	Form 990		Return of Organi	zation Exempt f	rom	Inco	ome Tax	C	OMB No 11	
			Under Section 501(c), 5 (except black in	527, or 4947(a)(1) of the I ung benefit trust or priva	nterna ite fou	i Reve ndatio	nue Code n)		200 Open to	
)ep: nter	intment of the Treasury nal Revenue Service	► The	organization may have to use	a copy of this return to	satisfy	state	reporting re-	quirements	· ·	
1	For the 2001 calen	dar year,	or tax year beginning	, 200	l, and	ending				
3	Check if applicable		C Name of organization					D Employer	dentification Numbe	or .
	Address change	Please us IRS labe	THE WILLIAM J DO	NOVAN MEMORIAL	FDN_			13-30	9574 <u>4</u>	
	Name change	or print or type	Number street (or PO box if m	all is not delivered to street add	r) Ro	om/suite		E Telephone	number	
	Initial return	See specific	23 E 69TH STREET			<u>R3</u>				
	Final return	instruc tions	City, Town or Country	St	ate ZIP	code +	4	F Accounts	Cash	X Acen
	Amended return		NEW YORK	N	<u>Y 1</u>	<u>0021</u>		Other	(specify)	
	Application pending	<ul> <li>Sect</li> </ul>	tion 501(c)(3) organizations an	d 4947(a)(1) nonexempt		H and	are not applica	able to Section	527 organizations	_
			ntable trusts must attach a co m 990 or 990-EZ)	mpleted Schedule A		H (a)	Is this a group	return for affil	rates? Yes	X
3	Web site 🕨	(				Н (b)	lf yes, enter i	number of affili	ates 🏲	_
-					_	- H (c)	Are all affiliate	es included?	Yes	
J	Organization type (check only one)		► X 501(c) 3 < (insert	(no) 4947(a)(1) or	527		(if no, attach	a list. See ins	tructions)	
<u>,</u>	· · · · · · · · · · · · · · · · · · ·		anization's gross receipts are i		-	- H (d)	Is this a separ		·	<u> </u>
`	\$25.000 The orga	nization r	need not file a return with the i	IRS, but if the organizati	on	ļ	organization c	overed by a gro	oup ruling? Yes	
	received a Form 9 Some states requi	90 Packa	ige in the mail, it should file a	return without financial c	lata	<u>  </u>		lit group GE		
						M			nization is not requ	
			b, 8b, 9b, and 10b to line 12			<u> </u>		-	990, 990 EZ, or 990	PF)
-3			nses, and Changes in N		Salan	ces (s	see instructi	ons)	a	
			rants, and similar amounts rec	eived	Ι.	1	-			
	a Direct public	••					۷,	<u>000 [</u>		
	b Indirect publi							<b></b> [55		
	c Government d Total (add lines			*	1	¢				
	la through lc) (		noncash		<u> </u>				<u>a</u>	2,000
	-		nue including government fee:	s and contracts (from Pa	rt VII,	line 95	0	2		
			d assessments					3		
		-	nd temporary cash investment:	S				4		
		a interes	t from securities			_		5		
	6a Gross rents				6	-		(\$.,;	*1	
	b Less rental	•			0			!	1	
			(loss) (subtract line 6b from lin	ie baj				) 7		
RE	7 Other investr	nentinco		(A) Securities			(B) Other	<u> </u>		
VENU			ales of assets other	(A) Securities	8	_			•	
N	than inventor	-	and color eventset		8	_				
E			asis and sales expenses							
	c Gain or (loss) (a		•	- <u> </u>	8	C		P **	~3 	
	·		mbine line 8c, columns (A) and	a (B))				8	<u> </u>	
			ctivities (attach schedule)	of contributions					-	
	a Gross revenu reported on I	•	icluding \$	of contributions	94	_		i i i i i i i i i i i i i i i i i i i	8	
	•		other then fundrousing owner		9				4	
		•	other than fundraising expension		1 31	DI		[3%* 90		
			rom special events (subtract li		1 10.	-1				
			ory, less returns and allowance	-5	10				4	
	<b>b</b> Less cost of	-		unterest line 10h from line 10e)	101				_1	
			sales of unventory (attach schedule) (su	abuactime rob from the roa)				100		
			<u>-arr vii, fine</u> 103) hes 1d, 2, 3, 475, 6c, 7, 8d, 9c	100 and 11)				11	+	2 000
_								12		2,000
EX	13 Program ser	MY I'	in line 44, column (B)) Ierat (nom line 44, column (C))	1				13	<u> </u>	8,826
PE	1 1			1				14	+	
N			(attech-schedule)					15	+	
Ĕ										, ro
-			lines 16 and 44, column (A))					17		8,826
AS	•		the year (subtract line 17 from	•				18		6,820
S E T			lances at beginning of year (fr					19	+ · · · · ·	7,58:
	20 Other change	es in net	assets or fund balances (attac	a explanation)				20		
Ť	21 Net assets of	الد المراكب	lances at end of year (combine	n lines 10, 10, 2-1,000				21		755

