

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

B Check if applicable: C Name of organization: SWISS BENEVOLENT SOCIETY OF NEW YORK D Employer identification number: 13-1624199 E Telephone number: 212-246-0655

H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included?

G Web site SWISSBENEVOLENTNY.COM

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

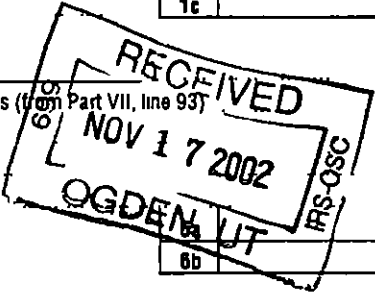
K Check here if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 6,920,830.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED NOV 17 2002

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Gross amount from sale of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, and Net assets or fund balances at end of year.



Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$190,390 - noncash \$	190,390.	190,390.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	66,000.	33,000.	33,000.	0.
26 Other salaries and wages	109,751.	83,209.	26,542.	
27 Pension plan contributions				
28 Other employee benefits	14,603.	11,716.	2,887.	
29 Payroll taxes	13,829.	9,378.	4,451.	
30 Professional fundraising fees				
31 Accounting fees	9,000.		9,000.	
32 Legal fees	3,468.	1,865.	1,603.	
33 Supplies	6,132.	3,077.	3,055.	
34 Telephone	1,640.	998.	642.	
35 Postage and shipping	2,884.	1,442.	1,442.	
36 Occupancy	26,254.	13,127.	13,127.	
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	6,970.	2,690.	4,280.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	1,101.		1,101.	
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 4	43e 69,489.	20,523.	48,966.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 521,511.	371,415.	150,096.	0.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others.)
TO PROVIDE INFORMATION & PROGRAMS TO ITS MEMBERS 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.)	
a SOCIAL SERVICES- CASE MANAGEMENT AND COUNSELING TO 61 CLIENTS 566 HOME VISITS. MONTHLY KAFFEEKLATSCH FOR SENIORS: AVERAGE ATTENDENCE 15 PERSONS. SPRING OUTING: ATTENDENCE ABOUT 40 PERSONS (Grants and allocations \$ _____)	153,789.
b SCHOLARSHIPS:TUITION ASSISTANCE TO NEEDEY COLLEGE BOUND YOUTHS OF SWISS DECENT. PELLEGRINI SCHOLARSHIPS: 55 SCHOLARSHIPS AWARDED. OUTSTANDING SCHOLASTIC ACHIEVEMENT: 1 AWARD. MEDICUS STUDENT EXCHANGE: 4 AWARDS (Grants and allocations \$ 190,390.)	217,626.
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)	371,415.

Part IV Balance Sheets

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	4,207,441.	45	
	46 Savings and temporary cash investments		46	9,198,365.
	47 a Accounts receivable	47a 3,883.		
	b Less allowance for doubtful accounts	47b	47c 47.	47c 3,883.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4,174.	53	4,142.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	4,779,317.	54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 17,069.			
b Less accumulated depreciation STMT 6	57b 15,968.	57c 2,202.	57c 1,101.	
58 Other assets (describe <input type="checkbox"/>)		58 54,424.		
59 Total assets (add lines 45 through 58) (must equal line 74)		59 9,047,605.	59 9,207,491.	
Liabilities	60 Accounts payable and accrued expenses	10,665.	60	14,959.
	61 Grants payable	45,808.	61	92,756.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)		66 56,473.	66 107,715.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	6,292,684.	67	6,671,928.
	68 Temporarily restricted	1,698,448.	68	1,427,848.
	69 Permanently restricted	1,000,000.	69	1,000,000.
	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 8,991,132.	73 9,099,776.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		74 9,047,605.	74 9,207,491.	

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 VI Other Information

		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
78 a	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? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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 and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
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 27,977.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A		
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? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 4		

91 The books are in care of **ANN MARIE GILMAN** Telephone no **212-246-0655**
 Located at **608 5TH AVE. RM 309 NEW YORK, NY** ZIP + 4 **10020**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion 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			14	330,219.	
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			18	<321,956.>	
101 Net income or (loss) from special events			01	<22,325.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			0. 01	16,030.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0.	1,968.	0.
105 Total (add line 104, columns (B), (D), and (E))					1,968.

