

**Return of Organization Exempt From Income Tax**

**2000**

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

**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 2000 calendar year, or tax year period beginning 2000, and ending 20

**B** Check if applicable:  
 Change of address  
 Change of name  
 Initial return  
 Final return  
 Amended return

**C** Name of organization: Center for Social + Legal Research Inc  
 Number and street (or P.O. box if mail is not delivered to street address): 40 R. Gindles P.O. Box 837  
 City or town, state or country, and ZIP code: Teaneck NJ 07666

**D** Employer identification number: 22-2799216

**E** Telephone number: ( )

**F** Check  if application pending

**G** Organization type (check only one)  501(c) (3) (Insert no)  527 or  4947(a)(1)  
 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**J** Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_

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

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Note: H and I are not applicable to section 527 orgs.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See inst.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4 digit group exemption no. (GEN) \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	801060		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ <u>Statement I</u> )	1d	801060		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe <u>_____</u> )	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d		8d				
9	Special events and activities (attach schedule)					
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	265310			
b	Less: direct expenses other than fundraising expenses	9b	312527			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			(47217)	
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			753843	
Expenses	13	Program services (from line 44, column (B))	13			720577
	14	Management and general (from line 44, column (C))	14			92197
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17			812774
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			(58931)
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			77178
	20	Other changes in net assets or fund balances (attach explanation) <u>Loan + Flex Pay</u>	20			87200
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			105447

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25		80,000	
26	Other salaries and wages	26	433,326		
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	44,912		
30	Professional fundraising fees	30			
31	Accounting fees	31	3,250		
32	Legal fees	32	1,000		
33	Supplies	33			
34	Telephone	34	14,219		
35	Postage and shipping	35	3,414		
36	Occupancy	36	89,325		
37	Equipment rental and maintenance	37	13,212		
38	Printing and publications	38			
39	Travel	39	174		
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	8,772		
43	Other expenses (itemize): a	43a			
	b <i>Per Schedule</i>	43b	108,973	12,197	
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	720,577	92,197	

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)
a	
(Grants and allocations \$ _____)	
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

		(A) Beginning of year	(B) End of year		
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	45	Cash—non-interest-bearing	30,565	45	67,461
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)		51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments—land, buildings, and equipment: basis		55a	
	b	Less: accumulated depreciation (attach schedule)		55b	55c
56	Investments—other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	88,141	88,141		
b	Less: accumulated depreciation (attach schedule)	49,798	58,570	57c	
58	Other assets (describe <input type="checkbox"/> <u>Deposit</u> )	38,343	29,571	58	8,415
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	77,178	105,447	59	
<b>Liabilities</b>	60	Accounts payable and accrued expenses		60	21,747
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) <u>Loan: A. Westin</u>		63	65,453
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/> )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)		87,200	66	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	77,178	67	18,247
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<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)		73	
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	77,178	105,447	74

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

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)

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

<p><b>a</b> Total revenue, gains, and other support per audited financial statements ▶</p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p> <p><b>c</b> Line a minus line b. ▶</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶</p>	<p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p>	<p><b>a</b> Total expenses and losses per audited financial statements ▶</p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ▶</p> <p><b>c</b> Line a minus line b. ▶</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ▶</p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶</p>	<p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p>
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**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employ. benefit plans & deferr. compensation	(E) Expense account and other allowances
<i>For all Officers + Trustees</i>				
<i>See Statement IV</i>				
<i>For Names + Addresses</i>				
<i>Alan Westin 1100 Trafalgar St. Rancock NJ</i>	<i>Pres</i>	<i>20000</i>	<i>NA</i>	<i>NA</i>

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see Specific Instructions on page 26.

Part VI Other Information (See Specific Instructions on page 26.)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81.	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		
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		
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? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
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 in 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. 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) orgs. 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		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>			
b	501(c)(3) and 501(c)(4) orgs. 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.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.			
90a	List the states with which a copy of this return is filed			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b	20	
91	The books are in care of <u>Taxpayer</u> Telephone no. <u>(201) 996-1154</u>			
	Located at <u>Two University Place Hackensack NJ</u> ZIP code <u>07601</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

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 and contracts from government agencies					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments					
96 Dividends and 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 personal property					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31.)

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).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31.)

(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 Specific Instructions on page 31.)

- (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)

Return, including accompanying schedules and statements, and to the best of my knowledge and belief, the information is true and correct, and I am not aware of any information that would cause the preparer (other than officer) to believe that the information is not true and correct.

