Form 990-PF

Department of the Treasury Intúrnal Revenue Service

Return of Private Foundation (Space)

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Note The organization may be able to use a copy of this return to satisfy state reporting requirements OMB No 1545-0052

For calendar year 2000, or tax year beginning JUN 1, 2000 and ending MAY 31, Initial return Final return Amended return Address change Name change 6 Check all that apply Name of organization A Employer identification number Use the IRS label 13-3288798 Otherwise, SOLING FAMILY FOUNDATION print Number and street (or P.O. box number if mail is not delivered to street address) Room/euite B Telephone number or type 1921 212-382-0404 1262 GRAND ISLE COURT See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions 1 Foreign organizations, check here NAPLES, FL 34108 Organizations meeting the 85% test, check here and attach computation Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at Accounting method Accrual under section 507(b)(1)(A), check here Other (specify) end of year (from Part II, col (c), F If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis line 16) > \$ 374.844 under section 507(b)(1)(B), check here (d) Disbursements Part I Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (c) Adjusted net for charitable (The total of amounts in columns (b), expenses per income income purposes (c), and (d) may not necessarily equal books N/A (cash basis only) the amounts in column (a)) 5,000 Contributions, gifts, grants, etc. received 2 Distributions from split-interest trusts Interest on savings and temporary cash investments 7.443 7,443 STATEMENT Dividends and interest from securities 57,525 57,525 STATEMENT 5a Gross rents STATEMENT (Net rental income or (loss) Net gain or (loss) from sale of as-line 10 23,169 RECEIVED 534,699. Capital gain hat income (byy) 23,169 AP Net short-term capital Bin 6 Gross sales less returns 10a) O To Copy of the state of the copy of th c Gross profit or (loss) 4 292 0 STATEMENT Other income Total Add lines 1 through 11 <u>88,137</u> 95<u>,429</u> 12 0. 0 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits Expenses 0. STMT 5 3,366 3.366. 16a Legal fees STMT 6 7,977 4,400 0. **b** Accounting fees c Other professional fees dministrative 17 Interest 18 Taxes 12,634 Depreciation and depletion 12,634 19 20 Occupancy 21 Travel, conferences, and meetings Printing and publications STMT 7 <u>60,554</u> 60,554 0. 23 Other expenses 24 Total operating and administrative 84,531 80<u>,954</u> expenses Add lines 13 through 23 44.463 463. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 44,463. 128,994 80,954 Add lines 24 and 25 Subtract line 26 from line 12* a Excess of revenue over expenses and <33.565 disbursements 7,183 b Net investment income (if negative, enter -0-) N/A 6 Adjusted net Income (if negative, enter -0-)

LHA 023501 For Paperwork Reduction Act Notice, see the instructions Form 990-PF (2000)

SCANNED

From 990-PF (2000)

Form 990-PF (2000)

27,339.

44,463.

7

7 Add lines 5 and 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

orn	1990-PF (2000) SOLING FAMILY FOUNDATION		32887			Page 4
Pε	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see in	stru	ıctio	ns)
1.	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		-			
	Date of ruling letter (attach copy of ruling letter if necessary-see instructions)					
b	Domestic organizations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%	1 1				72.
	of Part I, line 27b					
	All other domestic organizations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3			-	72.
3						
•	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5				<u>72.</u>
	Credits/Payments					
	2000 estimated tax payments and 1999 overpayment credited to 2000 6a 2,467.					
	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
đ	Backup withholding erroneously withheld 6d		-			
7	Total credits and payments. Add lines 6a through 6d	7			<u>2,4</u>	<u>67.</u>
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	_			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			2,3	95.
11	Enter the amount of line 10 to be Credited to 2001 estimated tax > 2,395. Refunded >	11				0.
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the organization attempt to influence any national, state, or local legislation or did it participate or interver	e ពា			Yes	No
	any political campaign?		Γ	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		Γ	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public	shed o	, [
	distributed by the organization in connection with the activities		ĺ			
c	Did the organization file Form 1120-POL for this year?			16		_X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						-
		0.		- 1		
a	Enter the reimbursement (if any) paid by the organization during the year for political expenditure tax imposed on the organization	_				ĺ
_	managers ▶\$ 0.					
2	Has the organization engaged in any activities that have not previously been reported to the IRS?			2		x
_	If "Yes," attach a detailed description of the activities					
3	Has the organization made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	Or		-		,
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	٠.	_	3	-	X
42	Did the organization have unrelated business gross income of \$1,000 or more during the year?			42		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A [4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		′ -	5		_X_
•	If "Yes," attach the statement required by General Instruction T		-	Ť		 ,
R	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		ļ			
٠	By language in the governing instrument or		4			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	Ьw	1			
	remain in the governing instrument?		1	6	$\bar{\mathbf{x}}$	
7	Did the organization have at least \$5,000 in assets at any time during the year?		i i	7	X	
•	If "Yes," complete Part II, col (c), and Part XV			•		
R.	Enter the states to which the foundation reports or with which it is registered (see instructions)					i
-	NEW YORK					ļ
h	If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General (or designate)				1	İ
	of each state as required by General Instruction G? If "No," attach explanation			- 8ь	X	
9	Is the organization claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	landar		90_	^	
•	year 2000 or taxable year beginning in 2000 (see instructions for Part XIV)? If "Yes," complete Part XIV	enuai		.	ł	v
10			_	9 10		X
IV	Did any persons become substantial contributors during the tax year? If "Yes" attach a school by listing they person and addresses.		-	10	-	<u> </u>
44	If "Yes" attach a schedule listing their names and addresses Pid the granifetion comply with the public inspection requirements for the angual returns and example on application?	**	/a	ا		
	Did the organization comply with the public inspection requirements for its annual returns and exemption application? The backs are in organized by CHECTER COLLING.	-		11	404	
12	The books are in care of CHESTER SOLING Telephone no J				<u>4 U 4</u>	
40	Located at 1262 GRAND ISLE COURT #1912 NAPLES, FLORIDA Section 4047(a)(1) accompany about the trust files Form 200 PE in law of form 4044. Check have	ZIP+4	<u>341</u>	<u> </u>		
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	امدا		17	_ ►	ب
	and enter the amount of tax-exempt interest received or accrued during the year	13			<u>/A</u>	
			Fo	9 m	90-PF	(2000)
2350	15					

