422
Total	<u>\$ 14,422</u>

Statement 7
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/Other
DONALD ROSS 80 BROAD STREET NEW YORK NY 10004	PRESIDENT 10	\$ 0	\$ 0	\$ 0
HELEN KLEIN 380 RIVERSIDE DR NEW YORK NY 10025	VICE PRESIDENT None	0	0	0

Statement 7 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
SUSAN STAMLER 16 LINCOLN PL BROOKLYN, NY	SECRETARY/TREAS None	\$ 0	\$ 0	\$ 0
	Total	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Page 3 Part IV, Line 51a
Other Notes and Loans Receivable

M&R Strategic Services Loans	\$309,282
M&R Strategic Services Project Advances	56,364
	<hr/>
TOTAL	\$365,646

Schedule A, Part IV-A, Line 26b
Excess Contributors

Contributor	2000	1999	1998	1997	Total
	\$ 1800062	\$ 482,804	\$ 588,690	\$ 415,763	\$ 3,287,319
					Total \$ 3,287,319
					Line 26a x 1 (# of contributors) -134,557
					Excess Contributions <u>\$ 3,152,762</u>

Public Interest Projects, Inc. (PIP)
Schedule of Grant Awards
Attachment to Form 990, Part II
December 31, 2001

Trust for America's Health	1,363,981
American Wilderness Coalition	279,300
Illinois Coalition for Immigrants	217,500
Immigrant Legal Resource Center	140,000
Lawyers for Civil Rights	130,000
Coalition for Humane Immigrant Rights of Los Angeles	102,500
New York Immigration Coalition	102,500
Florida Immigrant Advocacy	100,000
NY Public Interest Research Group Fund	93,600
MA Immigrant & Refugee Advocacy Coalition	80,000
Southeast Asian Resource Action Center	80,000
National Immigration Project, National Lawyers Guild	75,000
Nature Conservancy - Maine Chapter	60,000
Capital Area Immigrants' Rights Coalition	57,000
Central American Refugee Center	50,000
NW Immigrant Rights Project	50,000
Oxford University	50,000
Wilderness Support Center	41,787
Nebraska Appleseed Center for Law in the Public Interest	40,000
FIGHT	37,500
Center for Migration Studies	30,000
ICVA	29,000
Long Island Community Foundation	20,000
Women's Foundation	20,000
Northern CA Coalition for Immigrant Rights	15,000
Center for Third World Organizing	13,500
Heartland Alliance for Human Rights and Human Needs	12,000
ACLU - Immigrant Rights Project	10,000
MOSAICA	10,000
Trust for America's Health (Additional Grant)	10,000
American Bar Association	8,000
MADRE	3,000
Benjamin Spencer Fund	2,000
Iceland	1,500
TOTAL GRANTS AWARDED	3,334,668

Public Interest Projects, Inc (PIP)
Statement of Program Service Accomplishments
Attachment to Form 990, Part III, Page 2
December 31, 2001

	Grant and Program Service Revenues	Expenses
1 Public Interest Projects (PIP) — Conducted media and public awareness campaigns in the areas of solid waste reduction, environmental health, and home energy for low income New Yorkers	226,000	343,054
2 Antibiotics Resistance Project Prepared a strategic assessment of the feasibility of coordinating a broad based coalition effort to increase public awareness of the growing health threat from routine use of antibiotics		25,000
3 Conservation Project Coordinated efforts among conservation groups working on endangered species issues		10,000
4 Families In Grief Hold Together (F I G H T) Support for a public education campaign on workplace safety	37,500	37,500
5 Iceland Project Organized a public education campaign on environmental issues in Iceland related to hydropower projects	1,500	1,500
6 Immigration Rights Project Management of an immigration advocacy small grants program	1,500,000	1,502,000
7 Klamath Basin Project Coordinated a public education campaign to create a state-wide focus on the economic impact of the serious water pollution problems facing the Klamath Basin region		25,007
8 Midwifery Coalition Project Coordinated a coalition of national direct-entry midwifery groups to increase public awareness of the benefits of the Midwifery Model of Care		117,718
9 Nantucket Project Public education project aimed at environmental and cultural preservation on Nantucket		0
10 New Yorkers for Accessible Health Coverage (NYFAHC) Organized a public education campaign around the issue of improving health care option for New York State's vulnerable populations, particularly senior citizens and those with chronic or disabling health conditions		6,543
11 NW Media Project Developed a media evaluation and training program for reproductive health organizations in the Pacific Northwest	200,000	131,523
11 Open Society Institute Immigration Project Management of an immigration advocacy small grants program	75,000	75,000
12 People for A Safe Workplace Support for a public media campaign to increase awareness of workplace safety	11,000	10,919
13 Pew Wilderness Center Support for a national infrastructure support center for environmental advocacy organizations	285,000	279,300