11-12-01  ALAN F. WESTIN, PRESIDENT

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

*Center for Social + Legat. Research*

Employer identification number

*22-2799216*

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$50,000 ▶	<i>None</i>			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services ▶	<i>NONE</i>	

**Part III** Statements About Activities

	Yes	No
<b>1</b> 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 ▶ \$ _____ 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.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>b</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12**  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the 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 page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

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

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	698305	821375	632045	545061	2696786
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities 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	—	239	2191	874	3304
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	698305	821614	634236	545935	2700090
24 Line 23 minus line 17	698305	821614	634236	545935	2700090
25 Enter 1% of line 23	6883	8246	6342	5459	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. ▶					26b
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," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) ..... NA ..... (1998) ..... NA ..... (1997) ..... NA ..... (1996) ..... NA .....					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) ..... (1998) ..... (1997) ..... (1996) .....					
c Add: Amounts from column (e) for lines: 15 <u>2696786</u> 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c <u>2696786</u>
d Add: Line 27a total _____ and line 27b total _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e <u>2696786</u>
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					27f <u>2700090</u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g <u>99.8776%</u>
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h <u>.1224%</u>

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

**Part V Private School Questionnaire** (See page 5 of the instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check here  a if the organization belongs to an affiliated group.  
 Check here  b if you checked "a" above 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.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	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	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

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



Year 2000

Page 1 Line 9 Activities	Revenue	Direct Exp	Net Inc (Loss)
Japan Project	3415	83324	
Choice Point Survey	95298	38350	
CPO	57450	31363	
H.R. Data Consortium	100	-	
Conference - P + AB, HR San Francisco, IHRIM	89650	92535	
Newsletter, reprints, survey	25397	36876	
Lifetime Privacy	-	15505	
Privacy Exchange - Global Web	-	9090	
State Farm Project	-	5075	
Website Exp		409	
Totals	265310	312527	
Page 2 - Part II Line 43 - Other Exp	Program	Management	
Bank Charges	8457		
Honorarium	6000		
Books + Subscriptions	1976		
Bookkeeping	5775	2500	
Computer exp	13221		
CPLP exp.	20		
Dues	715		
Electric	7525		
Advertising	380		
Insurance	38202		
Outside Services/Temp/Interns	11609		
Library	175		
Misc	3017		
Office Exp.	6102		
Online Exp	1874		
Payroll Service	1843		
Repairs		9697	
Seminars	853		
Storage	1229		
Totals	108973	12197	

# Center for Social & Legal Research

January through December 2000

Type	Date	Num	Name	Memo	Amount
<b>Life Privacy Mgmt Income</b>					
Deposit	10/04/01		Persona		50,000.00
Total Life Privacy Mgmt Income					50,000.00
<b>ACPO Income</b>					
<b>Membership</b>					
Deposit	11/13/01		iLumin Corp		2,000.00
Total Membership					2,000.00
<b>Organizing Committee</b>					
Deposit	07/21/01		Mutual of Omaha		500.00
Deposit	07/26/01		EDS		500.00
Deposit	08/01/01		Deposit	Royal Bank	500.00
Deposit	08/01/01		Deposit	Imaga Data	500.00
Deposit	08/11/01		Nationwide Insura...		500.00
Deposit	08/25/01		Sabre Inc		500.00
Deposit	08/30/01	W/T	Studio Legale Imp...		500.00
Deposit	10/05/01		M David Miller, MD	(AmEx Char...	500.00
Deposit	10/16/01		Compucredit Corp		500.00
Deposit	10/31/01		Fiderus Inc		500.00
Deposit	11/09/01		Compucredit Corp		500.00
Deposit	11/13/01		iLumin Corp		500.00
Deposit	11/15/01		Whirlpool Corp	(Nabanco C...	500.00
Deposit	11/27/01		Confidential OnLine	(Charged to ...	500.00
Deposit	11/27/01		Sovereign Bank		500.00
Deposit	11/27/01		Marriott		500.00
Deposit	11/28/01		Zero-Knowledge S...		500.00
Deposit	11/28/01		Dun & Bradstreet	(AmEx Char...	500.00
Deposit	11/28/01		American Express...	(AmEx Char...	500.00
Deposit	11/28/01		Delta Air Lines	(AmEx Char...	500.00
Deposit	12/06/01		Compliance Coac...	(Paid by Vis...	500.00
Deposit	12/07/01		Zixit Corp		500.00
Deposit	12/11/01		Synapse Group		500.00
Deposit	12/14/01		Persona		500.00
Total Organizing Committee					12,000.00
Total ACPO Income					14,000.00
<b>Japan Project</b>					
<b>Grant</b>					
Deposit	02/11/01		Dynastrat Inc	PAYMENT ...	0.00
Deposit	03/31/01		Jun Sofue/Japan ...	2nd of 3(1st ...	25,000.00
Deposit	04/05/01		Jun Sofue/Japan ...		47,500.00
Deposit	09/20/01		Japan Info Proces...		10,000.00
Deposit	12/04/01		Japan Info Proces...		10,000.00
Total Grant					92,500.00
<b>Sponsor</b>					
Deposit	01/07/01		IBM		10,000.00
Total Sponsor					10,000.00
<b>LASDEC Sponsor</b>					
Deposit	10/31/01		Japan Info Proces...	(Local Auth...	27,260.34
Total LASDEC Sponsor					27,260.34
<b>Publication Sponsor</b>					
Deposit	07/10/01		Privacy Council		10,000.00
Total Publication Sponsor					10,000.00