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#### THE WILLIAM J DONOVAN MEMORIAL FDN ' Form 990 (2001)

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## 13-3095744

\* Page 2

Part 1 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

	o 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 \$					(
~~	non cash \$)	22				LANSE CAL
23 24	Specific assistance to individuals (att sch) Benefits paid to or for members (att sch)	23				
25	Compensation of officers, directors, etc	25				288886.1111.1.% <u>a.a/21</u> }
26	Other salaries and wages	26				
27	Pension plan contributions	27			-	
28	Other employee benefits	28			·	
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	350	350		
32	Legal fees	32				<del>_</del>
33	Supplies	33				
34	Telephone	34				
35 36	Postage and shipping Occupancy	35 36	1,797	1,797		
30 37	Equipment rental and maintenance	37				······
38	Printing and publications	38				
39	Travel	39		·· ·· ·		
40	Conferences, conventions, and meetings	40				<u>.</u>
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize)					
a	OFFICE	43a	6,654	6,654		
ь	DUES/SUBS	43b	25_	25		
c		43c				
d		43d				
		43e				
44	Total functional expenses (add lines 22 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	8,826	8,826		
Joint	Costs Check 🕨 🗌 if you are following	SOP 9	3 2			
	iny joint costs from a combined educationa	•	•			►[] Yes [] No
	s,' enter (i) the aggregate amount of these				mount allocated to progr	
\$	, (iii) the amount all	ocated	to management and ger	neral D	, and (iv) the	e amount allocated
	Statement of Program Serv	ice Δ	ccomplishments			<u> </u>
	is the organization s primary exempt purp	_	ceompliannenta			Program Service Expenses
			chievements in a clear	and concise manner. Sta	ate the number of	(Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others )
client izatio	ganizations must describe their exempt pu is served, publications issued, etc. Discuss ins & section 4947(a)(1) nonexempt chariti	achiev able tru	ements that are not mea sts must also enter the a	asurable (Section 501(c) amount of grants & alloc	(3) & (4) organ ations to others )	4947(a)(i) trusts but
						,,,
			(Grants and	d allocations \$	<u> </u>	
b						
			(Grants and	d allocations \$	)	
c					<b>__</b> _	
				<b>f</b>		
d	·			d allocations \$	2	
		<b>-</b>				
				allocations \$	<b>&gt; &gt;</b>	
e	Other program services			d allocations \$	<b>&gt; &gt; &gt;</b> _ <b></b>	· · · · · · · · · · · · · · · · · · ·
1	Total of Program Service Expenses (sho	uld equ	ai iine 44, column (B), p	program services)	<u> </u>	<u> </u>

