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Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2000**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2000 calendar year, OR tax year period beginning **OCT 1, 2000** and ending **SEP 30, 2001**

<b>B</b> Check if applicable <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>NATIONAL COUNCIL OF LA RAZA, INC.</b>		<b>D</b> Employer identification number <b>86-0212873</b>
		Number and street (or P O box if mail is not delivered to street address) <b>1111 19TH STREET, N.W.</b>	Room/suite <b>1000</b>	<b>E</b> Telephone number <b>(202) 785-1670</b>
		City or town, state or country, and ZIP <b>WASHINGTON, DC 20036</b>		<b>F</b> Check <input type="checkbox"/> if application pending

**G** Organization type (check only one)  501(c)(3) (insert no)  527 OR  4947(a)(1)

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

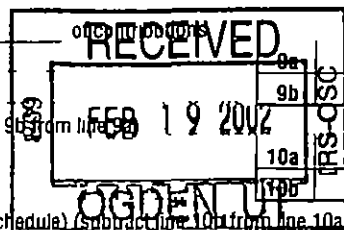
**J** Accounting method  Cash  Accrual  Other (specify)

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

(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? **N/A**  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption no. (GEN)   
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	17,622,994.	
	b	Indirect public support	1b	1,750,000.	
	c	Government contributions (grants)	1c	5,249,024.	
	d	Total (add lines 1a through 1c) (cash \$ <u>24,622,018.</u> noncash \$ _____)	1d	24,622,018.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	6,052,723.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	113,077.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	6b	Less rental expenses	6b		
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a		
	Less cost or other basis and sales expenses	(B) Other	8b		
	Gain or (loss) (attach schedule)		8c		
	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d		
9	Special events and activities (attach schedule)				
	a Gross revenue (not including \$ _____ reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold				
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	120,796.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	30,908,614.		
Expenses	13	Program services (from line 44, column (B))	13	16,534,452.	
	14	Management and general (from line 44, column (C))	14	2,091,899.	
	15	Fundraising (from line 44, column (D))	15	1,061,862.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	19,688,213.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	11,220,401.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,757,363.	
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b>	20	<6,130.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	15,971,634.	



SCANNED MAR 19 2002

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) cash \$3216825 • noncash \$	3,216,825.	3,216,825.	STATEMENT 7		
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	1,194,656.	821,073.	338,488.	35,095.	
26	Other salaries and wages	3,456,663.	2,698,489.	541,263.	216,911.	
27	Pension plan contributions	335,066.	208,253.	99,179.	27,634.	
28	Other employee benefits	509,075.	386,588.	94,561.	27,926.	
29	Payroll taxes	358,230.	272,863.	66,107.	19,260.	
30	Professional fundraising fees	183,000.			183,000.	
31	Accounting fees	48,383.		48,383.		
32	Legal fees					
33	Supplies	178,201.	142,356.	21,527.	14,318.	
34	Telephone	258,655.	218,844.	30,204.	9,607.	
35	Postage and shipping	119,592.	97,211.	8,305.	14,076.	
36	Occupancy	823,711.	607,065.	173,023.	43,623.	
37	Equipment rental and maintenance	241,118.	217,324.	21,784.	2,010.	
38	Printing and publications	518,035.	519,699.	<31,413.>	29,749.	
39	Travel	1,081,437.	820,476.	220,633.	40,328.	
40	Conferences, conventions, and meetings	4,680,407.	4,584,061.	88,686.	7,660.	
41	Interest	32,491.	700.	31,791.		
42	Depreciation, depletion, etc (attach schedule)	223,480.	33,333.	190,147.		
43	Other expenses (itemize)					
a		43a				
b		43b				
c		43c				
d		43d				
e	SEE STATEMENT 2	43e	2,229,188.	1,689,292.	149,231.	390,665.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	19,688,213.	16,534,452.	2,091,899.	1,061,862.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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)		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others)	
a	SEE STATEMENT 4	(Grants and allocations \$ 149,000.)	6,431,666.
b	SEE STATEMENT 5	(Grants and allocations \$ 1,567,727.)	3,195,442.
c	SEE STATEMENT 6	(Grants and allocations \$ 1,006,017.)	3,097,552.
d	THE INSTITUTE FOR HISPANIC HEALTH STRIVES TO IMPROVE THE OVERALL HEALTH OF HISPANIC COMMUNITIES BY FORMING A NETWORK OF INTERACTIVE COMMUNITY-BASED HISPANIC HEALTHCARE PROVIDERS.	(Grants and allocations \$ 435,071.)	1,707,725.
e	Other program services (attach schedule) STATEMENT 8	(Grants and allocations \$ 59,010.)	2,102,067.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		16,534,452.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing	332,375.	2,280.	
	46 Savings and temporary cash investments		649,781.	
	47 a Accounts receivable	47a 1,149,167.	47c 1,099,167.	
	b Less allowance for doubtful accounts	47b 50,000.		
	48 a Pledges receivable	48a	48c	
	b Less allowance for doubtful accounts	48b		
	49 Grants receivable	5,363,277.	49 15,234,189.	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a	51c	
	b Less allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53 236,762.	
	54 Investments - securities STMT 9	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	135,858.	54 670,183.
	55 a Investments - land, buildings, and equipment basis	55a	55c	
b Less accumulated depreciation	55b			
56 Investments - other		0.	56 0.	
57 a Land, buildings, and equipment basis	57a 1,842,906.	57c 542,230.		
b Less accumulated depreciation STMT 10	57b 1,300,676.			
58 Other assets (describe SEE STATEMENT 11)	961,446.	58 524,103.		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>7,470,488.</b>	<b>59 18,958,695.</b>		
<b>Liabilities</b>	60 Accounts payable and accrued expenses	2,174,615.	60 2,523,271.	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	67,500.	64b 55,853.	
	65 Other liabilities (describe SEE STATEMENT 12)	471,010.	65 407,937.	
<b>66 Total liabilities (add lines 60 through 65)</b>	<b>2,713,125.</b>	<b>66 2,987,061.</b>		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,170,614.	67 1,251,184.	
	68 Temporarily restricted	3,586,749.	68 14,720,450.	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	<b>73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)</b>	<b>4,757,363.</b>	<b>73 15,971,634.</b>	
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>7,470,488.</b>	<b>74 18,958,695.</b>	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Table with 2 columns: Description and Amount. Rows include total revenue (30,902,484), adjustments (net unrealized gains <6,130>), and total revenue per line 12 (30,908,614).