Public Interest Projects, Inc. (PIP)
Statement of Program Service Accomplishments
Attachment to Form 990, Part III, Page 2
December 31, 2001

14	Racial Justice Collaborative Managed a targeted small grants program on racial Justice issues	500,000	107,666
15	Safe Air Project Support for a report on airplane cabin air quality projects	20,000	20,000
16	Spencer Trusts Funds expended on St John's River Land Trust project Balance of funds held in trust for future work on educational and environmental projects		60,000
17	Talking Stick Communications Coordinated various media efforts on environmental issues affecting the general public	191,642	250,153
18	Trust for America's Health Support for a start-up effort to increase public awareness of the danger of low level exposure to multiple toxics, and to promote more scientific research of this problem	675,000	1,499,285
19	Tobacco Control and Trade Project Support for a public education effort to increase awareness of the impact of the globalization of trade on tobacco consumption		1,000
20	Vanishing World Support for a website on disappearing indigenous cultures and plant and animal species that are facing extinction	20,000	20,000
21	Wilderness Support Center Balance of start-up support for a Center to provide advocacy training and coalition building among local and state wilderness preservation groups in the rocky mountain region		41,787
Total Expenses			4,564,955
Total Grant and Program Service Revenue		3,742,642	

01 Realized gains and losses

Realized 2001 gains and losses for transactions with trade dates through 12/31/01 have been incorporated into this statement. This information can be used for year-end tax planning strategies but should not be used for filing purposes. It may not be a complete list. Rely only on year-end tax forms when preparing your tax return. The oldest security lot is liquidated first to calculate gains/losses (first in first out or FIFO accounting method) unless you specified otherwise. An asterisk (*) indicates a manual change in information or a position opened and closed during the current month. Gains/losses may not be adjusted for a partial year. Cost basis for tax-exempt and AMT eligible coupon municipal securities has been adjusted automatically for estimated amortization of bond premiums. Estimates in the "Unclassified" section can not be classified as short-term or long-term due to missing information or the product is one for which a gain/loss calculation is not provided.

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain	Net gain/loss
Short-term capital gains and losses:									
EVRONTEXACO CORP	FIFO	25 000	04/04/01	11/16/01	\$ 2,081 72	\$ 2,173 39	-91 67		
CA COLA CO COM	FIFO	85 000	03/29/00	01/17/01	4,936 80	3,973 75		963 05	
LLIBURTON CO	FIFO	100 000	03/29/00	01/11/01	3,968 24	4 006 25	-38 01		
LDING COMPANY)									
ECHNOLOGIES INC	FIFO	125 000	04/20/01	07/26/01	1,150 12	2,606 08	-1,455 96		
DATA CORP CL A	FIFO	2 000	03/29/00	02/22/01	38 37	77 79	-39 42		
WORK APPLIANCE INC	FIFO	208	03/29/00	02/08/01	7 90	8 11	-21		
L) *REINCORPORATION	FIFO	45 000	03/29/00	02/26/01	1,499 17	4,137 19	-2 638 02		
OF 11/01									
ARTEL NTWKS CORP NEW	FIFO	48 000	08/22/00	03/30/01	659 86	3,978 25	-3 318 39		
LDING CO)									
ARMACIA CORP	FIFO	5 000	10/13/00	04/19/01	242 49	277 44	-34 95		
HLUMBERGER LTD	FIFO	50 000	03/29/00	02/23/01	3,147 81	4,078 13	-930 32		
HERLANDS ANTILLES									
ELECTRON CORP DELA	FIFO	50 000	10/13/00	09/20/01	506 33	2,113 08	-1 606 75		
	FIFO	30 000	10/16/00	09/20/01	303 80	1 317 85	-1 014 05		
Total					\$ 18,542 61	\$ 28,747 31	-\$ 11,167 75	\$ 963 05	\$ -10,204 70