a,

Page 3

#### Part IX Balance Sheets (See instructions)

Note	. ѝ «	here required, atlached schedules and amounts within Numn should be for end of-year amounts only	(A) Beginning of year		<b>(B)</b> End of year	
$\neg$	45	Cash – non interest bearing		6,234	45	1,205
	46	Savings and temporary cash investments			46	
	47	a Accounts receivable	47 a		201	
		b Less allowance for doubtful accounts	47 ь		47 c	
					122	
	48	a Pledges receivable	48a		إستشط	
		b Less allowance for doubtful accounts	48ь		48c	
	49	Grants receivable			49	
A S	50	Receivables from officers, directors, trustees, and keep employees (attach schedule)	≥y		50	
A S S E T S	51	a Other notes & loans receivable (attach sch)	51 a		B , 1	
S		b Less allowance for doubtful accounts	51b		51 c	<u> </u>
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	· · · ·
	- 54	Investments – securities (attach schedule)	► Cost FMV		54	
	55	a Investments – land, buildings, & equipment basis	55 a			
		b Less accumulated depreciation			المشا	
		(attach schedule)	55b		55 c	
	56	Investments – other (attach schedule)			56	
	57	a Land, buildings, and equipment basis	57 a			
		b Less accumulated depreciation (attach schedule)	57Ь		57 c	
	58	Other assets (describe 🕨 See Line 58 Stm	t)	1,797	58	
	59	Total assets (add lines 45 through 58) (must equal li	ne 74)	8,031	59	1,205
	60	Accounts payable and accrued expenses		450	60	450
- Ļ	61	Grants payable			61	
Å B	62	Deferred revenue			62	
Ĭ	63	Loans from officers, directors, trustees, and key employees (attach	schedule)		63	
L I T	64	a Tax exempt bond liabilities (attach schedule)			64 a	
- 1		b Mortgages and other notes payable (attach schedule)			64b	
E S		Other liabilities (describe 🕨	)		65	
		Total liabilities (add lines 60 through 65)		450	66	450
N	Orga		nd complete lines 67			
Ĕ	-	through 69 and lines 73 and 74		7		7.55
ŝ		Unrestricted		7,581	67	755
400E-0	68				68	
	- 69		<b></b>		69	<b>_</b>
Ř	Orga	nizations that do not follow SFAS 117, check here	and complete lines			
F.	-	70 through 74			<b>%</b> /	
۲ ۵	70				70	
	71 72		•		71	
ŝ	72	Retained earnings, endowment, accumulated incom	e, or other runds		72	
おんしんえいしい	7	Total net assets or fund balances (add lines 67 throi 72, column (A) must equal line 19 and column (B) n	ugh 69 or lines 70 through	7,581	73	755
Š	74	Total liabilities and net assets/fund balances (add li		8,031	74	1,205

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.

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#### THE WILLIAM J DONOVAN MEMORIAL FDN Form 990 (2001)

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		ONOVAN MEMORIAL		<u></u>	13-30	_	
Par	t IV-A Financial Statements with per Return (See Instruction	h Revenue	Parl	IV-B Financial S per Return	Statements with	es p Ex	per Audited penses
a	Total revenue, gains, and other support per audited financial statements	8	a	Total expenses and I financial statements	osses per audited ►	a	
b	Amounts included on line a but not on line 12, Form 990		Ь	Amounts included on on line 17, Form 990	line a but not		
(1)	Net unrealized gains on investments \$		(1)	Donated serv ices and use of facilities			
(2)	Donated serv- ices and use of facilities \$		(2)	) Prior year adjust- ments reported on line 20, Form 990 \$			
.,	Recoveries of prior year grants \$			Losses reported on line 20, Form 990			
(4)	Other (specify)		(4)	) Other (specify)			
	Add amounts on lines (1) through (4)	ь		Add amounts on lines (1)	through (4) 🕨	dr ‰	
с	Line a minus line b	c	с	Line a minus line b	•	c	······································
d	Amounts included on line 12, Form 990 but not on line a		d	Amounts included on Form 990 but not on	line 17, line <b>a</b> ·		
(1)	Investment expenses not included on line 6b, Form 990 \$		(1)	Investment expenses not included on line 6b, Form 990			
(2)	Other (specify)		(2)	) Other (specify)		Ý.	
	\$			s		82	
	Add amounts on lines (1) and (2)	d		Add amounts on line	s (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	e	Total expenses per li 990 (line c plus line d	ine 17, Form ≴) ►	е	
Par	List of Officers, Directors,	Trustees, and Key E	mplo				ed, see instructions)
	(A) Name and address	(B) Title and average ho per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans and deferre compensation	t	(E) Expense account and other allowances
	ID_S_BRUCE	-	-				
EDW	IARD S COX	_					
WAL	I YORK, NY TER_J_PCURLEY						
	I YORK, NY THEL DEBOURBON						
	YORK, NY	-					
ALL	NE DE ROMANONES	-					
	IN J DEVINE			· · · · · · · · · · · · · · · · · · ·			
	YORK, NY	-					
	IN R DREXEL, IV	_					
	VORK, NY						
	INETH HART	-					
	VYORK, NY DFFREY M T JONES	<u> </u>					<u> </u>
	YORK, NY	-					
See	List of Officers, Etc. Statement	-					
75	Did any officer, director, trustee, or ke	y employee receive aggre	gate o	compensation of more			