Form 990-PF (2000) SOLING FAMILY FOUNDATION Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<u>3-3288</u>	<u> 798</u>	ſ	Page 5
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No
1a During the year did the organization (either directly or indirectly)					
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)					
a disqualified person?	Yes	X No	i		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		X No		H	
(5) Transfer any income or assets to a disqualified person (or make any of either available			·		
for the benefit or use of a disqualified person)?	☐ Yes	X No	i	1	
(6) Agree to pay money or property to a government official? (Exception Check "No"		110			
if the organization agreed to make a grant to or to employ the official for a period after					
termination of government service, if terminating within 90 days)	☐ Vaa	X No		Ì	
b If the answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	100	INV		ľ	
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		N/A	1b		
Organizations relying on a current notice regarding disaster assistance check here			'-		
c Did the organization engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not con-	rected				
before the first day of the tax year beginning in 2000?	ii erien		- 1c		x
2 Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating for	nundation		-	,	
defined in section 4942(j)(3) or 4942(j)(5))	UUMUAUUII			-	ł
At the end of tax year 2000, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(e) hearnara			1	-
before 2000?		X No		- 1	
	169	LALJ NU		į	
b Are there any years listed in 2a for which the organization is not applying the provisions of section 4942(a)(2) (relating	— to incorrect				
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" a				_	
statement - see instructions)	illo altacii	N/A	 2b	=	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		M/M			
			-		
3a Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time					
during the year?	T Yes	X No	-		1
b if "Yes," did it have excess business holdings in 2000 as a result of (1) any purchase by the organization or disqualified					1
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(o					
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sc					
Form 4720, to determine if the organization had excess business holdings in 2000)		N/A	3b		
4a Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes?		,	4a		<u> </u>
b Did the organization make any investment in a prior year (but after December 31, 1969) that could jeopardize its charital	ble purpose	that			
had not been removed from jeopardy before the first day of the tax year beginning in 2000?	, ,		4b \		X
5a During the year did the organization pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	Yes	X No		ŀ	,
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly,				Ē	-
any voter registration drive?	Yes	X No	_	ŀ	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X No		•	
(4) Provide a grant to an organization, other than a charitable, etc., organization described in section					
509(a)(1), (2), or (3), or section 4940(d)(2)?	Yes	X No	_	ļ	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for				Ī	
the prevention of cruelty to children or animals?	Yes	X No			
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulatio					
section 53 4945, or in a current notice regarding disaster assistance (see instructions)?		N/A	5b	ŀ	
Organizations relying on a current notice regarding disaster assistance check here		▶□		Ì	
e If the answer is "Yes" to question 5a(4), does the organization claim exemption from the tax because it maintained					
expenditure responsibility for the grant? N/A	Yes	☐ No			
If "Yes," attach the statement required by Regulations section 53 4945-5(d)					
6a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on					
a personal benefit contract?	Yes	X No			
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6ь		х
If you answered "Yes" to 6b, also file Form 8870					
				∩.DE	

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation: (cf) Contributions to employee benefit plans and deterred compensation (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, enter -0-) (e) Expense account, other (a) Name and address allowances CHESTER SOLING PRESIDENT 1262 GRAND ISLE COURT 0 0. NAPPLES, FLORIDA 34108 0 CEVIN SOLING SECRETARY 215 EAST 24TH STREET 0 0 NEW YORK, NY 10010 0. 2 Compensation of five highest- paid employees (other than those included on line 1). If none, enter "NONE " (d) Contributions to employee benefit plans and deferred compensation (b) Title and average hours per week devoted to position (e) Expense account, other allowances (a) Name and address of each employee paid more than \$50,000 (c) Compensation NONE 0 Total number of other employees paid over \$50,000 3 Five highest- paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 <u>N/A</u>

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>		
<u> </u>		
2		
		
All other program-related investments. See instructions		
3		
Part X Minimum Investment Return (All domestic foundations must complete this part Foreign for	oundations, see i	nstructions)
		<u> </u>
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		226 011
Average monthly fair market value of securities	18	336,911.
b Average of monthly cash balances	16	2,318.
c Fair market value of all other assets	10	<u>59,074.</u>
d Total (add lines 1a, b, and c)	1d	<u>398,303.</u>
Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	398,303.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,975.
5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	392,328.
6 Minimum investment return Enter 5% of line 5	6	19,616.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1 Minimum investment return from Part X, line 6
2a Tax on investment income for 2000 from Part VI, line 5
b Income tax for 2000 (This does not include the tax from Part VI)
c Add lines 2a and 2b
Distributable amount before adjustments Subtract line 2c from line 1
4a Recoveries of amounts treated as qualifying distributions
b Income distributions from section 4947(a)(2) trusts
c Add lines 4a and 4b

4c

			3	19,544.
	4a	 0.		
	4b	0.		
			4c	0.
			5	19,544.
			6	0.
kne	1 .		7	19,544.

Part XII Qualifying Distributions (see instructions)

4940(e) reduction of tax in those years

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,

Deduction from distributable amount (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	- -	
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	44,463.
Ь	Program-related investments - total of lines 1-3 of Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
8	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
Ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	44,463.
5	Organizations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	72.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	44,391.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation o	qualifies for the section

Form 990-PF (2000)

19,616.

72.