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
N/A	%			
	%			
	%			
	%			

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

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.
 BALZ EGGIMANN
 -14-02 PRESIDENT

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		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)? SEE PART V, FORM 990	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 \blacktriangleright _____
 - 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 IVA 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)	680,227.	425,235.	145,547.	103,340.	1,354,349.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	5,770.	17,886.	12,952.	17,371.	53,979.
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	333,014.	241,322.	225,123.	225,206.	1,024,665.
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	9,720.	9,988.	25,435.	28,803.	73,946.
23 Total of lines 15 through 22	1,028,731.	694,431.	409,057.	374,720.	2,506,939.
24 Line 23 minus line 17	1,022,961.	676,545.	396,105.	357,349.	2,452,960.
25 Enter 1% of line 23	10,287.	6,944.	4,091.	3,747.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 49,059.
	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 733,353.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 2,452,960.
	d Add: Amounts from column (e) for lines 18 <u>1,024,665.</u> 19 _____ 22 <u>73,946.</u> 26b <u>733,353.</u>				26d 1,831,964.
	e Public support (line 26c minus line 26d total)				26e 620,996.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 25.3162%
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: N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c N/A
	d Add: Line 27a total _____ and line 27b total _____				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

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

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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)		
34 a	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		

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2001

Name of organization

SWISS BENEVOLENT SOCIETY OF NEW YORK

Employer identification number

13-1624199

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

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

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

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

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

Name of organization SWISS BENEVOLENT SOCIETY OF NEW YORK	Employer identification number 13-1624199
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Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ _____	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SALE OF INVESTMENTS	0.	0.	0.	0.	
	5,959,251.	6,281,207.	0.	<321,956.>	
TO FORM 990, PART I, LINE 8	5,959,251.	6,281,207.	0.	<321,956.>	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SWISS NATIONAL DAY	15,120.		15,120.	37,445.	<22,325.>	
TO FM 990, PART I, LINE 9	15,120.		15,120.	37,445.	<22,325.>	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES			STATEMENT	3
DESCRIPTION	AMOUNT				
IN KIND CONTRIBUTIONS	27,977.				
TOTAL TO FORM 990, PART I, LINE 20	27,977.				

FORM 990	OTHER EXPENSES				STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
INSURANCE	5,107.	3,404.	1,703.			
PROFESSIONAL FEES	2,840.	2,840.				
MISCELLANEOUS ASSISTANCE	2,927.	659.	2,268.			
ANNUAL REPORT	4,051.	4,051.				
CLIENT ACTIVITIES	6,241.		6,241.			
INTERNET	8,097.	8,097.				
INVESTMENT FEES	2,944.	1,472.	1,472.			
	37,282.		37,282.			
TOTAL TO FM 990, LN 43	69,489.	20,523.	48,966.			

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS	SEE ATTACHED		NONE	190,390.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				190,390.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	17,069.	15,968.	1,101.
TOTAL TO FORM 990, PART IV, LN 57	17,069.	15,968.	1,101.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
IN-KIND DONATIONS	27,977.
TOTAL TO FORM 990, PART IV-A	27,977.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
DIRECT COSTS OF SPECIAL EVENTS	37,445.
TOTAL TO FORM 990, PART IV-B	37,445.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
DIRECT COSTS OF SPECIAL EVENTS	<37,445.>
TOTAL TO FORM 990, PART IV-A	<37,445.>

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANN MARIE GILMAN 608 FIFTH AVENUE NEW YORK, NY 10020	EXEC. DIRECTOR 40 HRS./ WK.	66,000.	3,542.	0.
BALZ EGGIMANN 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	PRESIDENT 30/YEAR	0.	0.	0.
HANS EGLOFF 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	VICE PRESIDENT 30/YEAR	0.	0.	0.
PAOLO GRASSI 308 FIFTH AVENUE NEW YORK, NEW YORK 10020	SECRETARY 30/YEAR	0.	0.	0.
CASPAR SPESCHA 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	TREASURER 30/YEAR	0.	0.	0.
ROBERT ARNOLD 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	20/YEAR	0.	0.	0.
GENATE BRAND 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	20/YEAR	0.	0.	0.
UDOLF BRUHMANN 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	20/ YEAR	0.	0.	0.