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 2 columns: Description and Amount. Rows include total expenses (19,688,213), adjustments, and total expenses per line 17 (19,688,213).

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Includes entry for 'Directors and officers liability insurance premiums' with a current year premium of \$8,961.

75 Did any officer, director, trustee, or key employee receive aggregate 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? If "Yes," attach schedule Yes X No Form 990 (2000)

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization <b>SEE STATEMENT 13</b> _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		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?	82a	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 for reporting in Part III)	82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed <b>SEE STATEMENT 14</b>			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		127
91	The books are in care of <b>THE ORGANIZATION</b> Telephone no <b>202-785-1670</b> Located at <b>1111 19TH STREET, NW, WASHINGTON, DC</b> ZIP code <b>20036</b>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

**Part VII Analysis of Income-Producing Activities**

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>ADVERTISING</b>	541800	2,246,652.			
b <b>REGISTRATION FEES</b>					3,650,651.
c <b>EXHIBIT FEES</b>			07	147,694.	
d <b>PUBLICATION SALES</b>					7,726.
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			14	113,077.	
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>REPAYMENT FOR SERVICES</b>					24,000.
b <b>MISCELLANEOUS</b>			01	96,796.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		2,246,652.		357,567.	3,682,377.
105 Total (add line 104, columns (B), (D), and (E))					6,286,596.

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**

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)
93B	REGISTRATION AND EVENT FEES RECEIVED WHILE CONDUCTING ANNUAL CONFERENCE AND CAPITAL AWARDS DINNER.
93D	REVENUE FROM THE SALE OF PUBLICATIONS RELATED TO EXEMPT PURPOSE.
103A	REPAYMENT FOR SERVICES IN FURTHERANCE OF EXEMPT PURPOSE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

Name, address, and EIN of corporation, partnership, or disregarded entity	(A)	(B)	(C)	(D)	(E)
	Percentage of ownership interest	Nature of activities	Total income	End-of-year assets	
N/A	%				
	%				
	%				
	%				

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

- (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)

Please Sign Here

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. Preparation of this return is based on all information of which preparer has any knowledge. (Important: See General Instruction W)

Signature of officer: *Michael A. Votaw* Date: 12/14/02 Type or print name and title: *Chief Financial Officer*

Paid Preparer's signature: *[Signature]* Date: 2-14-02 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Preparer's Use Only

Firm's name (or yours if self-employed) and address, and ZIP code: GRANT THORNTON, LLP  
333 JOHN CARLYLE STREET, SUITE 500  
ALEXANDRIA, VA 22314

EIN: \_\_\_\_\_ Phone no: 703-837-4400

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

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

OMB No 1545-0047

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

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**

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

Name of the organization

NATIONAL COUNCIL OF LA RAZA, INC.