than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► 🗌 Yes X No

If 'Yes,' attach schedule - see instructions

#### Form 990 (2001) THE WILLIAM J DONOVAN MEMORIAL FDN Part Vis\* Other Information (See specific instructions )

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,'			لمنتقد				
attach a detailed description of each activity		76		<u> </u>			
77 Were any changes made in the organizing or governing documents but not reported to the IR	857	77		X			
if 'Yes,' attach a conformed copy of the changes							
78a Did the organization have unrelated business gross income of \$1,000 or more during the yea	r covered by this return?	78a		<u>x</u>			
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		78ь	~_ 8	2011 5			
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement							
80 a is the organization related (other than by association with a statewide or nationwide organiza membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt orgin b if 'Yes,' enter the name of the organization	tion) through common ganization?	80 a	λαγε γ γ	, X			
· · · · · · · · · · · · · · · · · · ·	exempt or nonexempt		×_24	2°44			
81 a Enter direct or indirect political expenditures. See line 81 instructions	81 a						
b Did the organization file Form 1120-POL for this year?		816		X			
82 a Did the organization receive donated services or the use of materials, equipment, or facilities	at no charge or at						
substantially less than fair rental value?	at no thange of at	82 a		X			
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	826		$\gamma$	N 93			
83a Did the organization comply with the public inspection requirements for returns and exemptio		83a	۰ X	~ ~ ~~~			
b Did the organization comply with the disclosure requirements relating to quid pro quo contribution		83b	~				
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X			
			·				
b If 'Yes, did the organization include with every solicitation an express statement that such connot tax deductible?	-	84 Б	3. <b></b>	<u> </u>			
85 501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?		85 a					
b Did the organization make only in house lobbying expenditures of \$2,000 or less?		85 b	700	72.083			
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless th waiver for proxy tax owed for the prior year	e organization received a			, 4, 0, 4, 9 , 4 , 4 , 4 , 4 , 4 , 4 , 4 , 4 , 4 , 4			
c Dues, assessments, and similar amounts from members	85 c		ĩ X	s 8 1 3			
d Section 162(e) lobbying and political expenditures	85 d		Å	$\delta_{1}$			
<ul> <li>Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices</li> </ul>	85 e		°°°,  י	1250			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		°ŵ,	N. 4			
<b>g</b> Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		85 g					
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reaso dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate of	85 h					
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on			^+,∾ >				
line 12	86 a		× * * *				
b Gross receipts, included on line 12, for public use of club facilities	86b		$\sim 2$	24.3			
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a			20.0			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87Ь						
88 At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations Sections 301 7 if Yes,' complete Part IX	corporation or partnership, 701 2 and 301 7701 3?	88					
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year un	nder		X.,	7,573			
Section 4911 ►, Section 4912 ►, Section			a. Lini	لا ئىلىسىمە			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 exceeduring the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction.		896	~~~~~	x			
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958	ne 🕨			· · · ·			
d Enter Amount of tax on line 89c, above, reimbursed by the organization	►						
90 a List the states with which a copy of this return is filed ► NEW YORK	- 						
b Number of employees employed in the pay period that includes March 12, 2001 (see instructi	ons)	<u>90</u> Б		0			
91 The books are in care of ► TAXPAYER Telephone nu				<u>`</u>			
Located at > 23_69TH_STREET, NEW YORK, NY	ZIP + 4 • 1002	1					
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check		· <b></b> -		FT1			

and enter the amount of tax exempt interest received or accrued during the tax year

▶ 92

Page 5 Yes

No

13-3095744

### Form 990 (2001) THE WILLIAM J DONOVAN MEMORIAL FDN Part VII- Analysis of Income-Producing Activities (See instructions )