**Total \$ 801,060**

*Statement I*

# Center for Social & Legal Research

January through December 2000

Type	Date	Num	Name	Memo	Amount
Total Japan Project					139,760.34
<b>PX-Global Web Site Sponsors</b>					
Deposit	01/03/01		Fair Isaac		5,000.00
Deposit	01/13/01		PrivaSeek Inc		5,000.00
Deposit	01/14/01		TransUnion		5,000.00
Deposit	01/18/01		Shop2U Inc		5,000.00
Deposit	01/24/01		Visa		5,000.00
Deposit	02/02/01		Equifax Inc.		5,000.00
Deposit	02/25/01		Dun & Bradstreet		5,000.00
Deposit	02/29/01		Daimler Chrysler		5,000.00
Deposit	03/03/01		Allianz-Versicheru...		2,500.00
Deposit	04/03/01		Image Data LLC		2,000.00
Deposit	05/15/01		HR Privacy Solutio...		2,000.00
Deposit	09/27/01		IMS America	IMS Health	5,000.00
Deposit	10/02/01		Master Card		5,000.00
Deposit	10/10/01		Yclip.com		5,000.00
Deposit	10/13/01		DCP Services	Disney Con...	2,500.00
Deposit	12/27/01		Fiderus Inc		2,500.00
Total PX-Global Web Site Sponsors					69,500.00
<b>P&amp;AB Income</b>					
<b>CPO Income</b>					
<b>Membership</b>					
Deposit	02/25/01		Dun & Bradstreet		10,000.00
Deposit	04/11/01		PrivaSeek Inc		10,000.00
Deposit	04/20/01		Image Data LLC		7,500.00
Deposit	04/28/01		Equifax Inc.		10,000.00
Deposit	05/02/01		Prudential		10,000.00
Deposit	05/15/01		Nationwide Insura...		8,000.00
Deposit	05/22/01		EDS		10,000.00
Deposit	05/24/01		American Express...	Payment fro...	5,000.00
Deposit	06/01/01		Sabre Inc		10,000.00
Deposit	06/20/01		Lexis-Nexis		10,000.00
Deposit	07/10/01		Dun & Bradstreet		10,000.00
Deposit	07/14/01		Mutual of Omaha		9,000.00
Deposit	07/21/01		Delta Air Lines		8,800.00
Deposit	07/21/01		Bank of America		10,000.00
Deposit	08/08/01		Compucredit Corp		10,000.00
Deposit	08/21/01		Royal Bank of Can...		9,000.00
Deposit	08/30/01	W/T	Studio Legale Imp...	Pd \$1000 o...	9,500.00
Deposit	09/11/01		M David Miller, MD	AmEx Settle...	10,000.00
Deposit	09/18/01		American Express...		5,000.00
Deposit	09/25/01		Metris Companies		10,000.00
Deposit	10/02/01		Master Card		10,000.00
Deposit	10/05/01		Verizon-Income		6,000.00
Deposit	10/13/01		DCP Services	Disney Con...	5,500.00
Deposit	10/16/01		Fleet		10,000.00
Deposit	10/31/01		Synapse Group	Check from-...	6,500.00
Deposit	10/31/01		Fiderus Inc		6,500.00
Deposit	11/13/01		Citigroup		10,000.00
Deposit	11/27/01		Sovereign Bank		10,000.00
Deposit	11/28/01		Zero-Knowledge S...		8,000.00
Deposit	12/18/01		Marriott		10,000.00
Total Membership					264,300.00
Total CPO Income					264,300.00
<b>Global Privacy Project</b>					
<b>Membership</b>					
<b>Year 2000</b>					
Deposit	01/13/01		IMS America		15,000.00

