

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2001**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Note 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 2001 and ending 20

B Check if applicable

- Address change
Name change
Initial return
Final return
Amended return
Application pending

NATHAN CHANIN CULTURAL FOUNDATION INC.
45 EAST 33RD STREET
NEW YORK, NY 10016
EXTENSION ATTACHED

D Employer identification number

13-6178558

E Telephone number

(212) 889-6800

F Accounting method Cash Accrual Other

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

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No

(If "No," attach a list See inst)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN

L Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

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

Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 92,911.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes revenue items like contributions, program service revenue, and expenses like management and fundraising.

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SEE SCHEDULE 1

ENVELOPE NOV 14 2002 POSTMARK DATE

FILMED DEC 11 2002

Handwritten number 23

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ <b>52,702</b> , noncash \$ _____)	<b>52,702.</b>	<b>52,702.</b>	<b>SEE SCHEDULE 5</b>	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	<b>1,000.</b>		<b>1,000.</b>	
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation depletion etc (att sch)				
43	Other expenses not covered above (itemize) a				
b	<b>SEE SCHEDULE 4</b>	<b>5,446.</b>	<b>5,098.</b>	<b>348.</b>	
c					
d					
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	<b>59,148.</b>	<b>57,800.</b>	<b>1,348.</b>	

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

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? <b>SEE SCHEDULE 3</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
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 <b>PROVIDE CULTURAL SUPPORT &amp; ASSISTANCE TO VARIOUS ORGANIZATIONS IN FURTHERANCE &amp; PRESENTATION OF THEIR CULTURAL HERITAGE</b> (Grants and allocations \$ <b>53,548.</b> )	<b>57,800.</b>
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>57,800.</b>

**Part IV Balance Sheets** (See Specific Instructions on page 24.)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	3,598.	45	3,397.
46	Savings and temporary cash investments	111,589.	46	111,653.
47 a	Accounts receivable	47a		
b	Less allowance for doubtful accounts	47b	47c	
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 (attach schedule)		50	
51 a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54	Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
55 a	Investments - land, buildings, and equipment, basis	55a		
b	Less accumulated depreciation (attach schedule)	55b	55c	
56	Investments - other (attach schedule)		56	
57 a	Land, buildings, and equipment basis	57a		
b	Less accumulated depreciation (attach schedule)	57b	57c	
58	Other assets (describe <b>▶ SEE SCHEDULE 7</b> )	6,502.	58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	121,689.	59	115,050.
60	Accounts payable and accrued expenses	2,100.	60	1,061.
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <b>▶</b> )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	2,100.	66	1,061.
Net	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines</b>			
67	67 through 69 and lines 73 and 74			
67	Unrestricted	119,589.	67	113,989.
68	Temporarily restricted		68	
69	Permanently restricted		69	
or	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and</b>			
70	complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	119,589.	73	113,989.
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	121,689.	74	115,050.

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 (See Specific Instructions on page 27)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt
81a Enter direct or indirect political expenditures
81b Did the organization file Form 1120-POL for this year?
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations - a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85h 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?
86 501(c)(7) organizations - Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included in line 12, for public use of club facilities
87 501(c)(12) orgs - Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
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
89a 501(c)(3) organizations - Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs - Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c above, reimbursed by the organization
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)
91 The books are in care of NATHAN CHANIN CULTURAL FDN Telephone no (212) 889-6800
Located at 45 E 33RD ST, NEW YORK, NY ZIP + 4 10016
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

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

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					3,397.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					3,397.
105 Total (add line 104, columns (B), (D), and (E))					3,397.

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)
95	FUNDS PROVIDE SUPPORT TO ASSIST IN FURTHERANCE OF THEIR
95	CULTURAL HERITAGE

**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

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date 11/01/2002

ESTR

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

Supplementary Information - (See separate instructions)

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

OMB No 1545-0047

**2001**

Employer identification number

**NATHAN CHANIN CULTURAL FOUNDATION INC.**

**13-6178558**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

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

Total number of other employees paid over \$50,000 ▶

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of others receiving over \$50,000 for professional services ▶

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

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?                      If <b>Yes</b>, enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____                      (Must equal amount on line 38)                      Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<b>1</b>	<b>X</b>
<p><b>2</b> 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 <b>Yes</b>, attach a detailed statement explaining the transactions)</p>		
<p><b>a</b> Sales, exchange, or leasing of property?</p>	<b>2a</b>	<b>X</b>
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>	<b>X</b>
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>	<b>X</b>
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>	<b>X</b>
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>	<b>X</b>
<p><b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)</p>	<b>3</b>	<b>X</b>
<p><b>4</b> Do you have a section 403(b) annuity plan for your employees?                      Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments</p>	<b>4a</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