Long-term capital gains and losses:

ER INTL GROUP INC	FIFO	25 000	03/29/00	05/01/01	\$ 2,055 19	\$ 1 789 04		\$ 266 15	
GROUP INC	FIFO	30 000	03/29/00	04/06/01	1,295 12	1 370 39	-75 27		
INC	FIFO	65 000	07/10/00	09/19/01	795 79	2 455 36	-1 659 57		
	FIFO	45 000	07/11/00	09/19/01	550 93	1,691 05	-1,140 12		
ME DEPOT INC	FIFO	5 000	03/29/00	04/23/01	234 50	340 00	-105 50		
INSON & JOHNSON COM	FIFO	25 000	03/29/00	04/19/01	2,301 85	1 773 44		528 41	
C - SIERRA INC	FIFO	21 000	03/29/00	09/20/01	367 94	4,032 00	-3,664 06		

01 Realized gains and losses - continued

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain	Net gain/loss
EST COMMUNICATIONS L INC	FIFO	80 000	03/29/00	11/01/01	936 22	4,005 00	-3 068 78		
COMMUNICATIONS INC	FIFO	50 000	03/29/00	05/09/01	2 098 98	2 121 88	-22 90		
	FIFO	45 000	03/29/00	05/08/01	1 916 28	1 909 69		6 59	
HERING PLOUGH CORP	FIFO	55 000	03/29/00	10/16/01	2 151 65	1,980 00		171 65	
L MART STORES INC	FIFO	20 000	03/29/00	04/23/01	1 038 41	1,183 75	-145 34		
LLS FARGO & CO NEW	FIFO	45 000	03/29/00	04/06/01	2 033 46	1 769 06		264 40	
Total					\$ 17,776 32	\$ 26,420 66	\$ -9,881 54	\$ 1,237 20	\$ -8,644 34
capital gains/losses									\$ -18,849 04

01 Realized capital gain/loss summary

Short-term gains/losses	\$ -10 204 70
Long-term gains/losses	\$ 8 644 34
Year-to-date capital gains/losses	\$ -18,849 04

1,111,111
551,651 (10,214)

Account Number JG 17110 02
 Your Financial Advisor
 WILLIAM J BURKE SR
 212 713 7800/800-225 2971

UBS PaineWebber
 Resource Management Account

EZELL1054

2001 Realized gains and losses

Estimated 2001 gains and losses for transactions with trade dates through 12/31/01 have been incorporated into this statement. This information can be used for year-end tax planning purposes but should not be used for filing Form 990. The oldest security lot is liquidated first to calculate gains/losses first in first out (FIFO) accounting method unless you have opted out to close when you placed your order (a versus purchase or VSP order). An asterisk (*) indicates a mutual change in information or a position opened and closed during the current month. Gains/losses may not be adjusted for capital changes. Cost basis for tax exempt and AMT eligible coupon municipal securities has been adjusted automatically for estimated amortization of bond premiums. Estimates in the Unclassified section cannot be used for short-term or long term due to missing information or the product is one for which a gain/loss calculation is not provided.