13-3095744

Page 6

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Note Ente otherwise	er gross amounts unless indicated	(A) Business code	usiness income (B) Amount	C)	ection 512, 513, or 514 (D) Amount	Related or exempt
93 Pro	ogram service revenue					
a	-	1				
~						
d						
	·····				· · · · · · · · · · · · · · · · · · ·	
-	dicare/Medicaid payments				······································	·
	s & contracts from government agencies			<u> </u>		· · · · · · · · · · · · · · · · · · ·
-	mbership dues and assessments					
	rest on savings & temporary cash invinnts					
	idends & interest from securities					
97 Net	rental income or (loss) from real estate	,,		· · · · · · · · · · · · · · · · · · ·		
a det	bt financed property					
	t debt financed property					· · · · · · · · · · · · · · · · · · ·
	rental income or (loss) from pers prop					
	ner investment income					
100 Ga	in or (loss) from sales of assets	[]	······································	<u> </u>		
oth	er than inventory	ļ		<u> </u>		ļ
	income or (loss) from special events			<u> </u>		. <u> </u>
	ss profit or (loss) from sales of inventory				······	
103 Oth	ner revenue a		· · · · · · · · · · · · · · · · · · ·		<u>~</u>	
p						
c						
d				<u> </u>		
e						
104 Sub	ototal (add columns (B), (D), and (E))	ha da ha da ha da ha		19 J. J. K		
105 Tot	tal (add line 104, columns (B), (D),	and (E))			▶_	
	105 plus line 1d Part I, should equ		$n n \in \mathcal{I}_{\mathcal{L}}, \mathcal{I}_{\mathcal{O}} \cap \mathcal{I}_{\mathcal{O}}$			
	Relationship of Activities t Explain how each activity for whic of the organization's exempt purp	h income is repo	Ited in column (E) o	Part VII contrib	uted importantly to the	accomplishment
Line No	Explain how each activity for which	h income is repo	Ited in column (E) o	Part VII contrib	uted importantly to the	accomplishment
Line No	Explain how each activity for whit of the organization's exempt purp	h income is repoi oses (other than	lishment of Exe rted in column (E) o by providing funds f	f Part VII contrib or such purpose	uted importantly to the s)	accomplishment
Line No	Explain how each activity for white of the organization's exempt purp	h income is repoi oses (other than able Subsidia	Iishment of Exe rted in column (E) o by providing funds f ries and Disreg	Part VII contrib or such purpose	uted importantly to the s) S (See instructions )	
art DCX	Explain how each activity for which of the organization's exempt purp Information Regarding Tax (A)	h income is repoi oses (other than able Subsidia (B)	ites and Disreg	Part VII contrib or such purpose arded Entities	uted importantly to the s) S (See instructions ) (D)	(E)
art DCX	Explain how each activity for whit of the organization's exempt purp Information Regarding Tax (A) , address, and EIN of corporation,	h income is repoloses (other than able Subsidia (B) Percentage of	ited in column (E) o by providing funds for ines and Disregi (C Nature of	Part VII contrib or such purpose arded Entities	uted importantly to the s) s (See instructions ) (D) Total	(E) End-of-year
art DC	Explain how each activity for which of the organization's exempt purp Information Regarding Tax (A)	h income is repoi oses (other than able Subsidia (B)	Iishment of Exe rted in column (E) o by providing funds finds ries and Disregion (Constitute of the second sec	Part VII contrib or such purpose arded Entities	uted importantly to the s) S (See instructions ) (D)	(E)
art DCX	Explain how each activity for whit of the organization's exempt purp Information Regarding Tax (A) , address, and EIN of corporation,	h income is repoloses (other than able Subsidia (B) Percentage of	Iishment of Exe rted in column (E) o by providing funds for the stand Disregion (Constant of the standard	Part VII contrib or such purpose arded Entities	uted importantly to the s) s (See instructions ) (D) Total	(E) End-of-year
art DCX	Explain how each activity for whit of the organization's exempt purp Information Regarding Tax (A) , address, and EIN of corporation,	h income is repoloses (other than able Subsidia (B) Percentage of	Iishment of Exe rted in column (E) o by providing funds for st content with the state of the	Part VII contrib or such purpose arded Entities	uted importantly to the s) s (See instructions ) (D) Total	(E) End-of-year
art DCX	Explain how each activity for whit of the organization's exempt purp Information Regarding Tax (A) , address, and EIN of corporation,	h income is repoloses (other than able Subsidia (B) Percentage of	Iishment of Exe rted in column (E) o by providing funds for st content (Content Nature of % %	Part VII contrib or such purpose arded Entities	uted importantly to the s) s (See instructions ) (D) Total	(E) End-of-year
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Art X sites a Did the b Did the book of th	Explain how each activity for which of the organization's exempt purp (A) address, and EIN of corporation, renership, or disregarded entity Information Regarding Tra e organization, during the year, receive any ful the organization, during the year, part of Yes' to (b), file Form 8870 and For Under penalties of perury I declare that I have the corporation of perury I declare that I have the corporation of perury I declare that I have signature of Officer Signature of Officer Freparer s Signature Firms name (or GRAY, STO	able Subsidia (B) Percentage of ownership intere ownership intere provide this return ownership intere ownership intere provide this return ownership intere ownership intere ow	Iishment of Exe rted in column (E) o by providing funds for the stand Disreging (Constitute of the standard of the standar	arded Entities	uted importantly to the s) s (See instructions ) (D) Total income ontracts (See instru- ontracts (See instru- intract? effit contract? effit contract? for the best of my er has any knowledge 1 5/13/ Date	(E) End-of-year assets Inctions ) Yes X No Yes X No Yes X No knowledge and belief it is 07

