

State of New York  
 Office of the Attorney General  
 Charities Bureau  
 120 Broadway, New York, NY 10271  
 http://www.oag.state.ny.us

For Office Use Only:

No.

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### CHARITIES REGISTRATION STATEMENT

INSTRUCTIONS - TYPE or PRINT in ink the answers to all items applicable to the registrant. This form must be filed with the Office of the Attorney General if it is a New York charitable organization, or holds property or does business in New York for charitable purposes. In addition, any organization, wherever it is located, that solicits contributions in New York and receives in excess of \$25,000 or pays anyone other than its employees to raise funds must complete this form.

1. ORGANIZATION'S NAME: DEADLINE CLUB FOUNDATION
2. PRINCIPAL STREET ADDRESS:  
15 GRAMERCY PARK So. 2nd flr. New York, NY 10003-1796  
 (Street) (City) (State) (Zip Code)
3. MAILING ADDRESS (if different from above):  
 \_\_\_\_\_
4. PRINCIPAL NEW YORK STATE ADDRESS (if different from above):  
 \_\_\_\_\_
5. ADDRESS WHERE BOOKS/RECORDS ARE KEPT:  
15 GRAMERCY PARK SOUTH 2nd floor New York, NY 10003-1796
6. LIST ALL NAMES UNDER WHICH ORGANIZATION SOLICITS CONTRIBUTIONS (INCLUDING GRANTS):  
DEADLINE CLUB FOUNDATION
7. DAYTIME PHONE NUMBER: (212) 353-9598 FAX NUMBER: (212) 787-6908
8. DATE FISCAL YEAR ENDS: Month 12 Day 31
9. DATE AND STATE IN WHICH INCORPORATED OR FORMED: (date) 3/1/00 (state) NEW YORK
10. DATE BEGAN DOING BUSINESS IN NEW YORK: 3/1/00
11. DATE BEGAN MAINTAINING ASSETS IN NEW YORK: 3/1/00
12. HAS THE ORGANIZATION PREVIOUSLY BEEN REGISTERED WITH NEW YORK STATE OFFICE OF THE ATTORNEY GENERAL AND/OR CHARITIES SECTION OF DEPARTMENT OF STATE?  
 YES  NO  IF YES, REGISTRATION NUMBER(S): \_\_\_\_\_  
 Name, if not the same as in Number 1 above: \_\_\_\_\_
13. LIST PROFESSIONAL FUND RAISERS (PFR), FUND RAISING COUNSEL (FRC) AND COMMERCIAL CO-VENTURERS (CCV) WHO HAVE AGREE TO ACT ON BEHALF OF THE ORGANIZATION:  

FRC, PFR, CCV	ADDRESS	CONTRACT PERIOD
<u>NONE</u>		
14. HAS THE ORGANIZATION APPLIED FOR OR BEEN GRANTED TAX EXEMPT STATUS BY THE IRS?  
 yes  no If yes, enter the date of application or the Federal ID Number:  
 (date applied) 3/5/00 (date granted) 3/6/00 (fed. ID #) 13-4102828
15. HAS TAX EXEMPTION EVER BEEN DENIED? Yes  No   
 If yes, name of agency and date of denial \_\_\_\_\_

16. DESCRIBE PURPOSES OF ORGANIZATION: *To provide scholarship to students enrolled in journalism studies at area colleges and universities. To advance ethics and professional skills of practicing journalists through educational programs and publications.*

17. DOES THE ORGANIZATION (INTEND TO) SOLICIT CONTRIBUTIONS INCLUDING GRANTS?  
 YES  NO  IF YES, DESCRIBE PURPOSES FOR WHICH CONTRIBUTIONS ARE SOLICITED:  
*TO FUND SCHOLARSHIPS, PROGRAMS AND PUBLICATIONS.*

18. LIST DIRECTORS, OFFICERS, TRUSTEES, AND OFFICIALS IN CHARGE OF OVERALL MANAGEMENT, INCLUDING THOSE WHO SIGN REPORTS SUBMITTED TO THE BOARD:

Name	Address	Title/Term
<i>CHARLES R. NOVITZ</i>	<i>160 WEST END AVE NY, NY 10023</i>	<i>PRESIDENT</i>
<i>MERVIN BLOCK</i>	<i>160 WEST 66TH ST. NY, NY 10023</i>	<i>VICE PRES.</i>
<i>MARTIN GITTEN</i>	<i>33 MILLAY RD. MORGANVILLE NJ 07751</i>	<i>TREASURER</i>
<i>BILL BELL</i>	<i>90 NY DAILY NEWS EDITORIAL 450 W. 33RD ST. NY, NY 10001</i>	<i>SECRETARY</i>

19. LIST CHAPTERS, BRANCHES AND AFFILIATES THAT SHARE IN CONTRIBUTIONS OR OTHER REVENUE RAISED IN NEW YORK STATE:



Name	Address
<i>NONE</i>	

20. LIST NAME, ADDRESS, & ACCOUNT NUMBERS FOR ALL ACCOUNTS OF THE ORGANIZATION:

Bank Name	Address	Account #
<i>CHASE MANHATTAN</i>	<i>221 Park Avenue South NY, NY 10003</i>	<i>047 078 931765</i>

21. A. Is the organization authorized to solicit contributions by any other governmental agency?  YES\*  NO  
 B. Has the organization or any of its officers, directors, executive personnel or trustees ever been enjoined by any court from soliciting funds or been found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets?.....  YES\*  NO  
 C. Has the organization's registration or license been suspended by any government agency?  YES\*  NO  
 \* If YES to A, B or C, attach a complete statement of details.

VERIFICATION: We verify, under penalty of perjury, that the information furnished in this statement is true and correct to the best of our knowledge and belief.

	<i>CHARLES NOVITZ</i>	<i>PRESIDENT</i>	<i>3/9/00</i>
(President or Other Authorized Officer) Signature	Print Name	Title	Date
	<i>Martin Gitten</i>	<i>Treasurer</i>	<i>3/15/00</i>
(Chief Fiscal Officer) Signature	Print Name	Title	Date

**ENCLOSE APPROPRIATE DOCUMENTS:**  
 Certificate of Incorporation, by-laws or other organizational document and amendments  
 Certificate of Authority (If incorporated outside New York)  
 Letter of Tax Exemption  
 Financial Report for the last fiscal year.  
 If registering to Solicit Contributions *\$25.00* fee payable to "NYS Department of Law".  
 CHAR410 (10 97) DETAILED INSTRUCTIONS AVAILABLE FROM THE CHARITIES BUREAU