

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2001 calendar year, or tax year beginning _____, 2001, and ending _____, 20

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

Please use IRS label or print or type See Specific Instructions

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. Gindes P.O. Box 837
 City or town state and country and ZIP + 4: Teaneck NJ 07666

D Employer identification number: 22 2799216
E Telephone number: () - () - ()
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 ▶
H(c) Are all affiliates included? Yes No (If "No" attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

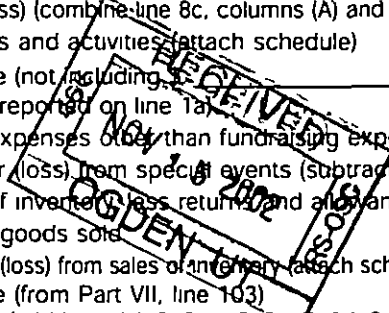
G Web site ▶
J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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 GEN ▶

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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	925703		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ <u>STATEMENT I</u>)	1d		925703	
	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 ▶ _____)	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				
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including contributions reported on line 1a) of _____	9a	58643		
	b	Less direct expenses other than fundraising expenses	9b	160697		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			<102054>	
Revenue	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			823649	
Expenses	13	Program services (from line 44, column (B))	13			882490
	14	Management and general (from line 44, column (C))	14			91565
	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			974053
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			<150406>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			105447
	20	Other changes in net assets or fund balances (attach explanation) <u>Loan + Flex Pay</u>	20			116068
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			71109



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SCANNED DEC 02 '02

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 21.)

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	579 265		
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	56 293		
30	Professional fundraising fees	30			
31	Accounting fees	31	2 750		
32	Legal fees	32	600		
33	Supplies	33			
34	Telephone	34	11 260		
35	Postage and shipping	35	2 140		
36	Occupancy	36	98 137		
37	Equipment rental and maintenance	37	22 541		
38	Printing and publications	38			
39	Travel	39	12 34		
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	8 193		
43	Other expenses not covered above (itemize): a	43a			
	b <i>Per Schedule</i>	43b	100 077	11 565	
	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	882 490	91 565	

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 (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose?	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 24)

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		67,461	45	41,315
	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	8814188MI		
	b	Less accumulated depreciation (attach schedule)	55b	585706762	29,571	55c
56	Investments—other (attach schedule)				56	
57a	Land, buildings and equipment basis	57a				
b	Less accumulated depreciation (attach schedule)	57b			57c	
58	Other assets (describe <input type="checkbox"/> <u>Deposit</u>)			8,415	58	8,415
59 Total assets (add lines 45 through 58) (must equal line 74)				105,447	59	71,109
Liabilities	60	Accounts payable and accrued expenses		24,747	60	29,415
	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	55,453
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe <input type="checkbox"/> <u>PKI Advance</u>)			65	118,400
66 Total liabilities (add lines 60 through 65)				87,200	66	203,268
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		18,247	67	<132,597
	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	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 column (B) must equal line 21)			73	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)				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 26)

a	Total revenue gains, and other support per audited financial statements ▶	a
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 \$ _____	
(3)	Recoveries of prior year grants \$ _____	
(4)	Other (specify) _____	
	\$ _____	
	Add amounts on lines (1) through (4) ▶	b
c	Line a minus line b ▶	c
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

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

a	Total expenses and losses per audited financial statements ▶	a
b	Amounts included on line a but not on line 17 Form 990	
(1)	Donated services and use of facilities \$ _____	
(2)	Prior year adjustments reported on line 20 Form 990 \$ _____	
(3)	Losses reported on line 20, Form 990 \$ _____	
(4)	Other (specify) _____	
	\$ _____	
	Add amounts on lines (1) through (4) ▶	b
c	Line a minus line b ▶	c
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

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(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 & deferred compensation	(E) Expense account and other allowances
<i>For all Officers + Trustees</i>				
<i>See Statement V</i>				
<i>For Names + Addresses</i>				
	<i>as required</i>	<i>None</i>	<i>None</i>	<i>None</i>
<i>Alan Westin</i> <i>1100 Trafalgar St.</i> <i>Teaneck NJ</i>	<i>Pres</i>	<i>80000</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 27

