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**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 Jun 1, 2001, and ending May 31, 2002

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **LAWYERS COMMITTEE FOR HUMAN RIGHTS**  
 Number street (or P.O. box if mail is not delivered to street addr): **333 SEVENTH AVENUE**  
 Room/suite: **13th Floor**  
 City, Town or Country: **NEW YORK** State: **NY** ZIP code + 4: **10001**

**D** Employer identification number: **13-3116646**

**E** Telephone number: **(212) 845-5200**

**F** Accounting method:  Cash  Accrual  
 Other (specify):

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to Section 527 organizations

**H (a)** Is this a group return for affiliates?  Yes  No  
**H (b)** If 'yes,' enter number of affiliates:  Yes  No  
**H (c)** Are all affiliates included? (If 'no,' attach a list. See instructions.)  Yes  No  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site

**J** Organization type (check only one):  501(c) 3 (insert no.)  4947(a)(1) or  527

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

**I** Enter 4-digit group GEN

**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: **18,198,543**

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	<b>1a</b>	17,805,221.	
<b>b</b>	Indirect public support	<b>1b</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>17,805,221</u> noncash \$ _____)	<b>1d</b>	17,805,221	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on bonds and temporary cash investments	<b>4</b>	107,388	
<b>5</b>	Dividends and interest from securities	<b>5</b>		
<b>6a</b>	Gross rental income	<b>6a</b>		
<b>b</b>	Less rental expenses	<b>6b</b>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b>	Other investment income (describe _____)	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>8d</b>		<b>8d</b>		
<b>9</b>	Special events and activities (attach schedule)			
<b>a</b>	Gross revenue (not including \$ <u>1,048,521.</u> of contributions reported on line 1a)	<b>9a</b>	140,000.	
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	233,655.	
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)		See L-9 Stmt	<b>9c</b> -93,655.
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	72,967	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	17,891,921.	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	5,218,568.	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	442,886	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	813,312	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	6,474,766	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	11,417,155	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	18,278	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	11,435,433.	

SCANNED FEB 18 2003

RECEIVED FEB 09 2003

**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 \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25	175,000	157,500	17,500
26 Other salaries and wages	26	2,990,870	2,490,133	210,114
27 Pension plan contributions	27	131,853	104,177	15,625
28 Other employee benefits	28	346,134	290,336	23,264
29 Payroll taxes	29	235,643	198,816	16,122
30 Professional fundraising fees	30			
31 Accounting fees	31	21,130	0	21,130
32 Legal fees	32			
33 Supplies	33	108,981	95,583	8,440
34 Telephone	34	162,474	136,713	8,587
35 Postage and shipping	35	73,623	59,899	5,942
36 Occupancy	36	526,885	453,671	32,158
37 Equipment rental and maintenance	37			
38 Printing and publications	38	95,260	59,851	4,517
39 Travel	39	385,397	350,634	17,788
40 Conferences, conventions, and meetings	40			
41 Interest	41	12,458	11,636	291
42 Depreciation, depletion, etc (attach schedule)	42	177,958	155,500	14,361
43 Other expenses not covered above (itemize)				
a PHOTOCOPY AND DUPLICATING	43a	62,042	50,477	5,007
b CONSULTANTS	43b	870,790	529,465	21,461
c ONLINE/TECH DISTRIBUTION	43c	9,116	7,502	736
d DUES/SUBSCRIPTIONS	43d	42,278	36,852	3,800
e See Other Expenses Stmt	43e	46,874	29,823	16,043
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	6,474,766	5,218,568	442,886

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? <b>HUMAN RIGHTS PROGRAMS</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	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 )	
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 )	
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 )	5,218,568
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)	5,218,568

**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	565,163	45	90,357
	46 Savings and temporary cash investments	1,704,671	46	5,896,623
	47a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	48a Pledges receivable	7,519,050	48a	
	b Less allowance for doubtful accounts	625,000	48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)		51a	
	b Less allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	96,904	53	100,092
	54 Investments — securities (attach schedule)		54	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a Investments — land, buildings, & equipment basis		55a	
	b Less accumulated depreciation (attach schedule)		55b	55c
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment basis	1,835,117	57a	
	b Less accumulated depreciation (attach schedule)	1,172,830	57b	57c
58 Other assets (describe ► <u>SECURITY DEPOSITS</u> )	6,789	58	7,706	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	5,457,116	59	13,651,115	
LIABILITIES	60 Accounts payable and accrued expenses	771,946	60	461,637
	61 Grants payable	44,172	61	34,422
	62 Deferred revenue	4,608,582	62	1,718,541
	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)	14,138	64b	1,082
	65 Other liabilities (describe ► _____)		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	5,438,838	66	2,215,682	
RESTRICTED OR UNRESTRICTED NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	620,648
	68 Temporarily restricted	18,278	68	10,814,785
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	18,278	73	11,435,433
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	5,457,116	74	13,651,115