*Statement I*

# Center for Social & Legal Research

January through December 2000

Type	Date	Num	Name	Memo	Amount
Deposit	03/28/01		American Express...		10,000.00
Deposit	05/15/01		Nationwide Insura...		14,000.00
Deposit	05/15/01		HR Privacy Solutio...		5,000.00
Total Year 2000					44,000.00
<b>Year 1999</b>					
Deposit	02/28/01		IBM		12,500.00
Total Year 1999					12,500.00
Total Membership					56,500.00
Total Global Privacy Project					56,500.00
<b>Grantors</b>					
<b>Sustaining</b>					
Deposit	01/18/01		Shop2U Inc		20,000.00
Deposit	03/28/01		TransUnion		15,000.00
Deposit	04/03/01		PrivaSeek Inc		5,000.00
Deposit	04/05/01		Bell Atlantic Teles...		20,000.00
Deposit	04/20/01		Visa		20,000.00
Deposit	04/28/01		MCI		5,000.00
Deposit	06/12/01		Experian	Year 2000	12,500.00
Deposit	08/01/01		Qwest		15,000.00
Deposit	10/13/01		DCP Services	Disney Con...	7,000.00
Total Sustaining					119,500.00
Total Grantors					119,500.00
<b>HR Data Consortium</b>					
<b>Membership</b>					
Deposit	01/07/01		Ceridian		5,000.00
Deposit	09/15/01		The Hunter Group		3,500.00
Deposit	09/19/01		General Cologne		3,500.00
Deposit	09/24/01		ProBusiness		3,500.00
Deposit	09/24/01		Proctoc & Gamble		5,000.00
Deposit	09/25/01		Application Outfitt...		5,000.00
Deposit	10/05/01		Sun Microsystems...		3,500.00
Deposit	10/05/01		Pfizer	Advisory Co...	10,000.00
Deposit	10/10/01		Proctoc & Gamble		5,000.00
Deposit	10/25/01		Gap Inc	Advisory Co...	10,000.00
Deposit	10/31/01		Concert Telecom...		3,500.00
Deposit	11/13/01		Seagate Technolo...	2000 Advisory	10,000.00
Total Membership					67,500.00
Total HR Data Consortium					67,500.00
<b>Conference</b>					
<b>Conf Sponsorship</b>					
<b>00 Conf Sponsor</b>					
Deposit	10/31/01		American Express...	P Haney/S ...	9,000.00
Deposit	11/16/01		M David Miller, MD	ACPO Dinner	5,000.00
Deposit	11/27/01		American Express...	Reception S...	3,000.00
Total 00 Conf Sponsor					17,000.00
<b>99 Conf Sponsor</b>					
Deposit	02/11/01		American Express...	Reception S...	3,000.00
Total 99 Conf Sponsor					3,000.00
Total Conf Sponsorship					20,000.00

*Statement I*

# Center for Social & Legal Research

January through December 2000

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Memo</u>	<u>Amount</u>
Total Conference					<u>20,000.00</u>
<b>TOTAL</b>					<b><u>801,060.34</u></b>

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**Depreciation and Amortization  
(Including Information on Listed Property)**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach this form to your return.

Name(s) shown on return  
*Center for Social + Legal Research*

Business or activity to which this form relates

Identifying number  
*22-2799216*

**Part I Election To Expense Certain Tangible Property (Section 179)**

**Note:** If you have any "listed property," complete Part V before you complete Part I.

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions . . . . .	1	\$20,000
2	Total cost of section 179 property placed in service. See page 2 of the instructions . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 27. . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from 1999. See page 3 of the instructions . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12 ▶	13	

**Note:** Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)**

**Section A—General Asset Account Election**

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions . . . . .

**Section B—General Depreciation System (GDS) (See page 3 of the instructions.)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Alternative Depreciation System (ADS) (See page 5 of the instructions.)**

16a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)**

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000 . . . . .	17	<i>8772</i>
18 Property subject to section 168(f)(1) election . . . . .	18	
19 ACRS and other depreciation . . . . .	19	

**Part IV Summary (See page 6 of the instructions.)**

20 Listed property. Enter amount from line 26. . . . .	20	
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	21	<i>8772</i>
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	22	

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

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

Type or print	Name of Exempt Organization <i>Center for Social + Legal Research</i>	Employer identification number <i>22-2799216</i>
	Number, street, and room or suite no. If a P.O. box, see instructions. <i>40 R. Gindes P.O. Box 1246</i>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Teaneck NJ 07666</i>	

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

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

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

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

- 4 I request an additional 3-month extension of time until 11/15, 2001
- 5 For calendar year 2000, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_
- 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 Information is still missing in order to complete an accurate return by 9/15/01

- 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 \$ NONE
- 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 \$ NONE

**Signature and Verification**

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

Signature Robert Gindes Title CPA Date 7-25-01

**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

EXTENSION APPROVED  
AUG 7 2001  
J. WEISKOPF, FIELD DIRECTOR  
EXTENSION PROCESSING OCL

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

**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
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ 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	<i>Center for Social &amp; Legal Research</i>	Employer identification number	<i>22-2799216</i>
Number, street, and room or suite no. If a P.O. box, see instructions.	<i>40 R. Gindes P.O. Box 1246</i>		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	<i>Teaneck NJ 07666</i>		

**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 (sec. 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 9/15, 2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2000 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 \$ None

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 \$ None

### Signature and Verification

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

Signature ▶ Robert Gindes Title ▶ CPA Date ▶ 5-8-01