Part VI Other Information (See Specific Instructions on page 27)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
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 direct or indirect political expenditures. See line 81 instructions	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 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 NA
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	85a	
a	Were substantially all dues nondeductible by members?		
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 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) orgs	86a	
a	Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12 for public use of club facilities	86b	
87	501(c)(12) orgs	87a	
a	Gross income from members or shareholders		
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		
a	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		
a	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, 2001 (See instructions)	90b	20
91	The books are in care of <input type="checkbox"/> Taxpayer Located at <input type="checkbox"/> Two University Plaza Hackensack NJ Telephone no <input type="checkbox"/> (201) 996-1154 ZIP + 4 <input type="checkbox"/> 07601		
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 32)

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 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 32)

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 33)

(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 33)

- (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 (other than officer) is based on all information of which preparer has any knowledge

11/14/02
 Date
 President

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

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

Center for Social & Legal 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 ▶

None

Part II

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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 ▶

None

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
<p>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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A or line I of Part VI B)</p> <p>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</p>		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods services or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
- 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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total		
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	801060	698305	821375	632045	2952785		
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							
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	2430		
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	801060	698305	821614	634236	2955215		
24 Line 23 minus line 17	801060	698305	821614	634236	2955215		
25 Enter 1% of line 23	8011	6983	8216	6342			
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a		
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b		
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)	NA	(1999)	NA	(1998)	NA	(1997)	NA
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>2952785</u> 16 _____ 17 _____ 20 _____ 21 _____					27c	2952785	
d Add line 27a total _____ and line 27b total _____					27d		
e Public support (line 27c total minus line 27d total)					27e	2952785	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f	2955215	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g	99.92 %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h	.08 %	
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 page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

NA

	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 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

NA

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
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—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38		

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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	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 12 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 2001

Supplement to _____

Page 1 Line 9 Activities	Revenue	Direct Exp.
International Project	27248	
Japan Project	(177)	24127
Choice Point Survey	5300	21050
Conference - P + AB	14469	33955
Newsletter, reprints, Survey	11803	23035
Master Privacy Library	—	2801
CPD		43796
LifeTime Privacy Manager		12933
P + AB Survey		4000
Privacy Exchange		(5000)
Totals	58643	160697
Page 2 Part II Line 43 - OTHER EXP.	Program Management.	
Bank Charges	7751	
Honorarium	5000	
Books + Subscriptions	2298	
Book Keeping	4805	2500
Computer Exp	1667	
Privacy Knowledge - Misc	962	
Dues	390	
Electric	7885	
Advertising	685	
Insurance	52272	
Outside Services / Temps / Interns	2728	
Library	196	
Miscellaneous	3135	
Office Exp	4778	
Online Exp	2176	
Payroll Service	2119	
Repairs		9065
Storage	1230	
Totals	100077	11565

CSLR

11/08/02

January through December 2001

Type	Date	Num	Name	Memo	Paid Amount
ACPO Income					
Membership					
Deposit	02/21/01				500 00
Deposit	04/04/01			Addt Member, Tier I	250 00
Deposit	04/16/01			Addt member Tier II	250 00
Deposit	04/29/01			Tier II	250 00
Total Membership					<u>1,250 00</u>
Organazing Committee					
Check	01/09/01			Refund	-500 00
Total Organazing Committee					<u>-500 00</u>
Total ACPO Income					750 00
Japan Project					
DC Conference(11/00) Sponsor					
Deposit	04/16/01			DC 11/00	9,000 00
Total DC Conference(11/00) Sponsor					<u>9,000 00</u>
Publication Sponsor					
Deposit	01/19/01				6,500 00
Total Publication Sponsor					<u>6,500 00</u>
Total Japan Project					15,500 00
PX-Global Web Site Sponsors					
Deposit	01/19/01				5,000 00
Deposit	01/29/01				5,000 00
Deposit	02/02/01				5,000 00
Deposit	02/08/01				5,000 00
Deposit	02/08/01				5,000 00
Deposit	02/22/01				5,000 00
Deposit	03/08/01			Citibank	5,000 00
Deposit	04/02/01				5,000 00
Deposit	07/09/01				5,000 00
Deposit	07/09/01				5,000 00
Deposit	07/16/01				5,000 00
Deposit	09/27/01			2001 Web site	3,500 00
Total PX-Global Web Site Sponsors					<u>58,500 00</u>
P&AB Income					
Consumer Privacy Survey					
Deposit	10/25/01			partial payment	35,000 00
Deposit	10/29/01			balance due for 1/2 o	2,000 00
Deposit	11/07/01			One-half of survey	37,000 00
Total Consumer Privacy Survey					<u>74,000 00</u>
Research Report/J Haley					
Deposit	07/09/01			Work completed by J	2,500 00
Total Research Report/J Haley					<u>2,500 00</u>
Consumer Privacy Litigation					
Deposit	03/12/01				15,000 00
Total Consumer Prvacy Litigation					<u>15,000 00</u>
CPO Income					
Sponsor					
Deposit	05/21/01			4/01 Briefing ACPO	2,499 00