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	34,890,285
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		\$ 16,764,709
(3)	Recoveries of prior year grants		
(4)	Other (specify) <u>EVENT</u>		\$ 233,655
	Add amounts on lines (1) through (4)	b	16,998,364
c	Line a minus line b	c	17,891,921
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	17,891,921

a	Total expenses and losses per audited financial statements	a	23,473,130
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities		\$ 16,764,709
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify) <u>EVENT COSTS</u>		\$ 233,655
	Add amounts on lines (1) through (4)	b	16,998,364
c	Line a minus line b	c	6,474,766
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	6,474,766

**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	175,000	13,870	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)

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? b If 'Yes,' has it filed a tax return on Form 990-T for this year?

78a X 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? b If 'Yes,' enter the name of the organization

80a X

and check whether it is exempt or nonexempt

81a Enter direct or indirect political expenditures See line 81 instructions 81a 0 b Did the organization file Form 1120-POL for this year?

81b X

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a X

b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)

82b 16,764,709

83a Did the organization comply with the public inspection requirements for returns and exemption applications?

83a X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b X

84a Did the organization solicit any contributions or gifts that were not tax deductible?

84a X

b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?

85a

b Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year

c Dues, assessments, and similar amounts from members

85c

d Section 162(e) lobbying and political expenditures

85d

e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices

85e

f Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?

85g

h 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?

85h

86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12

86a

b Gross receipts, included on line 12, for public use of club facilities

86b

87 501(c)(12) organizations Enter a Gross income from members or shareholders

87a

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

b 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

0

90a List the states with which a copy of this return is filed NEW YORK

b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)

90b 59

91 The books are in care of ORGANIZATION Telephone number (212) 845-5200 Located at 333 SEVENTH AVENUE, NY NY ZIP + 4 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)

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 _____					
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	107,388	
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					-93,655
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b PUBLICATIONS & OTHER					16,095
c RENTS			16	56,872	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				164,260	-77,560
105 Total (add line 104, columns (B), (D), and (E))					86,700

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)
103	IDENTIFY AND DOCUMENT HUMAN RIGHTS ABUSES AROUND THE WORLD

**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)

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.

Please Sign Here  
 Signature of Officer: Michael Posner Date: FEB 3, 2003  
 Type or Print Name and Title: MICHAEL POSNER EXECUTIVE DIRECTOR

Paid Preparer's Use Only  
 Preparer's Signature: [Signature] Date: 1/28/03 Check if self-employed:   
 Preparer's SSN or PTIN (see General Instruction W): \_\_\_\_\_  
 Firm's name (or yours if self-employed) and address and ZIP + 4: DEFINO & D'ELIA, CPA'S  
2093 BELLMORE AVE  
BELLMORE NY 11710-5603 EIN: 11-2660699 Phone no: \_\_\_\_\_

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: 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	108,000	7,170	0
GEORGE BLACK 202 RIVERSIDE DRIVE NY NY	RESEARCH DIR 40	98,500	6,220	0
ELISA MASSIMINO 7327 TAKOMA AVE, TAKOMA, MD	DIRECTOR/WDC 40	95,000	5,870	0
JOHN FORAN 6 BLACKBERRY HILL RD KATONAH NY	DIR FINANCE 40	110,000	7,370	0
ANNE TRAVERS PRATT 411 HIGHLAND AVE MONTCLAIR N J	DIR OF DEVELOPMENT 40	90,000	5,370	0
Total number of other employees paid over \$50,000 ▶	13			

**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
BRUCE BROOMHALL P O BOX 519, BUDAPEST H-1397, HUNGARY	PROGRAM DIRECTOR	81,331
KRISTEN ENGBERG 1812 KILBOURNE PL, N W, WASH, D C	STRATEGIC INITIATIVES	102,750
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-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	NONE	



**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 **▶** \$ 113,550 113,550  
**(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?