Add lines 3 and 4c

13-3288798 Page 8

Part XIII Undistributed Income (see instructions) (d) (a) (b) (c) 2000 Corpus Years prior to 1999 1999 1 Distributable amount 19,544. for 2000 from Part XI, line 7 2 Undistributed income, if any, as of the end of 1999 0 a Enter amount for 1999 only 0 b Total for prior years. 19 _____,19 _____,19 _____,19 _____ 3 Excess distributions carryover, if any to 2000 a From 1995 **b** From 1996 c From 1997 5,890 d From 1998 31,839 e From 1999 f Total of lines 3a through e 37,729 4 Qualifying distributions for 2000 from Part XII, line 4 🕨 💲 44.463. 0 a Applied to 1999, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 44,463 (Election required - see instructions) 0. d Applied to 2000 distributable amount 0 e Remaining amount distributed out of corpus 19,544. 19,544 Excess distributions carryover applied to 2000 (if an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as indicated below 62,648 8 Corpus. Add lines 31 4c, and 4e. Subtract line 5 b Prior years' undistributed income Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b Taxable 0 amount - see instructions e Undistributed income for 1999. Subtract line 0 4a from line 2a. Taxable amount - see instr f Undistributed income for 2000 Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2001 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) 0 8 Excess distributions carryover from 1995 0 not applied on line 5 or line 7 Excess distributions carryover to 2001 62,648 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 ■ Excess from 1996 b Excess from 1997 c Excess from 1998 18,185 d Excess from 1999

Form 990-PF (2000)

44,463

Excess from 2000

	FAMILY FOUN				<u>3-3288798 </u>	age 9
Part XIV Private Operating Foundation	na (see instructions and l	Part VII-A, question 9)		<u> </u>		
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating				
foundation, and the ruling is effective fo	or 2000, enter the date of t	the ruling	▶ └₋			
b Check box to indicate whether the organ	n <mark>ization is a private opera</mark>	ting foundation described		4942(j)(3) or	4942())(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1		
income from Part I or the minimum	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total	
investment return from Part X for						
each year listed						
b 85% of line 2a						
e Qualifying distributions from Part XII,						
line 4 for each year listed						
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities		l				
 Qualifying distributions made directly 						_
for active conduct of exempt activities.						
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the						
alternative test relied upon					1	
a "Assets" alternative test - enter						
(1) Value of all assets						
(2) Value of assets qualifying					i	
under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test -				j	İ	
Enter 2/3 of minimum investment			ı			
return shown in Part X, line 6 for						
each year listed						
c "Support" atternative test - enter						
(1) Total support other than gross						
investment income (interest,						
dividends, rents, payments on securities loans (section						
512(a)(5)), or royalties)						
(2) Support from general public						
and 5 or more exempt organizations as provided in						
section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income						
Part XV Supplementary Information	(Complete this part only	if the organization had \$	5,000 or more in ass	sets at any time durir	ig the year-see page 26 of	
the instructions)						—
Information Regarding Foundation Ma List any managers of the foundation wh	-	than 39/ of the total cost	ributions received by	the foundation before	the close of any thy	
year (but only if they have contributed i	nore than \$5,000) (See s	section 507(d)(2))	ibalons received by	ale touridation before	ale close of any tax	
CHESTER SOLING						
b List any managers of the foundation wh	no own 10% or more of th	e stock of a corporation (or an equally large pe	ortion of the ownershi	p of a partnership or	
other entity) of which the foundation ha	is a 10% or greater intere	st.	· •			
NONE						
2 Information Regarding Contribution, 6						
Check here \(\sum \big \sum \big \) If the organization the organization makes gifts, grants, etc.	only makes contribution	s to preselected charitable	organizations and d	oes not accept unsolu	cited requests for funds If	
	<u> </u>			3 Za, v, v, anu v	· · · · · · · · · · · · · · · · · · ·	
The name, address, and telephone num	iber of the person to who	m applications should be	addressed			
b The form in which applications should	be submitted and informa	tion and materials they sh	nould include			—
e Any submission deadlines						
d Any restrictions or limitations on award	ls, such as by geographic	al areas, chantable fields,	kinds of institutions,	or other factors		

SEE STATEMENT 11

Total > 3a 44,463.

b Approved for future payment

NONE

023601 01-10-01

Total

Form 990-PF (2000)

0.

▶ 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income			ded by section 512, 513, or 514	(e)	
	(a) Business	(b)	Excep-	(d)	Related or exempt	
1 Program service revenue	code	Amount	code	Amount	function income	
b						
C						
d						
0			7-1	-		
1		•				
g Fees and contracts from government agencies					***	
2 Membership dues and assessments		-	1		<u> </u>	
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities	1		14	7,443.		
5 Net rental income or (loss) from real estate		·				
Debt-financed property			1.6	<9,972.	>	
b Not debt-financed property						
6 Net rental income or (loss) from personal			1 1			
property	<u> </u>					
7 Other investment income						
8 Gain or (loss) from sales of assets other	:					
than inventory			18	23,169.		
9 Net income or (loss) from special events				<u></u>		
10 Gross profit or (loss) from sales of inventory			\bot			
11 Other revenue						
a BOOK SALES	ļ		01	2,292.		
b						
c		_ ·				
d		_ 	1 1			
e			1 1		. 	
12 Subtotal Add columns (b), (d), and (e)		0	.1	22,932.		
13 Total Add line 12, columns (b), (d), and (e)				▶ 13	22,932.	
(See worksheet in line 13 instructions to verify calculations)						

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes
------------	---

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	

Form 990-PF (2000) 13-3288798 SOLING FAMILY FOUNDATION Page 12 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting organization to a noncharitable exempt organization of (1) Cash 14(1) (2) Other assets 1a(2)**b** Other Transactions (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 15(2) (3) Rental of facilities, equipment, or other assets 16(3) (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 16(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule (b) Type of organization (a) Name of organization (c) Description of relationship N/A

> schedules and statements, and to the best of my knowledge and belief it is true, correct Pa=310=W