Total \$925,703

Statement I

CSLR

11/08/02

January through December 2001

Type	Date	Num	Name	Memo	Paid Amount
Deposit	09/18/01		Direct Marketing A	July Meeting	16,852 74
Total Sponsor					19,351 74
Membership					
Deposit	01/10/01			Year 2001	10,000 00
Deposit	01/17/01			Year 2001	8,000 00
Deposit	01/19/01			Year 2001	5,000 00
Deposit	01/23/01			Year 2001	10,000 00
Deposit	01/25/01			Year 2001	10,000 00
Deposit	01/26/01			Year 2000	5,000 00
Deposit	01/26/01			Year 2001	5,000 00
Deposit	01/29/01			Year 2001	10,000 00
Deposit	02/02/01			Year 2001	10,000 00
Deposit	02/08/01			Year 2001	10,000 00
Deposit	02/08/01				10,000 00
Deposit	02/13/01				10,000 00
Deposit	02/20/01				5,000 00
Deposit	02/21/01			Year 2001	2,000 00
Deposit	02/23/01			EASTMAN KODAK CO	7,500 00
Deposit	03/08/01				10,000 00
Deposit	03/08/01				10,000 00
Deposit	03/12/01				10,000 00
Deposit	03/12/01				10,000 00
Deposit	03/20/01			Tier II	5,000 00
Deposit	03/29/01			2001	10,000 00
Deposit	04/02/01			Tier I	10,000 00
Deposit	04/02/01			Tier III (Balance Due	1,166 00
Deposit	04/09/01			Tier III	3,500 00
Deposit	04/16/01				10,000 00
Deposit	04/17/01			Tier II	1,000 00
Deposit	04/17/01			Tier I	10,000 00
Deposit	04/25/01			Tier II(installment pay)	1,500 00
Deposit	04/25/01			Tier II(Balance)	1,500 00
Deposit	04/29/01			Tier II	4,000 00
Deposit	05/02/01			Tier II	5,000 00
Deposit	05/04/01			Tier II	4,000 00
Deposit	05/04/01			Tier II	1,500 00
Deposit	05/11/01				10,000 00
Deposit	05/11/01				4,000 00
Deposit	05/14/01			Tier III	3,500 00
Deposit	05/14/01			Year 2000	10,000 00
Deposit	05/14/01			Year 2001	10,000 00
Deposit	05/21/01			Tier I	10,000 00
Deposit	05/31/01			Tier III	3,500 00
Deposit	06/06/01				5,000 00
Check	06/06/01			(Visa Charge Refund)	-5,000 00
Deposit	06/22/01			Tier I	9,000 00
Deposit	06/27/01				7,185 40
Deposit	07/02/01			Tier I	10,000 00
Deposit	07/02/01			Tier II	5,000 00
Deposit	07/06/01			Tier I	10,000 00
Deposit	07/13/01			Tier I	10,000 00
Deposit	07/16/01			Upgrade to Tier I	5,000 00
Deposit	07/23/01	W/T		Tier I	10,000 00
Deposit	07/23/01			Tier I - Payment by A	5,000 00
Deposit	07/24/01			Tier I	10,000 00
Deposit	08/07/01			Payment by Visa Card	8,000 00
Deposit	09/06/01			Tier III (less 1000 for	2,500 00
Deposit	09/27/01			Tier III Nabanco	3,500 00
Deposit	11/09/01			Tier II membership	4,000 00
Deposit	11/14/01			2001CPO Tier 2	5,000 00
Deposit	11/20/01			2001 Tier 3 members	3,500 00
Deposit	11/20/01			2002 Tier 2 members	5,000 00