**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

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

**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)(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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,545,263	5,507,711	4,488,534	4,420,759	21,962,267
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	67,169	173,916	168,654	78,490	488,229
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	67,155	66,642	17,526	77,791	229,114
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	7,679,587	5,748,269	4,674,714	4,577,040	22,679,610
24 Line 23 minus line 17	7,612,418	5,574,353	4,506,060	4,498,550	22,191,381
25 Enter 1% of line 23	76,796	57,483	46,747	45,770	

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

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.	26a	
c Total support for Section 509(a)(1) test. Enter line 24, column (e).	26c	
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

**27 Organizations described on line 12:**

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) 1,311,206 (1999) 901,800 (1998) 849,476 (1997) 496,643

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 lines 15 <u>21,962,267</u> 16 _____ 17 <u>488,229</u> 20 _____	27c	22,450,496
d Add: Line 27a total <u>3,559,125</u> and line 27b total _____	27d	3,559,125
e Public support (line 27c total minus line 27d total)	27e	18,891,371
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f	22,679,610
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	83.30 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	1.01 %

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature 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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 ) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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  **a** if the organization belongs to an affiliated group Check  **b** if you checked 'a' and 'limited control' provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	91,978
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	21,572
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	113,550
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	6,361,216
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	6,474,766
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	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		
	<b>The lobbying nontaxable amount is –</b>		
	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		
<b>41</b>			473,738
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)		118,435
<b>43</b>	Subtract line 42 from line 36 Enter 0- if line 42 is more than line 36		0
<b>44</b>	Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38		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
<b>45</b> Lobbying nontaxable amount	473,738	437,825	417,111	380,456	1,709,130
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					2,563,695
<b>47</b> Total lobbying expenditures	113,550	108,619	101,230	99,123	422,522
<b>48</b> Grassroots non-taxable amount	118,435	109,456	104,278	95,114	427,283
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					640,925
<b>50</b> Grassroots lobbying expenditures	91,978	87,948	80,984	80,023	340,933

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (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	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (add lines c through h )			

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



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	1,125,931	1,011,831	114,100	197,757	-83,657
ELLIS ISLAND	62,590	36,690	25,900	35,898	-9,998
Total	<u>1,188,521</u>	<u>1,048,521</u>	<u>140,000</u>	<u>233,655</u>	<u>-93,655</u>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
MISCELLANEOUS	1,541	1,358	117	66
TEMPORARY LABOR	41,605	28,465	12,198	942
TRANSLATION FEES	3,728	0	3,728	0
Total	<u>46,874</u>	<u>29,823</u>	<u>16,043</u>	<u>1,008</u>

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# 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

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer Identification Number	
	LAWYERS COMMITTEE FOR HUMAN RIGHTS		13-3116646	
	Number, Street and Room or Suite Number. If a P.O. Box, see instructions.			
	333 SEVENTH AVENUE, #13th Floor		State	ZIP Code
City, Town or Post Office. 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 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 03, 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 01, and ending May 31, 20 02

**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 CPA Date 10/09/02

**BAA** For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12 2000)

**MAILED**  
10/9/02



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

**Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.</b>		
Type or Print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>LAWYERS COMMITTEE FOR HUMAN RIGHTS</b>	Employer Identification Number <b>13-3116646</b>
	Number Street and Room or Suite Number. If a P.O. Box, See Instructions. <b>333 SEVENTH AVENUE, #13th Floor</b>	For IRS Use Only
	City, Town, or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions. <b>NEW YORK NY 10001</b>	

**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  **X** 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, 2003

**5** For calendar year \_\_\_\_\_, or other tax year beginning Jun 1, 2001 and ending May 31, 2002

**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  
AWAITING INFORMATION NECESSARY TO 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 \_\_\_\_\_ Title **CPA** Date **01/10/03**

**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 \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

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

Type or Print	Name <b>DEFINO &amp; D'ELIA</b>	
	Number and Street (include suite, room, or apartment number) or a P.O. Box Number <b>2093 BELLMORE AVENUE</b>	
	City or Town, Province or State, and Country (including postal or ZIP code) <b>BELLMORE NY 11710</b>	