102

	SOLING FAMILY FOUNDATION 13-3288798 PAGE 1 OF 2								
Part IV Capital Gains and Lo	sses for Tax on investment income								
	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co (b) How acquired P - Purchase D - Donation (mo, day, yr)								
12 AMERICAN INTER	NATIONAL		P	09/28/0003/01/01					
b AMERICAN INTER			P	10/17/0003/01/01					
c HEWLETT PACKAR			P	09/28/0003/02/01					
d HEWLETT PACKAR			P	10/17/0003/02/01					
e MORGAN STANLEY		·	P	09/28/0003/02/01					
<u>f MORGAN STANLEY</u>	·		P	10/17/0003/02/01					
4 MICROSOFT			P	09/28/0012/20/00					
h MICROSOFT	-		P	10/17/0012/20/00					
ORACLE			P	09/28/0003/02/01					
ORACLE			P	10/18/0003/02/01					
k VIACOM			P	09/28/0003/01/01					
VIACOM			P	10/17/0003/01/01					
m BADEN WATENBUR	<u>G</u>	P	VARIOUS VARIOUS						
n ALCATEL			P	VARIOUS VARIOUS					
O DRESDNER FINAN	CE		P	VARIOUS VARIOUS					
(a) Cross sales areas	(f) Depreciation allowed	(g) Cost or other basis	(h)) Gain or (loss)					
(e) Gross sales price	(or allowable)	plus expense of sale	(e) p	lus (f) minus (g)					
a 13,613.		15,593.		<u><1,980.</u> >					
b 2,062.		2,295.		<u> </u>					
c 8,931.		15,825.		<u> </u>					
d 1,786.		2,552.		<u> </u>					
e 12,460.		15,553.		<3,093.>					
f 2,492.		2,527.		<35.>					
g 12,495.		15,603.		<3,108.>					
h 2,205.	·	2,520.		<315.>					
8,990.		15,913.		<6,923.>					
1,798.			 						
		2,548.		<u><750.</u> >					
<u>k</u> 13,737.		15,733.		<u> <1,996.</u> >					
<u>1 2,453.</u>		2,438.		15.					
<u>m</u> 38,293.		40,635.		<2,342.>					
<u>n 38,293.</u>		41,670.		<3,377.>					
0 42,548.		42,150.		398.					
Complete only for assets shown	ig gain in column (h) and owned by t		(I) Los	ses (from col (h))					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain over col. (k), ot less than "-0-")					
a				<1,980.>					
b				<233.>					
C	·-·-	-		<u><6,894.</u> >					
d				<766.>					
· · · · · · · · · · · · · · · · · · ·									
8				<u><3,093.</u> >					
1				<u><35.</u> >					
<u>a</u>				<3,108.>					
<u>h</u>				<u> <315.</u> >					
<u> </u>				<6,923.>					
				<750.>					
k				<1,996.>					
1									
<u>.</u>				<2,342.>					
<u>m</u>			-						
<3,377.>									
0				398.					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter "-0	in Part I, line 7 -" in Part I, line 7	2						
	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c)								

SOLING FAMILY FOU	NDATION	13-328	38798 TO	` PĂGĒ'	2 OF :
Part IV Capital Gains and Loss	res for Tax on Investment income				
(a) List and o 2-story brid	describe the kind(s) of property sold ck warehouse, or common stock, 20	, e g , real estate, 0 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a AALEGEN HYOBANK			P	VARIOUS	VARIOUS
SICA V EUROPEAN			P	VARIOUS	
SICA V EUROPEAN	I		P	VARIOUS	
d SICA V EUROPEAN	[P	VARIOUS	
VBS EQUITY FUND			P	VARIOUS	
JAPANESE EQUITY			P	VARIOUS	
VARIOUS_			P	VARIOUS	
COOP APARTMENT			P	06/01/85	
COOP APARTMENTS			P	06/01/85	
<u></u>					
<u></u>				<u>.</u>	
ľ		·,			
n					
n				<u> </u>	
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(e) (e)) Gain or (loss) plus (f) minus (g)	
42,377.		40,965.			1,412
57,865.		67,181.			<9,316.
22,976.		27,294.		·	<4,318.
12,764.		15,170.		<u> </u>	<2,406.
62,119.		73,879.			<11,760.
14,442.		17,066.			<2,624.
15,000.					15,000
45,000.	31,715.	43,367.			33,348
60,000.	60,365.	85,133.			35,232
<u> </u>					
<u>'</u>					
· <u>-</u> · · ·			·		
	gain in column (h) and owned by th	ne foundation on 12/31/69	(1)1 0	sses (from coL (h))	
	(j) Adjusted basis as of 12/31/69		Gains (excess	of col. (h) gain over not less than "-0-")	coL (k),
					1,412.
					<9,316.
					<4,318.
					<2,406.
					<11,760.
					<2,624.
					15,000.
					33,348.
					<u>35,232</u> .
					_
					
Capital gain net income or (net capi	ntal loss) { If gain, also enter in the loss in the lo	n Part I, line 7 ' in Part I, line 7 }	2		23,169.
Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co) as defined in sections 1222(5) and				
If (loss), enter "-0-" in Part I, line 8		<u>,, ,, ,,,</u> J	3	N/A	<u> </u>

Soling Family Foundation Form 990 PF

Election Pursuant To Reg. 53.4942 (a) -3(d) (2)

Foundation hereby elects under Reg. 53.4942 (a) -3 (2) to treat its qualifying distributions for 2001 to be made out of corpus

Foundation Manager

4/10/02

APARTMENTS

RENT

Amount Of Depreciation	2,929.	8,365.	0.	630.	710.	12,634.	
Current Sec 179						0	
Accumulated Depreciation	43,110.	123,352.	31,715.	27,751.	31,274.	257,202.	
Basis For Depreciation	56,310.	160,858.	41,512.	36,323.	40,935.	335,938.	,
Reduction in Basis - ITC, 179, Salvage						o	
Bus % Excl							
Unadjusted Cost Or Basis	56,310.	160,858.	41,512.	36,323.	40,935.	335,938.	
Šž	61	61	6.	6.1	6]		
Life	6100.61	19.001	19.001	19.0019	19.001		
Method	SL	SL	SL	Sī	SL		,
Date Acquired	122985 <u>E</u> L	122985SL	122985	122985	122985		
Description	APARTMENTS - 130 8TH AVENUE	2APARTMENTS YELLOWSTONE	3(D)APARTMENTS YELLOWSTONE 22985SL	4(D) APARTMENTS YELLOWSTONE 122985SL	5(D) APARTMENTS YELLOWSTONE 122985SL	DEPR	
Asset S	~ ~	N	m	-ā -	Ω [*]	<u>H</u>	

FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
ABN AMRO SECURITIES	1,061.	0.	1,061.
ING LEGG MASON	809.	0.	809.
MERRILL LYNCH	158.	0.	158.
MERRILL LYNCH	4 15. 5,000.	0.	415. 5,000.
TOTAL TO FM 990-PF, PART I, LN 4	7,443.	0.	7,443.
FORM 990-PF RENT	'AL INCOME		STATEMENT 2
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
APARTMENTS OTHER RENTAL INCOME		1 2	44,692.
		4	12,833.
TOTAL TO FORM 990-PF, PART I, LINE	5A	,	57,525.
FORM 990-PF RENTA	L EXPENSES		STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION CO-OP MAINTENANCE MANAGEMENT FEES REPAIRS & MAINTENANCE INSURANCE COMMISSIONS		12,634. 42,654. 1,206. 3,740. 2,863. 4,400.	
- SUBTOTAL	L - 1	-	67,497.
TOTAL RENTAL EXPENSES		-	67,497.
NET RENTAL INCOME TO FORM 990-PF, PA	ART I, LINE 5B	=	<9,972.>

HODY OOD DE					
FORM 990-PF	OTHER I	NCOME		STATEMENT	
DESCRIPTION				AMOUNT	
BOOK SALES			_	2,2	92.
TOTAL TO FORM 990-PF, PART I,	LINE 11, C	OLUMN A	=	2,2	92.
FORM 990-PF	LEGAL	FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
LEGAL	3,366.	3,366.			0.
TO FM 990-PF, PG 1, LN 16A =	3,366.	3,366.			0.
FORM 990~PF	ACCOUNTI	NG FEES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
ACCOUNTING FEBS	7,977.	4,400.			0.
TO FORM 990-PF, PG 1, LN 16B	7,977.	4,400.			0.
FORM 990-PF	OTHER E	XPENSES	~~~	STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
BANK FEES PARKING NYS ATTNORY GENERAL INVESTMENT FEES CO-OP MAINTENANCE MANAGEMENT FEES REPAIRS AND MAINTENANCE INSURANCE COMMISSIONS	406. 200. 100. 4,862. 42,654. 1,206. 3,740. 2,863. 4,400.	200. 100. 4,862. 42,654. 1,206. 3,740. 2,863.			0. 0. 0. 0. 0.

SOLING FAMILY FOUNDATION				13-3288798
POSTAGE	123	. 123	•	0.
TO FORM 990-PF, PG 1, LN 2	3 60,554	60,554		0.
FORM 990-PF DEPRECIAT	ION OF ASSETS	HELD FOR INV	ESTMENT	STATEMENT 8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
APARTMENTS - 130 8TH AVENUE APARTMENTS YELLOWSTONE	56,310. 160,858.	46,039. 131,717.	10,271	
TO 990-PF, PART II, LN 11	217,168.	177,756.	39,412	39,412.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 9
DESCRIPTION		вс	OOK VALUE	FAIR MARKET VALUE
LEGG MASON			368,138.	307,812.
TOTAL TO FORM 990-PF, PART	II, LINE 10B		368,138.	307,812.
FORM 990-PF	MORTGAG	E LOANS		STATEMENT 10
				FAIR MARKET
DESCRIPTION		ВС	OOK VALUE	VALUE
DESCRIPTION MORTGAGE REC		BC	23,982.	

FORM 990-PF	CDANIES AND COMMUNICATIONS		
	GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STATEMENT	11

RECIPIENT NAME AND ADDRESS	RECIPIENT STATUS	PURPOSE OF GRANT	RECIPIENT RELATIONSHP	AMOUNT
MCLA FOUNDATION		CHARITABLE	NONE	1,700.
SYRACUSE UNIVERSITY		CHARITABLE	NONE	5,000.
CLARK ART INSTITUTE		CHARITABLE	NONE	5,100.
MASS COLLEGE OF LIBERAL ARTS		CHARITABLE	NONE	6,667.
WILLIAMSTON ART CONSERVATION		CHARITABLE	NONE	5,000.
WGBY CHANNEL 57		CHARITABLE	NONE	175.
SYRACUSE LIBRARY ASSOC		CHARITABLE	NONE	500.
CIVIL WAR PRESERVATION TRUST		CHARITABLE	NONE	130.
EMERSON COLLEGE		CHARITABLE	NONE	500.
NATIONAL PARK CONSERVATORY		CHARITABLE	NONE	150.
FRIENDS OF LIBRARY-NAPLES		CHARITABLE	NONE	50.
WILLIAMSTOWN FILM FESTIVAL		CHARITABLE	NONE	100.
SYRACUSE ARCH.		CHARITABLE	NONE	500.
PHLHARMONIC CENTER		CHARITABLE	NONE	13,500.
SMITHSONIAN		CHARITABLE	NONE	350.
CONSERVANCY OF SW FLORIDA		CHARITABLE	NONE	1,576.
SOUTHWEST FLORIDA PROFESSIONAL FIREFIGHTERS		CHARITABLE	NONE	40.
BERKSHIRE FOOD PROJECT		CHARITABLE	NONE	100.
FREE ART ABUSED CHILD		CHARITABLE	NONE	250.
BROOKLYN TECH	•	CHARITABLE	NONE	150.

SOLING FAMILY FOUNDATION			13-3288798
NATIONAL TRUST	CHARITABLE	NONE	100.
BRANDIS UNIVERSITY	CHARITABLE	NONE	200.
WGCU-FM	CHARITABLE	NONE	125.
AMERICAN CANCER SOCIETY	CHARITABLE	NONE	1,000.
WGCU-TV	CHARITABLE	NONE	125.
ELDERHOSTEL	CHARITABLE	NONE	100.
NAPLES BOTANICAL GARDENS	CHARITABLE	NONE	1,000.
WILLIAMSTOWN THEATRE FESTIVAL	CHARITABLE	NONE	250.
AMERICAN HEART SOCIETY	CHARITABLE	NONE	25.
TOTAL TO FORM 990-PF, PART XV, LINE 3A		_	44,463.