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain	Net
Long-term capital gains and losses:									
PPPLERA CORP CELERA	FIFO	300 000	03/21/00	08/27/01	\$ 8 408 71	\$ 26 100 00	\$ 17 691 29		
ENOMICS									
BRISTOL MYERS SQUIBB CO	FIFO	50 000	02/20/98	08/27/01	2 985 40	2 330 38		655 02	
ITTIGROUP INC	FIFO	93 000	06/02/99	08/27/01	4 458 27	2 939 99		1 518 28	
	FIFO	93 000	03/01/00	08/27/01	4 458 27	3 611 87		846 40	
CHELON CORP	FIFO	350 000	03/21/00	08/27/01	6 054 79	27 300 00	21 245 21		
	FIFO	50 000	04/04/00	08/27/01	864 97	2 350 00	-1 485 03		
LECTRONIC DATA SYS CORP	FIFO	10 000	08/02/99	08/27/01	622 48	599 64		22 84	
NEW	FIFO	110 000	10/12/99	08/27/01	6 847 27	5 770 31		1 076 96	
ANNIE MAE	FIFO	50 000	03/17/97	08/27/01	3 926 86	1 925 00		2 001 86	
LEETBOSTON FINANCIAL	FIFO	10 000	12/29/98	08/28/01	380 28	321 47		58 81	
ORP	FIFO	82 000	02/20/98	08/27/01	3 124 09	3 388 44	-264 35		
ORD MOTOR CO COM NEW	FIFO	38 000	12/29/98	08/27/01	1 447 75	1 221 60		226 15	
	FIFO	43 000	02/20/98	08/27/01	872 44	879 25	6 81		
	FIFO	44 000	06/15/99	08/27/01	892 73	1 287 88	-395 15		
ENZYME CORP GENL DIV	FIFO	10 000	03/06/97	08/27/01	554 98	116 51		438 47	
	FIFO	80 000	07/15/98	08/27/01	4 439 85	1 033 75		3 406 10	
LAXO SMITHKLINE PLC ADR	FIFO	398 000	03/21/00	08/27/01	21 264 43	23 318 75	2 054 32		
EINZ H J CO	FIFO	75 000	09/15/99	08/27/01	3 417 64	3 342 19		75 45	
	FIFO	75 000	04/06/00	08/27/01	3 417 64	2 759 77		657 87	
EWLETT PACKARD CO	FIFO	30 000	03/08/00	08/27/01	750 27	2 132 01	1 381 74		
TEL CORP	FIFO	70 000	02/20/98	08/27/01	2 024 33	1 590 32		434 01	
	FIFO	120 000	05/22/98	08/27/01	3 470 28	2 229 29		1 240 99	
ITL BUSINESS MACH	FIFO	15 000	02/21/97	08/27/01	1 610 95	522 66		1 088 29	
	FIFO	75 000	10/22/99	08/27/01	8 054 72	6 975 00		1 079 72	
P MORGAN CHASE & CO	FIFO	52 000	02/07/00	08/27/01	2 111 64	2 903 09	791 45		
	FIFO	23 000	02/18/00	08/27/01	934 00	1 154 80	-220 80		

Account Number JG 17110 02
 Your Financial Advisor
 WILLIAM J BURKE SR
 212 713-7800/800-225-2971

UBS PaineWebber™
 Resource Management Account

EZEL121706 X138

5011-2172

2001 Realized gains and losses - continued

Security description	Method	Quantity/ Face value	Purchase date	Sale date	Sale amount	Purchase amount	Loss	Gain	Net gain/loss
CONINKLUKE PHILIPS EL N	FIFO	11 000	12/07/98	08/27/01	306 89	251 87		55 02	
SPONSORED ADR NEW	FIFO	62 000	12/14/98	08/27/01	1,729 74	959 44		770 30	
00	FIFO	121 000	03/30/00	08/27/01	3,375 78	5,448 25	-2,072 47		
HMAN BROS HOLDINGS INC	FIFO	30 000	11/05/99	08/27/01	2,062 43	1,157 90		904 53	
	FIFO	10 000	11/08/99	08/27/01	687 48	374 57		312 91	
	FIFO	20 000	11/09/99	08/27/01	1,374 95	741 54		633 41	
	FIFO	20 000	03/02/00	08/27/01	1,374 95	779 69		595 26	
	FIFO	30 000	03/08/00	08/27/01	2,062 43	1,169 25		893 18	
	FIFO	20 000	02/29/00	08/27/01	1,245 35	1,795 00	-549 65		
ICROSOFT CORP	FIFO	500 000	07/30/97	08/27/01	6,184 79	5,948 18		236 61	
XTEL COMMUNICATIONS CCL A	FIFO	60 000	05/10/99	08/27/01	429 58	1,044 37	-614 79		
RTTEL NTKWS CORP NEW OLDING CO)	FIFO	200 000	03/21/00	08/27/01	13,019 56	25 875 00	-12,855 44	608 93	
JALCOMM INC	FIFO	70 000	11/23/99	08/27/01	4,955 83	4,346 90		562 05	
XACO INC *MERGER	FIFO	30 000	04/04/00	08/27/01	2,123 93	1,561 88		826 19	
RIZON COMMUNICATIONS	FIFO	54 000	01/09/97	08/27/01	2,794 94	1 968 75		529 51	
ORLDCOM INC GA NEW MCI GROUP	FIFO	31 000	05/19/97	08/27/01	1,604 51	1,075 00			
	FIFO	3 000	02/07/00	08/27/01	39 59	135 47	-95 88		
	FIFO	1 000	04/04/00	08/27/01	13 20	42 36	-29 16		
ORLDCOM INC-WORLDCOM GROUP	FIFO	60 000	02/07/00	08/27/01	805 17	2 718 99	-1 913 82		
	FIFO	40 000	04/04/00	08/27/01	536 78	1 674 72	-1,137 94		
MMER HOLDINGS INC	FIFO	5 000	02/20/98	08/27/01	133 79	118 06		15 73	
Total					\$ 144,256 71	\$ 187,291 16	\$ -64,805 30	\$ 21,770 85	\$ -43,034 45