Schedule A	0	ganization Exempt L Section 501(c)(3)	Jnder		OMB No 1545-0047
(Form 990 or 990-EZ)	n <b>4947(a)(1)</b> ructions )	2001			
Department of the Treasury Internal Revenue Service		tary Information — (see separa e above organizations and attac		10 or 990-EZ.	2001
Name of the Organization				Employer Identification	Number
THE WILLIAM J	DONOVAN MEMORIAL FI	on est Paid Employees Other	Than Officers. [	13-3095744 Directors. and	Trustees
	ructions List each one If there				
emplo	nd address of each yee paid more an \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
					·
Total number of other e					
Part II Compe (See inst	ructions List each one (whethe	est Paid Independent Con r individuals or firms) If there a	tractors for Prof	essional Servi	ces
(a) Name and add	ess of each independent contra	actor paid more than \$50,000	(b) Туре	of service	(c) Compensation
			-1		
			-		
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Total number of others			A Constant of the second se		 \$**5\$\$\$\$\$\$?\$?\$ <u>5</u> 77
Total number of others \$50,000 for professiona			- Maria Calendaria	iii ar an	yan yang d

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

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Schedule A (Form 990 or 990 EZ) 2001	THE WILLIAM J	DONOVAN MEMORIAL FDN
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Par	Statements About Activities (See Instructions )		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If Yes,' enter the total expenses paid			
	or incurred in connection with the lobbying activities 💦 🏲 💲			
	(Must equal amounts on line 38, Part VI-A, or line I of Part VI-B )	1		X
	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			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions.)			
٥	Sale, exchange, or leasing of property?	28		<u>x</u>
þ	Lending of money or other extension of credit?	2Ъ		x
с	Furnishing of goods, services, or facilities?	2c		x
d	Payment of compensation (or payment or reimbursement of expenses it more than \$1,000)?	_ 2d		x
e	Transfer of any part of its income or assets?	2e		x
3	Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3		x
4	Do you have a section 403(b) annuity plan for your employees?	4	<u> </u>	X
	Attach a statement to explain how the organization determines that individuals or organizations receiving s or loans from it in furtherance of its charitable programs 'qualify' to receive payments	), 8,	: `>``` <u></u>	

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)						
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. S	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	i name, city,					
and state ►							
10 An organization operated for the benefit of a college or unive (Also complete the Support Schedule in Part IV A)	rsity owned or operated by a governmental unit Section	170(b)(1)(A)(IV)					
11a An organization that normally receives a substantial part of it Section 170(b)(1)(A)(vi) (Also complete the Support Schedu		public					
11b 🗍 A community trust Section 170(b)(1)(A)(vi) (Also complete t	ne Support Schedule in Part IV A )						
12 X An organization that normally receives (1) more than 33-1/3% from activities related to its charitable, etc, functions – subje from gross investment income and unrelated business taxabl organization after June 30, 1975 See section 509(a)(2) (Also	ct to certain exceptions, and (2) no more than 33-1/3% o e income (less section 511 tax) from businesses acquire	d gross receipts of its support ed by the					
13 An organization that is not controlled by any disqualified pers described in (1) lines 5 through 12 above, or (2) section 501( section 509(a)(3))	ons (other than foundation managers) and supports org c)(4), (5), or (6), if they meet the test of section 509(a)(2	anizations 2) (See					
Provide the following information a	bout the supported organizations (See instructions)						
(a) Name(s) of support	ed organization(s)	(b) Line number from above					