Form **8868**

(December 2000)

ember 2000) tmant of the Trassum

Départment of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545 1709

• If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ 🗓
-	re filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this	
Note Do	not complete Part II unless you have already been granted an automatic 3-month extension on a pr	reviously filed Form 8868
Part I	Automatic 3-Month Extension of Time - Only submit original (no copies needed)	
Note For	m 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I	only 🕨 🔲
	orporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file incom	
returns Pa	artnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 10	66, or 1041
Type or	Name of Exempt Organization	Employer identification number
print	SOLING FAMILY FOUNDATION	13-,3288798
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions	
filing your return See	1262 GRAND ISLE COURT, NO. 1921	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NAPLES, FL 34108	
Check typ	be of return to be filed (file a separate application for each return)	
For	n 990 Form 990-T (corporation) Form 47	20
	n 990 BL Form 990 T (sec. 401(a) or 408(a) trust) Form 52	_ =
	n 990 EZ Form 990 T (trust other than above) Form 60	
X Form	n 990 PF Form 1041-A Form 88	70
to fil	integration automatic 3-month (6 month, for 990-T corporation) extension of time until	
	s tax year is for less than 12 months, check reason	Change in accounting period
	s application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions	<u>s 1,380.</u>
	s application is for Form 990-PF or 990 T, enter any refundable credits and estimated payments made. Include any prior year overpayment allowed as a credit	<u>\$</u> 2,547.
c Bala	ince Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with	FTD
cont	con or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	\$ 0.
	Signature and Verification	
Under pena it is true, co	ities of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the rrect, and complete, and that I am authorized to prepare this form	best of my knowledge and belief,
Signature	►	Date >
	r Panerwork Reduction Act Notice see instruction	Form 8869 (12-2000)