Employer identification number  
86 0212873

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

(See 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
NILDA RUIZ-SINGH ----- 1111 19TH ST NW, WASHINGTON, DC 2003640	DIR-COMM DEV	64,397.	5,486.	0.
MARCY FINK CAMPOS ----- 1111 19TH ST NW, WASHINGTON, DC 2003640	DIR-PROF DEV	63,269.	7,479.	0.
DARCY EISCHENS ----- 1111 19TH ST NW, WASHINGTON, DC 2003640	DIR-MEM MKTG	62,544.	9,273.	0.
BERNARDO RAMIREZ ----- 1111 19TH ST NW, WASHINGTON, DC 2003640	DIR-COMM DEV	61,700.	14,247.	0.
ALLEN KADIS ----- 1111 19TH ST NW, WASHINGTON, DC 2003640	DIR-IT	61,458.	10,230.	0.
Total number of other employees paid over \$50,000 ▶	11			

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

(See 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
MAL WARWICK & ASSOCIATES, INC ----- 2550 NINTH ST. SUITE 103 BERKELEY, CA 94710-2516	MEMBERSHIP MKTG CONSULTING	77,000.
ROBERT A. RAPOZA ASSOCIATES ----- 1250 I ST. NW STE. 902 WASHINGTON, DC 20005	LEG RESEARCH CONSULTING	76,282.
PARENT INSTITUTE FOR QUALITY EDUCATION ----- 4010 MORENA BLVD. SUITE 200 SAN DIEGO, CA 92117	PROG DEV CONSULTING	64,992.
CURTIS M. DOWDS ----- 1270 VIA ESCALANTE CHULA VISTA, CA 91910	WORKFORCE DEV CONSULTING	63,090.
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	



**Part III Statements About Activities**

		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 ► \$ <u>210,127.</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4 a	Do you have a section 403(b) annuity plan for your employees? b 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 (See page 2 of the instructions)	X	

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 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, page 5)
- 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)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) Pending Application in Process
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,742,278.	12,133,891.	10,722,701.	11,831,220.	42,430,090.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	566,608.	2,941,225.	2,666,916.	2,064,404.	8,239,153.
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	71,624.	40,999.	91,043.	105,437.	309,103.
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	225,544.	218,258.	53,074.	19,282.	516,158.
23 Total of lines 15 through 22	8,606,054.	15,334,373.	13,533,734.	14,020,343.	51,494,504.
24 Line 23 minus line 17	8,039,446.	12,393,148.	10,866,818.	11,955,939.	43,255,351.
25 Enter 1% of line 23	86,061.	153,344.	135,337.	140,203.	
26 Organizations described on lines 10 or 11					
a Enter 2% of amount in column (e), line 24					26a 865,107.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	SEE STATEMENT 16				26b 6,987,474.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 43,255,351.
d Add Amounts from column (e) for lines	18 309,103.	19	22 516,158.	26b 6,987,474.	26d 7,812,735.
e Public support (line 26c minus line 26d total)					26e 35,442,616.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 81.9381%
27 Organizations described on line 12					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year (1999) (1998) (1997) (1996)	N/A				
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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 (1999) (1998) (1997) (1996)	N/A				
c Add Amounts from column (e) for lines	15	16	17	20	21
d Add Line 27a total and line 27b total					27c N/A
e Public support (line 27c total minus line 27d total)					27d N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f N/A				27e N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

**Part V Private School Questionnaire**

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

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

- Check here  If the organization belongs to an affiliated group  
 Check here  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
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		210,127.
38	Total lobbying expenditures (add lines 36 and 37)		210,127.
39	Other exempt purpose expenditures		19,295,086.
40	Total exempt purpose expenditures (add lines 38 and 39)		19,505,213.
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		1,000,000.
42	Grassroots nontaxable amount (enter 25% of line 41)		250,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		0.

**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 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	1,000,000.	982,874.	922,465.	833,368.	3,738,707.
46					5,608,061.
47	210,127.	159,568.	132,769.	138,567.	641,031.
48	250,000.	245,718.	230,616.	208,342.	934,676.
49					1,402,014.
50	0.	0.	0.	0.	0.

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

(For reporting only by organizations that did not complete Part VI-A)

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	N/A		
	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e 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)			0.

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



**Schedule B  
(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

**2000**

Name of organization

NATIONAL COUNCIL OF LA RAZA, INC.

Employer identification number

86-0212873

Organization type (check one)-Section  501(c)( 3 ) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

**Note: This form is generally not open to public inspection except for section 527 organizations.**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed On Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example.** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

**Specific Instructions**

**Note.** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

NATIONAL COUNCIL OF LA RAZA, INC.