Statement I

CSLR

11/08/02

January through December 2001

Type	Date	Num	Name	Memo	Paid Amount
Deposit	11/26/01			2002 Tier 1 members	9,500 00
Deposit	11/27/01			upgrade to tier 2 mas	1,500 00
Invoice	12/07/01	8		Tier 2 2002 Member	250 00
Invoice	12/07/01	8		Tier 2 2002 Member	4,750 00
Invoice	12/07/01	9		Tier 1 2002 Member	7,500 00
Check	12/10/01	7463		Refund for overpaym	-250 00
Invoice	12/17/01	15		Tier 2 2002 Member	4,750 00
Invoice	12/18/01	17		Tier 1 2002 Member	9,500 00
Invoice	12/18/01	18		Tier 2 2002 Member	4,750 00
Invoice	12/19/01	7		Tier 2 2002 Member	4,750 00
Invoice	12/21/01	24		Tier 2 2002 Member	4,750 00
Invoice	12/26/01	9		Tier 1 2002 Member	2,000 00
Invoice	12/26/01	11		Tier 1 2002 Member	9,500 00
Invoice	12/28/01	30		Tier 2 2002 Member	4,750 00
Invoice	12/28/01	31		Tier 2 2002 Member	4,750 00

Total Membership

462,101 40

Briefing Registration

Deposit	01/29/01				1,000 00
Deposit	03/03/01				1,000 00
Deposit	03/08/01			(Visa charge)	1,000 00
Deposit	03/14/01			2001	1,000 00
Deposit	03/15/01			2001	1,000 00
Check	03/15/01			2001 REFUND	-1,000 00
Deposit	03/15/01			2001	5,000 00
Deposit	03/22/01			2001	1,000 00
Deposit	03/23/01			(Visa charge)	1,000 00
Deposit	03/25/01			AmEx charge	1,000 00
Deposit	04/02/01			Visa Charge	1,000 00
Deposit	04/02/01				1,000 00
Deposit	04/03/01				1,000 00
Deposit	04/03/01				1,000 00
Deposit	04/03/01				1,000 00
Check	04/04/01			Refund-Visa	-1,000 00
Deposit	04/04/01				1,000 00
Deposit	04/04/01				2,000 00
Deposit	04/04/01				1,000 00
Deposit	04/05/01				1,000 00
Deposit	04/06/01			Visa charge	1,000 00
Deposit	04/06/01			Visa charge	1,000 00
Deposit	04/09/01			Visa charge	1,000 00
Deposit	04/10/01				1,000 00
Deposit	04/11/01				1,000 00
Deposit	04/16/01				1,000 00
Deposit	04/16/01				100 00
Deposit	04/17/01				1,000 00
Deposit	04/17/01				1,000 00
Deposit	06/04/01				1,000 00
Deposit	06/08/01			(Visa Charge)	1,000 00
Deposit	07/02/01				1,000 00
Deposit	07/02/01				1,000 00
Deposit	07/05/01				1,000 00
Deposit	07/05/01				1,000 00
Deposit	07/13/01				1,000 00
Deposit	07/17/01			Visa Charge	1,000 00
Deposit	07/17/01			Visa Charge	1,000 00
Deposit	07/17/01				1,000 00
Deposit	07/18/01				1,000 00
Deposit	07/19/01			Visa Charge	1,000 00
Deposit	07/19/01				1,000 00
Deposit	07/20/01			Payment by Visa card	1,000 00
Deposit	07/23/01				500 00
Deposit	07/23/01				500 00