SWISS BENEVOLENT SOCIETY OF NEW YORK

13-1624199

RUEDI GREINER 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	20/ YEAR	0.	0.	0.
JOSEF HUBER 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	20/ YEAR	0.	0.	0.
PATRICK JORDI 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	20/ YEAR	0.	0.	0.
PETER JORDI 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	20/ YEAR	0.	0.	0.
SUSAN KELLER 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	20/ YEAR	0.	0.	0.
VALERIE WOLFMAN 608 FIFTH AVENUE NEW YORK, NEW YORK 10020	20/ YEAR	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V	<u>66,000.</u>	<u>3,542.</u>	<u>0.</u>
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SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS	9,720.	9,988.	25,435.	28,803.
TOTAL TO SCHEDULE A, LINE 22	<u>9,720.</u>	<u>9,988.</u>	<u>25,435.</u>	<u>28,803.</u>

PAC

Awards all

P			B+	B+	1/2	\$1,275 00
P			C	B	1/2	\$525 00
		M	-	A	-	\$5,500 00
P			A	A-		\$3,900 00
P			B+	A		\$3,250 00
P			B+	A-	1/2	\$1,450 00
P		Z	A-	A	1000	\$7,750.00
P			A-	B+		\$3,050 00
P			B+	A-		\$2,900 00
P			A-	B+	1/2	\$1,525 00
P			B	B+		\$2,050 00
P			B	B	1/2	\$850 00
P			C	B+		\$1,050 00
P			C	A-		\$1,400 00
E			B+	B-	E	\$925 00
P	O		B	A	1000	\$9,750 00
P			A	B		\$3,200 00
P			B	B	1/2	\$850 00
P			A-	B+	1/2	\$1,525 00
P			B+	A	1/2	\$1,825 00
E			B	B-	1/2	\$500 00
P			B+	B+		\$2,550 00
E			B+	B-	E	\$925 00
P			B	A-		\$2,400.00
		M	-	B+	-	\$4,500 00
P			A	B+		\$3,550 00
P			A-	B+		\$3,050 00
P			B	A-	1/2	\$1,200 00
E			B	B-	E	\$875 00
P			B	B		\$1,700 00
P			A-	B+		\$3,050 00
		M	-	B+	-	\$4,500 00
P			C	B+		\$1,050 00
		M	-	A-	-	\$5,000 00
P	Z		A	A-	1000	\$7,900 00
P			B+	A-		\$2,900.00
P			B	B	1/2	\$850 00
P	Z		A	A-	1000	\$7,900 00
		M	-	A	-	\$5,500 00
		M	-	B+	-	\$4,500 00
P			A	B-	1000	\$3,850 00
		M	-	A	-	\$5,500 00
P			A-	B+		\$3,050 00
P			A	B		\$3,200 00
		M	-	A-	-	\$5,000 00
	O		-	A	-	\$8,000 00
P	Z		A	A	1000	\$8,250 00
P			A	A	1000	\$5,250 00
P			B-	B+	1000	\$2,550 00
P			B-	B	1000	\$2,200 00
P			B+	B+	1/2	\$1,275 00
P			B	A-		\$2,400 00
P			B	B+		\$2,050 00
P			A	B+	1000	\$4,550 00
P			B+	B+		\$2,550 00
P			A	A	1000	\$5,250 00
P			C	B+		\$1,050 00
P			C	B+		\$1,050 00
P			A	B+	1/2	\$1,775 00
		M	-	A-	-	\$5 000 00

190,350
 40 - im m val
 190,390

- 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	SWISS BENEVOLENT SOCIETY 60 FIFTH AVENUE, RM 309 NEW YORK NY 10020		Employer identification number 13-1624199
	EIN 13-1624199 YEAR END 12/31/01 EXT1 8/15/02		For IRS use only
	FORMS 990 497	EXT2	

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 November 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 Certain information necessary to file a complete and accurate return is not yet available. It is anticipated that all data will be available prior to the extended due date

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 *Frederick H. Rothman* Title CPA Date 7/18/02

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 Loeb & Troper --- Frederick H Rothman	EXTENSION APPROVED AUG 09 2002
	Number and street (include suite, room, or apt. no) Or a PO box number 655 Third Avenue	
	City or town, province or state, and country (including postal or ZIP code) New York, New York 10017	

LINDA WEIS KOPPE FIELD DIRECTOR
SUBMISSION PROCESSING CENTER
Form 8868 (12-2000)