Journal billion Fart II II you have already been granted an automatic 3-month extension on a previously filed Form 8988.	<u>01</u>	12-2000)				Page 2
## Up our effige for an Automatic 3-Month Extension, complete only Part I (on page 1) ## Part III Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. ## Part III Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. ## Part III Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. ## Part III Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. ## Part III Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. ## Part III Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. ## Part III Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. ## Part III Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. ## Part III Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. ## Part III Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy. ## Part III Additional (not automatic) 3-Month Extension of Part III Additional (not automatic) 3-Month Extension of the Part III Additional (not automatic) 3-Month Extension of part of the Original Additional Original (not automatic) 3-Month Extension of the part III Additional Original (not automatic) 3-Month Extension of the Additional Original (not automatic) 3-Month Extension of the Additional Original (not automatic) 3-Month Extension of the Additional Original (not automatic) 3-Month Extension of the Additional Original (not automatic) 3-Month Extension of the Additional Original (not automatic) 3-Month Extension of the Additional Original (not automatic) 3-Month Extension of the Additional Original (not automatic) 3-Month Extension of the Additional Original (not automatic) 3-Month Extension of the Additional Original (not automatic) 3-Month Extension of the Additional Original (not automatic) 3-Month Extension (not automatic)	· It	ling for an Additional (not automatic) 3-Month Extension, complete only Part II and	check this box	·	>	X
Additional [not automatic] 3-Month Extension of Time - Must file Original and One Copy.	lote	, complete Part II if you have already been granted an automatic 3-month extension of	n a previously	/ विed Form 886	B.	
Name of Exempt Organization Soluting PARTILY POUNDATION 13 - 3288798	If you					
SULTING FAMILY FOUNDATION 1.3-3288798 Sumber, street, and noon or autin on if a P O box, see instructions 1.3-3288798	Part II	Additional (not automatic) 3-Month Extension of Time - Must file	Original a			
SOLING FAMILY FOUNDATION 13-3288798 For IRS use only	vne or	Name of Exempt Organization	` '	Employer ident	dication	number
Substitute Transport of the complete Part II if you were not already granted an automatic 3 month extension on a previously filed form 890-EZ [Form 990-F [Form 99	rint.					
Number, street, and room or stee to it is P O to x see instructions Cry, town or post office, state, and ZIP code For a foreign address, see instructions Cry, town or post office, state, and ZIP code For a foreign address, see instructions Cry, town or post office, state, and ZIP code For a foreign address, see instructions Cry, town or post office, state, and ZIP code For a foreign address, see instructions Cry, town or post office, state, and ZIP code For a foreign address, see instructions Form 990 Form						
City, town or post office, state, and ZIP code. For a foreign address, see instructions City Cover City C	ctended	<u> </u>		For IRS use only	y	
ARTIES FL 34108 Form 990	ang une			<u> </u>	-	
Neck type of return to be filed (File a separatria application for each return) Form 990 For	structions	•	_			
From 990-EL Form 990-EL Form 990-Text solution (1 face 401fg) or 408(g) trust) Form 1014 A Form 5227 Form 8270 Form 8270 Form 990-EL Form 990-Text solution and the form 4720 Form 6287 Form 6287 Form 6287 Form 990-Text solution and the form 4720 Form 6287 F	hark h		·			<u> </u>
Form 990-BL X Form 990-PF Form 990-T (nust other than above) Form 4720 Form 6069			n 1041-A	Form 5227	F	orm 8870 i
TOP: Do not complete Part II If you were not already granted an automatic 3-month extension on a previously field Form 8868. If the organization does not have an office or place of business in the United States, check this box	Fo		n 4720	Form 6069		1
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 it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box AND IT is a for part of the group, check this box AND IT is a for part of the group, check this box APRIL 15 _ 2002 JUN 1 _ 2000 and ending MAY 31 _ 2001 If this tax year is for less than 12 morths, check reason Initial return Final return Change in accounting period State in olderal why you need the extension AWAITING ADDITIONAL INFORMATION FROM THIRD PARTIES By this application is for Form 990-PE,	TAG: D			ah Glad Farm Of	DC0	
If this is for a Group Return, anter the organization's four digit Group Exemption Number (GEN)	TOP: L	o not complete Part II if you were not arready granted an automatic 3-month extension	Ott a breaton	siy med Form or		
and attach a list with the names and EINs of all members the extension is for request an additional 3-month extension of time until APRIL 15. 2002 and ending MAY 31. 2001 if this tax year is for less than 12 months, check reason intel return. Final return Change in accounting period if this tax year is for less than 12 months, check reason Initial return. Final return Change in accounting period it this tax year is for less than 12 months, check reason. AWAITING ADDITIONAL INFORMATION FROM THIRD PARTIES But if this application is for Form 990-91. 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-91. 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 But the supplication is for Form 990-91. 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment with this form, or, if required, deposed with FTD coupon or, if required, by using EFIPS (Electronic Federal Tax Payment System) See instructions Signature and Verification Indee penalties of perjury, I decare that I havy-brammed this form, caching accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, antified it an authorized to prepare this form. Signature and Verification We have approved this application Please attach this form to the organization's return We have not approved this application Please attach this form to the organization's return We have not approved this application however, we have grained a 10-day grace period from the later of the date of the organization's return We have not approved this application however, we have grained a 10-day grace period from the later of the grain accompanying schedules and statements, and to the expension of time to file We are not graining the 10-day g		· ·			>	
I request an additional 3-month extension of time until APRIL 15_2002 and ending For calendar year, or other tax year beginning					•	i
For calendar year — or other tax year beginning	ох 🕨	☐ If it is for part of the group, check this box ► ☐ and attach a list with the names a	nd EINs of all	members the ext	ension is	for
For calendar year — or other tax year beginning	4 1	arrived an additional 2 month, extension of time and 3 APRIL 15 2002			•	
State in detail why you need the extension Initial return Final return Change in accounting period			and ending	MAY 31	2001	
State in detail why you need the extension AWAITING ADDITIONAL INFORMATION FROM THIRD PARTIES 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 If this application is for Form 990-BL, 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 Dus, Subtract line 8b form line 8a, include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions Signature and Verification Indee penalties of pergry, I decire that I have fearn metalling accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and lifed I am authogrand to prepare this form. We have approved this application Please attach this form to the organization's return We have not approved this application Please attach this form to the organization's return We have not approved this application 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 lightlest form extension of time to file We are not granting the 10-day grace period We cannot consider this application because it was filed after the due date of the return for which an extension state in the more entered above Name ADRILMAN KATZ & MOND LLP Number and street (include surfe, room, or apt no) Or a P O box number 1500 BROADWAY — SUITE 2400 City or town, province or state, and country (including postal or ZP code)						na period
AWAITING ADDITIONAL INFORMATION FROM THIRD PARTIES If this application is for Form 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 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 8888 Balance Due. Subtract the 8b from line 8a. Include your payment with this form, or, I required, deposit with FTD coupon or, Il required, by using EFIPS Electronic Federal Tax Payment System). See instructions Signature and Verification Index penalties of perjury, I declare that I havy examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and that I am authorized to prepare this form. Signature Photography of 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 grarited a 10-day grace pend from the later of the date shown belief or the due date of the organization's return (including any prior extremsions). This grace pend is considered to be a valid adjusted shown belief or the due date of the organization of times the electrons other 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 form 7, we cannot grant your subject figure extension. The application is return. We have not approved this application. After considering the reasons stated in form 7, we cannot grant your subject figure extension. The organization's return. We have not approved this application. After considering the reasons stated in form 7, we cannot grant your subject figure extension. The application for an additional 3-month extension returned to an additional 3-month extension returned to an additional figure.						
b If the application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior over overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance Due. Subtract line 85 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 Mer penalties of perjury, I declare that I havy-texamined this form, enduring accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and that I am authorized to prepare this form. 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 detension of time to date of the organization's return (including any prior extensions). This grace period is considered to be a valid detension of time to 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 detension of time to file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to the patterned to the patterned to the patterned to the patterned to the patte			IES			
b If the application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior over overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance Due. Subtract line 85 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 Mer penalties of perjury, I declare that I havy-texamined this form, enduring accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and that I am authorized to prepare this form. 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 detension of time to date of the organization's return (including any prior extensions). This grace period is considered to be a valid detension of time to 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 detension of time to file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to the patterned to the patterned to the patterned to the patterned to the patte	_					
b If the application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior over overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance Due. Subtract line 85 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 Mer penalties of perjury, I declare that I havy-texamined this form, enduring accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and that I am authorized to prepare this form. 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 detension of time to date of the organization's return (including any prior extensions). This grace period is considered to be a valid detension of time to 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 detension of time to file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to the patterned to the patterned to the patterned to the patterned to the patte	_					