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

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

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

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

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

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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	34275.	49581.	78920.	135986.	298762.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9065.	9885.	11761.	2747.	33458.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	43340.	59466.	90681.	138733.	332220.
24 Line 23 minus line 17	43340.	59466.	90681.	138733.	332220.
25 Enter 1% of line 23	433.	595.	907.	1387.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 6,644.
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 amount.					26b 165,952.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 332,220.
d Add: Amounts from column (e) for lines 18 <u>33,458.</u> 19 _____ 22 <u>165,952.</u> 26b _____					26d 199,410.
e Public support (line 26c minus line 26d total)					26e 132,810.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 39.9800 %
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 record 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.					
	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

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. (See page 5 of the instructions.)

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

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

**N/A**

		<b>N/A</b>		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>N/A</b>	<b>29</b>		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>N/A</b>	<b>30</b>		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	<b>N/A</b>	<b>31</b>		
<b>32</b>	Does the organization maintain the following <b>N/A</b>				
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		<b>32a</b>		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		<b>32b</b>		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		<b>32c</b>		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?		<b>32d</b>		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)				
<b>33</b>	Does the organization discriminate by race in any way with respect to <b>N/A</b>				
<b>a</b>	Students' rights or privileges?		<b>33a</b>		
<b>b</b>	Admissions policies?		<b>33b</b>		
<b>c</b>	Employment of faculty or administrative staff?		<b>33c</b>		
<b>d</b>	Scholarships or other financial assistance?		<b>33d</b>		
<b>e</b>	Educational policies?		<b>33e</b>		
<b>f</b>	Use of facilities?		<b>33f</b>		
<b>g</b>	Athletic programs?		<b>33g</b>		
<b>h</b>	Other extracurricular activities?		<b>33h</b>		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)				
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency? <b>N/A</b>		<b>34a</b>		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		<b>34b</b>		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50 1975-2 CB 587, covering racial nondiscrimination? If "NO," attach an explanation <b>N/A</b>		<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 ( To be completed **ONLY** by an eligible organization that filed Form 5768 )

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

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

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

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

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



**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 the organization

Employer identification number

**NATHAN CHANIN CULTURAL FOUNDATION INC.**

**13-6178558**

Organization type (check one)

- | Filers of          | Section  |
|--------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                       |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation     |
|                    | <input type="checkbox"/> 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 tax 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 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 or 990-EZ, or 990-PF) (2001)

Name of organization **NATHAN CHANIN CULTURAL FOUNDATION INC.** Employer identification number **13-6178558**

**Part I** Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
0		\$ 7,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
0		\$ 39,363.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization <b>NATHAN CHANIN CULTURAL FOUNDATION INC.</b>	Employer identification number <b>13-6178558</b>
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**Part II Noncash Property**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
0	VARIOUS STOCKS	\$ 39,363.	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

# Federal Attachments

2001

Name(s) as shown on return <b>NATHAN CHANIN CULTURAL FOUNDATION INC.</b>	Identification Number <b>13-6178558</b>
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**FORM 990 PART I - SALE OF NON-INVENTORY ASSETS** **SCHEDULE 1**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE:	40967.	
COST OR OTHER BASIS:	39363.	
EXPENSES OF SALE:	0.-	
 NET GAIN/LOSS FROM SALE OF PUBLICLY TRADED SECURITIES		<b>1604.</b>
TOTAL NET GAIN/LOSS TO FORM 990, PART I, LINE 8D		<b>1604.</b>

**FORM 990 PART V - OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES** **SCHEDULE 2**

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>HRS/WEEK</u>
SEE ATTACHED SCHEDULE		

<u>COMPENSATION</u>	<u>CONTRIBS TO BENEFT PLANS</u>	<u>EXPENSE ACCT &amp; OTH ALLOWS</u>
0	0	0

**PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS** **SCHEDULE 3**

SUPPORT YIDDISH CULTURE

**FORM 990 - OTHER FUNCTIONAL EXPENSES** **SCHEDULE 4**

<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT / GENERAL</u>	<u>FUND RAISING</u>
CONDUCTOR FEES	4750.	4750.		
OFFICE AND MISC EXPENSES	696.	348.	348.	
 TOTAL TO PART II LINE 43	<b>5446.</b>	<b>5098.</b>	<b>348.</b>	

Federal Attachments

2001

Name(s) as shown on return NATHAN CHANIN CULTURAL FOUNDATION INC.	Identification Number 13-6178558
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FORM 990 PART II - GRANTS AND ALLOCATIONS

SCHEDULE 5

CASH GRANTS AND ALLOCATIONS

AMOUNT

PAID BY FILING DATE: 6502.