14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions )

### Schedule A (Form 990 or 990 EZ) 2001 THE WILLIAM J DONOVAN MEMORIAL FDN

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Part IV-A SI	upport Schedule	(Complete only if	f you checked a b	oox on line 10	, 11, or 12)	Use cash method of accounting
Mater Ven men	and the workehold in	the metrications of	or converting for	لحديمه مطابس	to the each	mailed of assessment

11010	Tou may use are norksheet at a		renting norm are acore		a or accounting		
	ndar year (or fiscal year nning in)	(a) 2000	<b>(b)</b> 1999	(c) 1998	<b>(d)</b> 1997		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	24,325	40,411	52,988	15,7		133,462
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 organ ization after June 30, 1975		9	6		92	107
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						
	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	24,325	40,420	52,994	15,8		133,569
_24	Line 23 minus line 17	24,325	40,420_	52,994	15,8		133,569
	Enter 1% of line 23	243	404	530		.58	
26	Organizations described on lines		er 2% of amount in co		•	26 a	
	Prepare a list for your records to show the supported organization) whose total gifts f return Enter the total of all these excess a	or 1997 through 2000 excee	ded the amount shown in fill	ne 26a Do not file this list	with your	26 b	13. 3°°69336647
c	Total support for Section 509(a)(	•	column (e)		•	26 c	
d	Add Amounts from column (e) fo			19 26Б	Þ		<u> </u>
_	Public support (line 26c minus lin	22		260		26 d	·
	Public support percentage (line 2	•	d by line 26c (denom	Instar))	•	261	
	Organizations described on line		a by me zoc (denom			201	
	For amounts included in lines 15, name of, and total amounts receipsuch amounts for each year	16, and 17 that were wed in each year from	i, each 'disqualified p	erson ' <b>Do not fil<del>e</del> th</b> is	s list with your r	eturn	Enter the sum of
	(2000)						
Ŀ	For any amount included in line 1 show the name of, and amount ri \$5,000 (Include in the list organi computing the difference between (the excess amounts) for each yet	eceived for each year, zations described in ti n the amount received	, that was more than nes 5 through 11, as	the larger of (1) the a well as individuals ) D	mount on line 2 Io not file this li	5 for t <b>st wit</b> h	he year or <b>(2)</b> n <b>your return.</b> After
c	(2000) Add Amounts from column (e) for	(1999) or lines 15	133,462	16	_ <sup>(1997)</sup>		
	17	20		21	►	27 c	133,462
d	Add Line 27a total	a	nd line 27b total		P-	27 d	
9	Public support (line 27c total min				►	27 e	133,462
f	Total support for section 509(a)(2	) test Enter amount i	from line 23, column (	e) ► 27 f	133,569	56. j.	
g	Public support percentage (line 2	7e (numerator) divide	ed by line 27f (denomi	nator))	•	27 g	99 92 %
h	Investment income percentage (I	ine 18, column (e) (nu	merator) divided by li	ne 271 (denominator)	)►	27 h	0 08 %
28	Unusual Grants: For an organiza list for your records to show, for nature of the grant Do not file th	each year, the name (	of the contributor, the	date and amount of t	ints during 1997 he grant, and a	throu brief	gh 2000, prepare a description of the

# Schedule A (Form 990 or 990 EZ) 2001 THE WILLIAM J DONOVAN MEMORIAL Part V Private School Questionnaire (See Instructions ) (To be completed Only by schools that checked the box on line 6 in Part IV)