b If the application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior over overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance Due. Subtract line 85 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 Mer penalties of perjury, I declare that I havy-texamined this form, enduring accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and that I am authorized to prepare this form. 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 detension of time to date of the organization's return (including any prior extensions). This grace period is considered to be a valid detension of time to 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 detension of time to file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to an additional 3-month extension patterned to the patterned to the patterned to the patterned to the patterned to the patte	_		<u> </u>			
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 \$ 2,547.\$\] 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 EFIPS (Electronic Federal Tax Payment System). See instructions \$ 0.\$\] Signature and Verification inder penalties of perjury, if decare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and will an authorized the form. 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. 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 littless figure extension of time for elections other file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension is reducted. By Name ADELMAN KATZ & MOND LLP Number and street (include surte, room, or apt no.) Or a P.O. box number. 1500 BROADWAY — SUITE 2400. City or town, province or state, and country (including postal or ZIP code)			апу	•		
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 EFIPS Electronic Federal Tax Payment System). See instructions Signature and Verification more penalties of perjury, I declare that I havy-examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and wall I am authorized to prepare this form. Notice to Applicant - To Be Completed by the IRS Notice to Applicant - To Be Completed by the IRS We have 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 science of time date shown below or the due date of the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your likeliest figure extension of time to file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension fetumed to an address. Proceedings of the return for which an extension fetumed to an address different than the one entered above. Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt no.) Or a PO box number. 1500 BROADWAY — SUITE 2400 City or town, province or state, and country (including postal or ZIP code)	no	nrefundable credits. See instructions		<u>\$</u>	1	<u>.,380.</u>
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 EFIPS (Electronic Federal Tax Payment System). See instructions Signature and Verification Inder penalties of perjury, I declare that I havy examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and and land authorized to prepare this form. Notice to Applicant - To Be Completed by the IRS We have approved this application. However, we have granted a 10-day grace peniod from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace peniod is considered to be a valid extension of time the 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 tem 7, we cannot grant your Balbest form extension of time to file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension entered. Present than the one entered above. Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt no.) Or a P.O. box number 1500 BROADWAY - SUITE 2400 City or town, province or state, and country (including postal or ZIP code)						
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 EFIPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification	ta	c payments made. Include any prior year overpayment allowed as a credit and any amount products with Form 8868.	aid	•	2	547
Signature and Verification moder penalties of per jury, I decare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and stall I am authorized to prepare this form. Title				*		., 3271
Signature and Verification Index penalties of perjuny, I declare that I havy examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, is true, correct, and complete, and stall am authorized to prepare this form. In the 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 peniod from the later of the gate shown below or the due date of the organization's return (including any prior extensions). This grace peniod is considered to be a valid actions on time the electrons of the 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 bettlest figure extension of time to file. We are not granting the 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 By: Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt no.) Or a PO box number. 1500 BROADWAY - SUITE 2400 City or town, province or state, and country (including postal or ZIP code)				\$		— O
Inder 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, is true, correct, and complete, and that I am authorized to prepare this form. Italia						
Itile 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 glate shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid distribution of time to 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 leadlest force extension of time to file. We are not granting the 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 Nector Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt no.) Or a P.O. box number. 1500 BROADWAY — SUITE 2400 City or town, province or state, and country (including postal or ZIP code)	bdor na	, ,	nests and to the	n heet of my knowle	adaa aad b	aliof
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 gate shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid actension of time for required to be made on a timety 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 badlest force extension of time to file. We are not granting the 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 reduested. Other By Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt no.) Or a P.O. box number 1500 BROADWAY — SUITE 2400. City or town, province or state, and country (including postal or ZIP code)	moerpe Istrue.	natures of perjury, I dectare that I have examined this form, including accompanying scriedules and states correct, and complete, and that I am authorized to prepare this form.	neius, and 10 us	e Dest Of my Knowi	eage and D	eller,
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 before 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 the 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 extension of time to file. We are not granting the 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. By: Director. By: Director. By: Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt. no.) Or a PO box number. 1500 BROADWAY — SUITE 2400 City or town, province or state, and country (including postal or ZIP code)	·	1111			141.	
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 glate 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 the 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 leadlest force extension of time to file. We are not granting the 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 By By Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt. no.) Or a P.O. box number. 1500. BROADWAY — SUITE 2400. City or town, province or state, and country (including postal or ZIP code).	ignature			Date -	/// 0	
We have not approved this application. However, we have granted a 10-day grace period from the later of the gate 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 the 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 ballest form extension of time to file. We are not granting the 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 By: Director 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. Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt. no.) Or a P.O. box number 1500 BROADWAY - SUITE 2400 City or town, province or state, and country (including postal or ZIP code)	_/	••	ne IRS			
date of the organization's return (including any prior extensions). This grace period is considered to be a valid astension of time to 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 leadlest form extension of time to file. We are not granting the 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 By: Director 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. Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt. no.) Or a P.O. box number 1500 BROADWAY - SUITE 2400 City or town, province or state, and country (including postal or ZIP code)	_		. 45 - 1-44 44		U.	
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 legitlest forein extension of time to file. We are not granting the 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 By: Director 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. Name ADELMAN KATZ & MOND LIP Number and street (include suite, room, or apt. no.) Or a P.O. box number 1500 BROADWAY - SUITE 2400 City or town, province or state, and country (including postal or ZIP code)						
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your exclusive to file. We are not granting the 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 By: Director 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. Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt no.) Or a P.O. box number 1500 BROADWAY - SUITE 2400 City or town, province or state, and country (including postal or ZIP code)			ACTIO DA STASSI	O POSTORISION OF UR	Z	CHOIS OUR
file We are not granting the 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 By Director 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 Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt no) Or a P O box number 1500 BROADWAY - SUITE 2400 City or town, province or state, and country (including postal or ZIP code)	┌┐`ँ	a have not annowed this anniforation. After considering the reasons stated in item 7, we can	ont grant vois	r Hadillest foren e	(O	of time to
We cannot consider this application because it was filed after the due date of the return for which an extension was requested Other By Director Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension fetumed to an address different than the one entered above Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt no) Or a P O box number 1500 BROADWAY - SUITE 2400 City or town, province or state, and country (including postal or ZIP code)			. o. g.u., jou	00 Z	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	01 11110 15
Other By Director Naternate 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 Name ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt no) Or a P O box number 1500 BROADWAY - SUITE 2400 City or town, province or state, and country (including postal or ZIP code)	\square w	e cannot consider this application because it was filed after the due date of the return for v	rhich an exten	sion was reques	ted 5	
Atternate 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 Name ADELMAN KATZ & MOND LLP					2	
Atternate 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 Name ADELMAN KATZ & MOND LLP					, <u>5</u>	!
Atternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension fetumed to an address different than the one entered above Name ADELMAN KATZ & MOND LLP		By			<u>, </u>	<u>-</u>
Name ADELMAN KATZ & MOND LLP Type Number and street (include suite, room, or apt no) Or a P O box number 1500 BROADWAY ~ SUITE 2400 City or town, province or state, and country (including postal or ZIP code)	Director					
Name ADELMAN KATZ & MOND LLP Type Number and street (include suite, room, or apt no) Or a P O box number 1500 BROADWAY ~ SUITE 2400 City or town, province or state, and country (including postal or ZIP code)			onal 3-month	extension_feturn	ed to an a	efdress
ADELMAN KATZ & MOND LLP Number and street (include suite, room, or apt no) Or a P O box number 1500 BROADWAY ~ SUITE 2400 City or town, province or state, and country (including postal or ZIP code)	unteren					
Number and street (include suite, room, or apt no.) Or a P O box number 1500 BROADWAY ~ SUITE 2400 City or town, province or state, and country (including postal or ZIP code)		1 " '				
Or print 1500 BROADWAY ~ SUITE 2400 City or town, province or state, and country (including postal or ZIP code)	Twn=	· · · · · · · · · · · · · · · · · · ·				
City or town, province or state, and country (including postal or ZIP code)	or print					
	5 - 110 -					