86-0212873

## Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1	BILL AND MELINDA GATES FOUNDATION PO BOX 23350 SEATTLE, WA 98102	\$ 6,752,627.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2	RAZA DEVELOPMENT FUND, INC 111 WEST MONROE, SUITE 1610 PHOENIX, AZ 85003	\$ 1,000,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3	STRATEGIC INVESTMENT FUND FOR LA RAZA 1111 19TH STREET, NW SUITE 1000 WASHINGTON, DC 20036	\$ 750,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4	WALTON FAMILY FOUNDATION P.O. BOX 2030 BENTONVILLE, AR 72712	\$ 3,690,499.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
12	AURORA FOUNDATION 4835 EAST ESCETER BOULEVARD PHOENIX, AZ 85018	\$ 1,500,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
13	FANNIE MAE FOUNDATION 4000 WISCONSIN AVE., NW WASHINGTON, DC 20016	\$ 1,225,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization <b>NATIONAL COUNCIL OF LA RAZA, INC.</b>	Employer identification number <b>86-0212873</b>
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**Part I Contributors**

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
14	<b>FREDDIE MAC FOUNDATION</b>  8250 JONES BRANCH RD  MCLEAN, VA 22102	\$ 466,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
15	_____ _____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
16	_____ _____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
17	_____ _____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
18	_____ _____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
19	_____ _____ _____ _____	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)



SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 16  
 INCLUDED ON PART IV, LINE 26B

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

CONTRIBUTOR'S NAME	TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
FORD FOUNDATION	5,420,000.	4,554,893.
BANK OF AMERICA	2,083,500.	1,218,393.
ROCKERFELLER FOUNDATION	930,000.	64,893.
OPEN SOCIETY INSTITUTE	1,025,000.	159,893.
W.K. KELLOG FOUNDATION	999,616.	134,509.
CHARLES S. MOTT FOUNDATION	1,720,000.	854,893.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		6,987,474.

Not for Public Inspection

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE, EQUIPMENT, & SOFTWARE	VARIES		.00	19	1608975.			1608975.	959,596.		187,536.
2	LEASEHOLD IMPROVEMENTS	VARIES		10.00	19	108,431.			108,431.	60,540.		10,843.
3	OFFICE EQUIPMENT	VARIES		5.00	19	125,500.			125,500.	57,060.		25,101.
	* TOTAL 990 PAGE 2 DEPR					1842906.		0.	1842906.	1077196.	0.	223,480.

(D) - Asset disposed

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<6,130.>	
TOTAL TO FORM 990, PART I, LINE 20		<6,130.>	

FORM 990	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS AND CONTRACT SERVICES	1,735,820.	1,560,360.	58,041.	117,419.
BAD DEBT EXPENSE	22,330.	22,330.		
MISCELLANEOUS REIMBURSABLE	205,332.	106,602.	91,190.	7,540.
POSTAGE, PRINTING, & SERVICES	265,706.			265,706.
<b>TOTAL TO FM 990, LN 43</b>	<b>2,229,188.</b>	<b>1,689,292.</b>	<b>149,231.</b>	<b>390,665.</b>

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      3  
PART III

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EXPLANATION

THE MISSION OF THE NATIONAL COUNCIL OF LA RAZA IS TO REDUCE POVERTY AND DISCRIMINATION AND IMPROVE LIFE OPPORTUNITIES FOR HISPANIC AMERICANS.

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FORM 990                      STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS                      STATEMENT                      4

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DESCRIPTION OF PROGRAM SERVICE ONE

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THE OFFICE OF SPECIAL EVENTS AND INTERNATIONAL PROJECTS MANAGES THE SPECIAL EVENTS OF THE ORGANIZATION- INCLUDING THE ANNUAL CONFERENCE, THE ANNUAL CAPITAL AWARDS DINNER, AND THE AMERICAN LATINO MEDIA ARTS (ALMA) AWARDS SHOW- TO COMMUNICATE THE NEEDS AND CONCERNS OF THE HISPANIC COMMUNITY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	149,000.	6,431,666.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

THE CENTER FOR COMMUNITY EDUCATIONAL EXCELLENCE WORKS TO BUILD COMMUNITY-SCHOOL EDUCATION COLLABORATIVES, TO STRENGTHEN THE QUALITY OF EDUCATION FOR HISPANIC STUDENTS, AND TO INVOLVE HISPANIC FAMILIES IN THE EDUCATION OF THEIR CHILDREN.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

1,567,727.

3,195,442.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

THE OFFICE OF TECHNICAL ASSISTANCE AND CONSTITUENCY SUPPORT COORDINATES SERVICES AND ACTIVITIES TO HISPANIC COMMUNITY-BASED ORGANIZATIONS WITH A MAJOR FOCUS ON HOUSING AND COMMUNITY, ECONOMIC, AND WORKFORCE DEVELOPMENT.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C	1,006,017.	3,097,552.



FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 7

<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
GRANTS	SEE EXHIBIT 1		NONE	3216825.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>3216825.</u>

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
OTHER PROGRAM SERVICES	59,010.	2,102,067.
TOTAL TO FORM 990, PART III, LINE E	59,010.	2,102,067.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 9

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
VARIOUS MUTUAL FUNDS				670,183.	670,183.
TO FM 990, LN 54 COL B				670,183.	670,183.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE, EQUIPMENT, & SOFTWARE	1,608,975.	1,147,132.	461,843.
LEASEHOLD IMPROVEMENTS	108,431.	71,383.	37,048.
OFFICE EQUIPMENT	125,500.	82,161.	43,339.
TOTAL TO FORM 990, PART IV, LN 57	1,842,906.	1,300,676.	542,230.

FORM 990	OTHER ASSETS	STATEMENT 11
DESCRIPTION		
	AMOUNT	
ASSETS HELD FOR DEFERRED COMPENSATION	330,746.	
CASH SURRENDER VALUE OF LIFE INSURANCE	21,631.	
SECURITY DEPOSITS	171,726.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	524,103.	

FORM 990	OTHER LIABILITIES	STATEMENT 12
DESCRIPTION	AMOUNT	
DEFERRED COMPENSATION	330,746.	
CAPITAL LEASE OBLIGATIONS	77,191.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	407,937.	

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 13

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
RAZA DEVELOPMENT FUND, INC.	X	
STRATEGIC INVESTMENT FUND FOR LA RAZA, INC.	X	
MEXICAN AMERICAN SOLIDARITY FOUNDATION, INC.	X	
HISPANIC COUNCIL ON INTERNATIONAL RELATIONS, INC.	X	

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FORM 990

LIST OF STATES RECEIVING COPY OF RETURN  
PART VI, LINE 90

STATEMENT 14

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STATES

ALASKA, MAINE, ARIZONA, UTAH, CALIFORNIA, KENTUCKY, NORTH CAROLINA,  
NEW MEXICO, SOUTH CAROLINA, WASHINGTON, NORTH DAKOTA, NEW HAMPSHIRE,  
GEORGIA, INDIANA, OKLAHOMA, WISCONSIN, NEW YORK, ILLINOIS, KANSAS, MARYLAND,  
NEW JERSEY, TENNESSEE, OHIO, OREGON, RHODE ISLAND, CONNECTICUT, MINNESOTA,  
FLORIDA, PENNSYLVANIA, MISSISSIPPI, VIRGINIA, WEST VIRGINIA, MICHIGAN,  
DISTRICT OF COLUMBIA



SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
MISCELLANEOUS INCOME	106,233.	103,657.	39,507.	19,282.
REPAYMENT FOR SERVICES	19,311.	14,601.	13,567.	
REIMBURSED EXPENSES	100,000.	100,000.		
TOTAL TO SCHEDULE A, LINE 22	<u>225,544.</u>	<u>218,258.</u>	<u>53,074.</u>	<u>19,282.</u>

**NATIONAL COUNCIL OF LA RAZA  
IRS FORM 990 RETURN INFORMATION  
FISCAL YEAR ENDED 9/30/01**

**LIST OF FUNDS TO SUBGRANTEES**

	<u>AMOUNT</u>	<u>PROJECT TOTAL</u>
<b><u>MISSION AND OFFICE OF RESEARCH, ADVOCACY, AND LEGISLATION</u></b>		
<b>CC#1300 OFFICE OF PRESIDENT MISSION</b>		
Mexican American Solidarity Foundation	22,010	22,010
<b>CC#3651 NCLR LEADERSHIP PROJECT</b>		
Centro de la Familia	20,000	
El Pueblo	17,000	
<b>Total</b>		<b>37,000</b>
<b><u>OFFICE OF TECHNICAL ASSISTANCE AND CONSTITUENCY SUPPORT (TACS)</u></b>		
<b>CC#4001/ PROYECTO EDUCAR- AMERICORPS (reversal of prior year accruals)</b>		
<b>4002</b> Assoc for the Advancement of Mexican-Americans	(12,300)	
Association House of Chicago	(4,470)	
El Hogar del Nino	(10,411)	
Tejano Center for Community Concerns	(33,606)	
<b>Total</b>		<b>(60,787)</b>
<b>CC#4002 PROYECTO EDUCAR- AMERICORPS</b>		
Community Association of Progressive Dominicans, Inc	47,812	
El Centro de La Raza	47,519	
Nueva Esperanza	23,592	
United Community Center	38,286	
Youth Development, Inc	44,563	
<b>Total</b>		<b>201,772</b>
<b>CC#4003 DIGITAL DIVIDE- AMERICORPS</b>		
Center for Training and Careers, Inc	22,335	
Institute for Family Development	27,385	
<b>Total</b>		<b>49,720</b>
<b>CC#4500 SOUTHWEST INITIATIVE- FORD FOUNDATION</b>		
Youth Development, Inc	8,495	
		<b>8,495</b>