Z) 2001	THE WILLIAM J	DONOVAN MEMORIAL FDN	13-3

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	(To be completed Only by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<u>30</u>		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	, ** , *	ľ,	× 。 ; 
		12	17 X	
32	Does the organization maintain the following	Lŵ.		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
ļ	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
I	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	۰ <i>、</i>		
	in you answered into to any or the above, please explain (in you need more space, attach a separate statement)	22.01		a li
		] ))		
		\$ <u>8</u> %		
33	Does the organization discriminate by race in any way with respect to	\$ 		hay ji
i	a Students' rights or privileges?	33 a	× ×	
	b Admissions policies?	33b		
4	c Employment of faculty or administrative stall?	33c		<u> </u>
I	d Scholarships or other financial assistance?	33d	<u> </u>	<u> </u>
I	e Educational policies?	_33e		
	f Use of facilities?	<u>33 f</u>		
I	g Athletic programs?	33g		
:	h Other extracurricular activities?	33h	10.2	33
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			ŗ,
		1	ľ°, š°, k	62
		]22	ka k	333
34.	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
·	b Has the organization's right to such aid ever been revoked or suspended?	346		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement	<u></u>		773
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75.50, 1975-2 C B .587, covering racial nondiscrimination? If No, attach an explanation			2.3
	nondiscrimination? If No, attach an explanation	35	1	<u> </u>

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r an	(To be completed Only by an el	igible organization that	filed Form 5768	e instructi 3)	ions)		
Chec	< 🕨 a 🔄 if the organization belongs to	an affiliated group	Check 🕨 b	if you	check	ed 'a' and 'limited cont	rol' provisions apply
	Limits on Lob	bying Expenditure				(a) Affiliated group totals	(b) To be completed for all electing
36 37 38	Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 3	public opinion (grassro a legislative body (dire	ots lobbying)		36 37 38		organizations
39 40	Other exempt purpose expenditures Total exempt purpose expenditures (add				39 40		
41	Lobbying nontaxable amount Enter the If the amount on line 40 is - Not over \$500,000	amount from the follow The lobbying nontax 20% of the amount of	kable amount is	;- 			
	Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	\$100,000 plus 15% of the \$175,000 plus 10% of the \$225,000 plus 5% of the e	excess over \$1,000	,000 -	41		
42	Over \$17,000,000 Grassroots nontaxable amount (enter 25	\$1,000,000			ွဲာိ်လ် 42	. (. ) (. ) (. ) (. ) (. ) (. ) (. ) (.	
43 44	Subtract line 42 from line 36 Enter 0 i Subtract line 41 from line 38 Enter 0 i	line 41 is more than lin	ne 38	4700	43 44		
	Caution If there is an amount on either	iine 43 or iine 44, you i	must tile Form -	4 <i>72</i> 0			2

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 )

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

During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers A\$ ಿಂದಿನ್ b Paid staff or management (include compensation in expenses reported on lines c through h ) Ca 846.J8 c Media advertisements d Mailings to members, legislators, or the public Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (add lines c through h) If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

#### Schedule A (Form 990 or 990 EZ) 2001 THE WILLIAM J DONOVAN MEMORIAL FDN

#### Part VII/ Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501 of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	(c)
	of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	

a Transfers from the reporting organization to a noncharitable exempt organization of		Yes	No
(I)Cash	51 a (i)		X
(II)Other assets	a (II)		Х
b Other transactions			
(i)Sales or exchanges of assets with a noncharitable exempt organization	b (ı)		X
(II)Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii)Rental of facilities, equipment, or other assets	<b>b</b> (m)		X
(iv)Reimbursement arrangements	b (iv)		X
(v)Loans or loan guarantees	b (v)		X
(vi)Performance of services or membership or fundraising solicitations	b (vi)		Х
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	С		X

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
	· · · · · · · · · · · · · · · · · · ·		
	··		
	<u>.                                 </u>		

52a is the organization directly or indirectly affiliated with, or related to, one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?
b If 'Yes,' complete the following schedule

 
 (a) Name of organization
 (b) Type of organization
 (c) Description of relationship

► Yes X No

13-3095744

## THE WILLIAM J DONOVAN MEMORIAL FDN

13-3095744

Form 990, Page 3, Part IV, Line 58 Other Assets Statement

Line 58 - Other Assets:	Beginning End of of Year Year
SECURITY DEPOSITS	1,797
Total	1,797

Form 990, Page 4, Part V List of Officers, Etc Statement

(A) Name and address	<b>(B)</b> Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
FRANCIS L KELLOGG NEW YORK, NY MARTIN S QUIGLEY NEW YORK, NY JOHN K SINGLAUB NEW YORK, NY BERNADETTE CASEY SMITH NEW YORK, NY WILLIAM VANDEN HEUVEL NEW YORK, NY FRANK G WISNER NEW YORK, NY				

Total

1 -

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