NAME AND ADDRESS OF DONEE

BRANCHES OF WORKMEN'S CIRCLE

PAID BY FILING DATE: 16500.

NAME AND ADDRESS OF DONEE

FOLKSBIENE THEATRE

PAID BY FILING DATE: 18000.

NAME AND ADDRESS OF DONEE

YIDDISH ARTS & FRNDS ACTRS CLB

PAID BY FILING DATE: 11200.

NAME AND ADDRESS OF DONEE

LEVICK HOUSE

PAID BY FILING DATE: 500.

NAME AND ADDRESS OF DONEE

SECOND CENTURY FUND

TOTAL GRANTS AND ALLOCATIONS, FORM 990 PART II, LINE22 FLD1 52702.

# Federal Attachments

2001

Name(s) as shown on return <b>NATHAN CHANIN CULTURAL FOUNDATION INC.</b>	Identification Number <b>13-6178558</b>
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<b>FORM 990 SCHEDULE A PART IV - EXCESS CONTRIBUTORS</b>	<b>SCHEDULE 6</b>
--	-------------------

NAME	EXCESS AMOUNT
	109172.
	52068.
	4712.
<b>TOTAL TO LINE 26B</b>	<b>165952.</b>

<b>FORM 990 PART IV - OTHER ASSETS</b>	<b>SCHEDULE 7</b>
--	-------------------

DESCRIPTION	BEG OF YR	END OF YR
<b>BEGINNING OTHER ASSETS</b>	<b>6502.</b>	
<b>DUE FROM AFFILIATES</b>		
<b>TOTAL TO PART IV LINE 58</b>	<b>6502.</b>	<b>0.-</b>

**2001 FORM 990 – PART V – OFFICERS, DIRECTOR, TRUSTEES, KEY EMPLOYEES**

<b>NAME</b>	<b>ADDRESS</b>	<b>TITLE</b>
ALFRED GELBERG	1284 PRINCETON ROAD TEANECK, NJ 07666	DIRECTOR
ESTHER L GOODMAN	227 DEAN STREET BROOKLYN, NY 11217	DIRECTOR
ROBERT A KAPLAN	1 GRACIE TERRACE NEW YORK, NY 10028	DIRECTOR
ROBERT KESTENBAUM	2047 HANCOCK AVENUE N BELLMORE, NY 11710	DIRECTOR
MARTIN KRUPNICK	75 W MAIN STREET FREEHOLD, NJ 07728	DIRECTOR
MOISH MLOTEK	160 MILDRED PARKWAY NEW ROCHELLE, NY 10804	DIRECTOR
SEENA PARKER	531 EAST 18 <sup>TH</sup> STREET BROOKLYN, NY 11226	DIRECTOR
PETER PEPPER	135 EAST 39 <sup>TH</sup> STREET NEW YORK, NY 10016	DIRECTOR
MILTON PINCUS	49 MAGNOLIA LANE JERICHO, NY 11753	DIRECTOR
RENA LEIKIND	15-23 MANDON PLACE FAIR LAWN, NJ 07410-5336	DIRECTOR
SHELBY SHAPIRO	6813 CARLYN COURT BETHESDA, MD 20817	DIRECTOR
TAMAR ZINN	234 WEST 21 <sup>ST</sup> STREET NEW YORK, NY 10011-3446	DIRECTOR
BARNETT ZUMOFF	3710 BEDFORD AVENUE BROOKLYN, NY 11229	DIRECTOR

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	NATHAN CHANIN CULTURAL FOUNDATION INC.	13-6178558
	Number street, and room or suite no. If a P O box, see instructions	
File by the due date for filing your return. See instructions	45 EAST 33RD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	NEW YORK, NY 10016	

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)               | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)    | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                            | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2001 or

▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury I declare that I have examined this 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 [Signature] Title ACCOUNTANT Date 05/10/02

For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

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.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: NATHAN CHANIN CULTURAL FOUNDATION INC., 45 EAST 33RD STREET, NEW YORK, NY 10016.

Check type of return to be filed (File a separate application for each return)
Form 990 [X] 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 \_\_\_\_\_ and ending \_\_\_\_\_
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
WAITING FOR ADDITIONAL INFORMATION

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 [Handwritten Signature] Title ACCOUNTANT Date 08/09/02

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

Table with 3 columns: Type or print, Name, Address. Includes: MARTIN J. GOLDBERG, P.C., 72 GUY LOMBARDO AVENUE, FREEPORT, NY 11520. EXTENSION APPROVED AUG 23 2002 LINDA WEISKOPF FIELD DIRECTOR, SUBMISSION PROCESSING OGDEN