**NATIONAL COUNCIL OF LA RAZA  
IRS FORM 990 RETURN INFORMATION  
FISCAL YEAR ENDED 9/30/01**

**LIST OF FUNDS TO SUBGRANTEES**

	<u>AMOUNT</u>	<u>PROJECT TOTAL</u>
<b><u>OFFICE OF TECHNICAL ASSISTANCE AND CONSTITUENCY SUPPORT (TACS)- (Continued)</u></b>		
<b>CC#4501 COMMUNITY DEVELOPMENT- PRE-DEVELOPMENT PROJECT</b>		
Hispanic American Alliance	9,000	
Tejano Center	10,000	
<b>Total</b>		<b>19,000</b>
<b>CC#4600 COMMUNITY DEVELOPMENT- HOPE FUND</b>		
Hispanic American Alliance	3,849	
La Clinica Del Pueblo	6,000	
* Nueva Esperanza (c/o Raza Development Fund, Inc )	75,000	
Student Alternatives Program, Inc	1,500	
Tertulia A Learning Center	48,250	
<b>Total</b>		<b>134,599</b>
* Note Subgrant to affiliate to provide credit security for loans issued through Raza Development Fund, Inc		
<b>CC#5402 H.U.D. HOMEOWNERSHIP COUNSELING- FY 2000 Project</b>		
Cabrillo Economic Development Corporation	5,000	
Del Norte Neighborhood Development Corporation	7,083	
Southwest Improvement Council	9,583	
The Resurrection Project	6,250	
Young Women's Christian Association	5,370	
Previous year accrual for subgrants	(31,323)	
		<b>1,963</b>
<b>CC#5403 H.U.D. HOMEOWNERSHIP COUNSELING</b>		
Asociacion de Puertorriquenos en Marcha, Inc	30,000	
Asociacion Campesina Lazaro Cardenas	6,603	
Cabrillo Economic Development Corporation	20,000	
Chicanos Por La Causa	32,500	
Community Housing Resources of Arizona	25,000	
Del Norte Neighborhood Development Corporation	15,000	
El Centro, Inc	35,000	
Housing Amenca Corporation	23,750	
Housing for Mesa, Inc	23,738	
Housing Opportunities of Houston	32,500	
Latino Community Development Agency	27,500	
NEWSED Community Development Corporation	15,000	
Self- Help Enterprises	25,000	
Southwest Improvement Council	35,000	
Spanish Speaking Unity Council	22,500	
The Resurrection Project	27,505	
Vecinos Unidos	20,008	
Watts Century Latino Organization	10,000	
YES Housing, Inc	15,000	
Young Women's Christian Association	32,500	
Adjustments for accrued expenses	-	
<b>Total</b>		<b>474,103</b>

**NATIONAL COUNCIL OF LA RAZA  
IRS FORM 990 RETURN INFORMATION  
FISCAL YEAR ENDED 9/30/01**

**LIST OF FUNDS TO SUBGRANTEES**

	<u>AMOUNT</u>	<u>PROJECT TOTAL</u>
<b><u>OFFICE OF TECHNICAL ASSISTANCE AND CONSTITUENCY SUPPORT (TACS)- (Continued)</u></b>		
<b>CC#5420 H.U.D. AFFORDABLE HOUSING IN WASHINGTON, D.C.</b>		
Carecen	46,375	46,375
 <b>CC#5430 FREDDIE MAC HOMEOWNERSHIP COUNSELING PROJECT</b>		
Asociacion de Puertoriquenos en Marcha, Inc	7,500	
Chicanos Por La Causa	7,500	
Housing America Corporation	11,245	
Housing for Mesa, Inc	11,258	
Housing Opportunities for Houston	7,500	
Latino Community Development Agency	7,500	
Spanish Speaking Unity Council	7,500	
The Resurrection Project	7,495	
Vecinos Unidos	4,993	
YES Housing, Inc	7,500	
Young Women's Christian Association	7,500	
<b>Total</b>		<b>87,490</b>
 <b>CC#5503 PROJECT ESTE (U.S. DEPARTMENT OF LABOR)</b>		
Accounting Adjustment	5,890	
Latin American Integration Center	1,500	
		<b>7,390</b>
 <b>CC#5610 CHASE MANHATTAN BANK PROJECT- HOMEOWNERSHIP COUNSELING</b>		
Asociacion Campesina Lazaro Cardenas	15,897	
Watts Century Latino Organization	20,000	
		<b>35,897</b>