Statement I

CSLR

11/08/02

January through December 2001

Type	Date	Num	Name	Memo	Paid Amount
Deposit	07/24/01				1,000 00
Deposit	08/07/01				1,000 00
Deposit	08/07/01			Payment by Visa card	1,000 00
Deposit	08/08/01				500 00
Deposit	08/08/01				1,000 00
Deposit	08/24/01			Virginia Bartlett	250 00
Total Briefing Registration					<u>48,850 00</u>
Dinner Sponsor					
Deposit	07/09/01				4,500 00
Deposit	11/06/01			P Haney	2,500 00
Deposit	11/06/01			S Cowan	7,500 00
Total Dinner Sponsor					<u>14,500 00</u>
Survey					
Deposit	07/09/01				24,000 00
Deposit	07/16/01				24,000 00
Total Survey					<u>48,000 00</u>
CPO Income - Other					
Invoice	12/28/01	32		For support of P&AB	5,000 00
Total CPO Income - Other					<u>5,000 00</u>
Total CPO Income					597,803 14
Global Privacy Project Membership Year 2000					
Deposit	01/12/01				15,000 00
Total Year 2000					<u>15,000 00</u>
Total Membership					<u>15,000 00</u>
Total Global Privacy Project					15,000 00
Global & Grantor Income					
Deposit	04/25/01				15,000 00
Deposit	06/04/01			1999/2000	11,000 00
Deposit	07/09/01				20,000 00
Deposit	07/16/01				20,000 00
Deposit	08/24/01				20,000 00
Deposit	10/18/01			Transfer	5,000 00
Deposit	12/06/01			model contracts project	3,000 00
Total Global & Grantor Income					<u>94,000 00</u>
Grantors Sustaining					
Deposit	02/02/01				5,000 00
Deposit	11/09/01				1,000 00
Total Sustaining					<u>6,000 00</u>
Grantors - Other					
Deposit	10/11/01				15,000 00
Total Grantors - Other					<u>15,000 00</u>

Statement I

CSLR

11/08/02

January through December 2001

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Memo</u>	<u>Paid Amount</u>
Total Grantors					21,000 00
HR Data Consortium					
Membership					
Deposit	02/08/01				<u>10,000 00</u>
Total Membership					<u>10,000 00</u>
Total HR Data Consortium					10,000 00
Conference					
Conf Sponsorship					
2001 Conference Sponsor					
Deposit	10/26/01			W/T from Privacy Co	10,000 00
Deposit	10/29/01			Dorsey & Whitney	500 00
Deposit	11/13/01			IMS Health	550 00
Deposit	11/13/01			Ernst & Young	<u>600 00</u>
Total 2001 Conference Sponsor					11,650 00
00 Conf Sponsor					
Deposit	04/02/01		Citigroup		<u>10,000 00</u>
Total 00 Conf Sponsor					<u>10,000 00</u>
Total Conf Sponsorship					<u>21,650 00</u>
Total Conference					<u>21,650 00</u>
Total P&AB Income					<u>850,953 14</u>
TOTAL					<u>925,703.14</u>

statement I

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190 Moore Street, Suite 306
Hackensack, NJ 07601

- 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>
File by the extended due date for filing the return See instructions	Number, street and room or suite no. If a P.O./box see instructions <i>c/o R. Gindes P.O. Box 837</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 2002
- 5 For calendar year 2001 or other tax year beginning 20 and ending 20
- 6 If this tax year is for less than 12 months check reason 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 7/15/02*

- 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 \$ _____

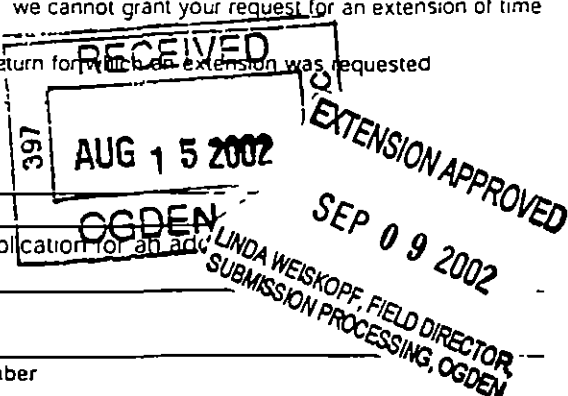
Signature and Verification

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 *Robert A. Gindes* Title *CPA* Date *3-19-02*

Notice to Applicant—To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely 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 _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an add 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)

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

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

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <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>c/o R. Gindes P.O. Box 837</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*, 20*02*
- 5 For calendar year *2001*, or other tax year beginning 20 and ending 20
- 6 If this tax year is for less than 12 months, check reason 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 7/15/02*

- 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 *Robert Klindes* Title *C.P.A.* Date *8-13-02*

Notice to Applicant—To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely 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
	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)

Mail To IRS Osden UT 84201-0012 Form 8868 (12 2000)

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 + 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>c/o R Gindes P.O. Box 837</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 *8/15*, 200*2*, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20*01* or
 ▶ tax year beginning _____, 20____, and ending _____, 20____

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ *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 A Gindes* Title ▶ *CPA* Date ▶ *5-13-02*

*Mail To IRS
 Ogden UT 84201-0012*