Net capital gains/losses:

2001 Realized capital gain/loss summary

Long-term gains/losses	\$	-43,034 45
------------------------	----	------------

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 PUBLIC INTEREST PROJECT INC	Employer Identification Number 13-3191113
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions. 80 BROAD STREET-17TH FLOOR	State ZIP Code
	City, Town, or Post Office. For a foreign address, see instructions. NEW YORK NY 10004	

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 11/15 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 01 or
- ▶ tax year beginning _____ 20 _____ and ending _____, 20 _____

2 If this tax year is 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, 720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0

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's payment allowed as a credit. \$ 0

c **Balance Due** Show or include 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. \$ 0

Signature and Verification

Under penalty of perjury, I declare that I prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am not a preparer of this return.

Signature:  Title:  Date: 8/1-1/02

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	Name of Exempt Organization PUBLIC INTEREST PROJECT INC	Employer Identification Number 13-3191113
File by the due date for filing your return. See instructions	Number Street and Room or Suite Number. If a P.O. Box, see instructions 80 BROAD STREET-17TH FLOOR	
	City, Town or Post Office. For a foreign address, see instructions NEW YORK, NY 10004	State ZIP Code

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 8/15 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 01 or
- ▶ tax year beginning _____ 20 _____ and ending _____ 20 _____

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. \$ _____ 0

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 allocated as a credit. \$ _____ 0

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0

Signature and Verification

Under penalty 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.

Form header section containing: Type or Print, Name of Exempt Organization (PUBLIC INTEREST PROJECT INC), Employer Identification Number (13-3191113), and address (80 BROAD STREET-17TH FLOOR, NEW YORK NY 10004).

Check type of return to be filed (file a separate application for each return). Includes checkboxes for Form 990, Form 990 EZ, Form 990 T, Form 1041 A, Form 5227, Form 3870, Form 990 BL, Form 990 PF, Form 990 T (trust other than above), Form 4720, and 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. Includes checkboxes for organization not in US and group return information.

4 I request an additional 3 month extension of time until 11/15, 20 02. 5 For calendar year 2001, or other tax year beginning 20 and ending 20. 6 If this tax year is for less than 12 months, check reason. 7 State in detail why you need the extension: INFORMATION FROM OUTSIDE SOURCES NEEDED TO FILE AN ACCURATE TAX RETURN IS NOT AVAILABLE AT THIS TIME.

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990 PF, 990 T, 4720 or 6069, enter any refundable credits and estimated tax payments made. 8c Balance due.

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, the information is true, correct, and complete, and that I am authorized to prepare this form. Signature: [Handwritten Signature]

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... We have not approved this application... We cannot consider this application because it was filed after the due date...

EXTENSION APPROVED SEP 09 2002 LINDA WEGROFF FIELD DIRECTOR SUBMISS-CY PROCESSING OGDEN

Alternate Mailing Address - Name: Fred Fishkin CPA PC, Address: 70 West 34th St, New York, NY 10018.