**NATIONAL COUNCIL OF LA RAZA  
IRS FORM 990 RETURN INFORMATION  
FISCAL YEAR ENDED 9/30/01**

**LIST OF FUNDS TO SUBGRANTEES**

	<u>AMOUNT</u>	<u>PROJECT TOTAL</u>
<b><u>CENTER FOR EDUCATIONAL EXCELLENCE</u></b>		
<b>CC#6420 ELEMENTARY AND SECONDARY EDUCATION PROJECT- ANNIE E. CASEY FNDTN</b>		
Nueva Esperanza, Inc	50,000	50,000
 <b>CC#6430 CHARTER SCHOOL DEVELOPMENT INITIATIVE- GATES FOUNDATION</b>		
Academia de Lengua Y Cultura Charter School Planning Group	75,000	
Amber Charter School	100,000	
Bruce- Guadalupe Community	50,000	
Design for Independence	25,000	
El Centro for the Study of Primary and Secondary Education	100,000	
Escuela Autonoma Semillas del Pueblo	10,000	
Juan B Galaviz Charter School	50,000	
La Causa, Inc	50,000	
Luz Academy of Tucson	100,000	
National Latino Arts Education	25,000	
Nueva Esperanza Academy Charter	200,000	
Santa Fe South High School	50,000	
Semillas del Pueblo	20,000	
Tertulia A Learning Community	100,000	
Youth Development, Inc	40,000	
		<b>995,000</b>
 <b>CC#6440 CHARTER SCHOOL DEVELOPMENT INITIATIVE- WALTON FAMILY FOUNDATION</b>		
Academia Cesar Chavez Charter School	150,000	
Charter Development Alliance	150,000	
		<b>300,000</b>
 <b>CC#6700 TRIO PROGRAM</b>		
Latin American Youth Center	222,727	222,727

**NATIONAL COUNCIL OF LA RAZA  
IRS FORM 990 RETURN INFORMATION  
FISCAL YEAR ENDED 9/30/01**

**LIST OF FUNDS TO SUBGRANTEES**

	<u>AMOUNT</u>	<u>PROJECT TOTAL</u>
 <b><u>SPECIAL/ INTERNATIONAL PROJECTS</u></b>		
<b>CC#4920 WAL-MART EMERGING LATINO COMMUNITIES PROJECT</b>		
Hispanic Coalition	12,500	
	12,500	12,500
 <b>CC#5002 SEEDS GRANTS- MOTT FOUNDATION (FY 2000- 2001)</b>		
Abilene Child Centered Educational Support Services	3,750	
Asociacion de Hispanos Unidos, Inc	7,500	
Centro de Servicios A la Comunidad, Inc	7,500	
Comite de la Asociacion Tepayac en Jackson Heights	18,750	
Hispanic Interest Coalition Alabama	7,500	
Institute for Family Development	5,000	
Latin American Integration Center	1,500	
Latinos for Political Education	3,750	
Lohart Neighborhood Improvement Association	3,750	
Midwest Educational Resources Development Fund, Inc	8,250	
National Hispanic Ins (c/o Cen-Tex Council of La Raza)	1,250	
Rosie's Garage	5,000	
Tallahassee Hispanic	7,500	
Tenants and Workers	7,500	
	88,500	88,500
 <b>CC#5003 SEEDS GRANTS- MOTT FOUNDATION (FY 2001-2002)</b>		
Consejo de Latino Americanos en Alaska Para Srvicios Especiales	4,500	
El Puente	4,500	
Enlace Comunitario	5,000	
Latino Community Diabetes Council	4,500	
Latinos for Political Education	5,000	
Mayavision (c/o The Program for Torture Victims)	3,750	
Mesa Verde Organizing Committee	3,750	
Northwest Arkansas Community Council	4,500	
Tenant Organizing Project	5,000	
The Comite en Accion	7,500	
	48,000	48,000

**NATIONAL COUNCIL OF LA RAZA  
IRS FORM 990 RETURN INFORMATION  
FISCAL YEAR ENDED 9/30/01**

**LIST OF FUNDS TO SUBGRANTEES**

	<u>AMOUNT</u>	<u>PROJECT TOTAL</u>
<b><u>INSTITUTE FOR HISPANIC HEALTH</u></b>		
<b>CC#7010 SALUD POR SU CORAZON- METROPOLITAN LIFE FOUNDATION</b>		
Centro San Bonifacio	28,000	
Council for the Spanish Speaking	7,500	
Escondido Community Health Center	13,000	
Hands Across Cultures	13,000	
	<b>61,500</b>	<b>61,500</b>
<b>CC#7050 ENVIRONMENTAL TOBACCO SMOKE PROJECT (EPA)</b>		
Centro San Vicente, TX	2,000	
Hands Across Cultures	2,000	
Hispanic Health Council	2,000	
<b>Total</b>	<b>6,000</b>	<b>6,000</b>
<b>CC#7070 LEAD AWARENESS PROJECT (E.P.A.)</b>		
EVS Communications	86,589	<b>86,589</b>
<b>CC#7101 NATIONAL DIABETES EDUCATION (HHS/CDC)</b>		
Alivio Medical Center	15,000	
La Clinica del Pueblo	15,000	
Multi- Cultural Area Health Education Center	15,000	
Siete del Norte CDC	15,000	
<b>Total</b>	<b>60,000</b>	<b>60,000</b>
<b>CC#7300 PROJECT ACCESS</b>		
Brothers Development, Inc	10,000	
Dominican Women's Developmen Center	10,000	
Hispanic Office of Planning and Evaluation	10,000	
Mexican American Unity Council	10,000	
Mujeres Latinas En Accion	10,000	
Multi- Cultural Area Health Education Center	10,000	
	<b>60,000</b>	<b>60,000</b>
<b>CC#7350 PROJECT R.E A.C.H.</b>		
Dallas Concilio of Hispanic Services	67,000	
Near Northside Partners Council	10,000	
University of North Texas Health Science Center	38,400	
	<b>115,400</b>	<b>115,400</b>

**NATIONAL COUNCIL OF LA RAZA  
IRS FORM 990 RETURN INFORMATION  
FISCAL YEAR ENDED 9/30/01**

**LIST OF FUNDS TO SUBGRANTEES**

	<u>AMOUNT</u>	<u>PROJECT TOTAL</u>
<b><u>INSTITUTE FOR HISPANIC HEALTH (Continued)</u></b>		
<b>CC#7400 NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION</b>		
Darin M Camarena Health Center	2,500	
Dominican Women's Development Center	2,500	
Eastmont Community Center	2,500	
El Hogar del Nino	2,500	
WATTS/ Century Latino Organization	2,500	
		<b>12,500</b>
<b>CC#7500 LATINO CHILDRENS HEALTH INSURANCE INITIATIVE</b>		
Alivio Medical Center	300	
Mexican American Unity Council	300	
New Economic for Women	300	
		<b>900</b>
<b>CC#7510 MOSAICA REGIONAL TRAINING</b>		
MOSAICA, Inc	8,182	<b>8,182</b>
<b>CC#7600 CHARLAS ENTRE NOSOTROS</b>		
Calle Ollin Academy	8,000	
Hispanic Health Council	8,000	
Salud Para La Gente	8,000	
		<b>24,000</b>
 <b>GRAND TOTAL SUBGRANTS</b>	 <b>3,216,825</b>	 <b>3,216,825</b>



**NATIONAL COUNCIL OF LA RAZA  
TAX RETURN INFORMATION  
FISCAL YEAR ENDED 9/30/01**

**Compensation, contributions made to employee benefit plans, and expense allowances for officers, directors, and key employees during the fiscal year.**

<b><u>Employee Title</u></b>	<b><u>Compensation</u></b>	<b><u>Contributions to Employee Benefit Plans</u></b>	<b><u>Expense Allowances</u></b>
<b>Raul Yzaguirre</b> President and CEO	175,476	55,864	4,500
<b>Charles Kamasaki</b> Senior Vice President	118,077	13,632	-
<b>Michael Votaw</b> Chief Financial Officer/ Vice President	106,083	13,178	-
<b>Jesus Espinoza</b> Special Advisor to the President	101,807	12,520	-
<b>Arnoldo Resendez</b> Vice President- OSIP	101,807	13,807	-
<b>Cecilia Munoz</b> Vice President- ORAL	88,269	8,905	-
<b>Anthony Colon</b> Vice President- TACS Education	84,857	14,881	-
<b>Isabel Navarette</b> Deputy Vice President- Public Information	76,057	10,320	-
<b>Norma Lopez</b> Vice President- OSIP	72,686	10,413	-
<b>Sonia Perez</b> Deputy Vice President- ORAL	71,923	12,375	-
<b>Lautaro Diaz</b> Deputy Vice President- Community Development	69,230	14,305	-
<b>Alejandro Perilla</b> Deputy Vice President- Special Events	67,615	9,700	-
<b>Hugo Cardona</b> Senior Vice President- TACS	53,077	5,487	-
<b>Carlos Ugarte</b> Deputy Vice President- Health	7,692	-	-

\* Members of the Board of Directors are not compensated, except for Raul Yzaguirre, President and CEO, who is listed above.

THE NATIONAL COUNCIL OF LA RAZA  
Board of Directors List  
September 2001

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# 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

<b>Type or print</b>	Name of Exempt Organization <b>NATIONAL COUNCIL OF LA RAZA, INC.</b>	Employer identification number <b>86-0212873</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1111 19TH STREET, N.W., NO. 1000</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20036</b>	

**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 **MAY 15, 2002** to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2000**, and ending **SEP 30, 2001**

**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 \$ N/A

### 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 ▶ Margaret A. Bradshaw Title ▶ CPA Agent Date ▶ 2/14/02  
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)