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Return of Organization Exempt from Income Tax

2000

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 Jul 1, 2000, and ending Jun 30, 20 01

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: NETWORK OF EDUCATORS ON THE AMERICAS. D Employer identification number: 52-1616482. E Telephone number: (202) 588-7204. F Check if application pending.

G Organization type (check only one): [X] 501(c) 3 (insert no) [ ] 527 or [ ] 4947(a)(1). Note: H and I are not applicable to section 527 orgs.

J Accounting method: [ ] Cash [X] Accrual [ ] Other (specify). H (a) Is this a group return for affiliates? [ ] Yes [X] No. H (b) If "yes" enter number of affiliates. H (c) Are all affiliates included? [ ] Yes [X] No.

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. 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 (see instructions)

Table with 21 rows and 4 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6: Gross rents. Row 7: Other investment income. Row 8: Gross amount from sales of assets other than inventory. Row 9: Special events and activities. Row 10: Gross sales of inventory, less returns and allowances. Row 11: Other revenue. Row 12: Total revenue. Row 13: Program services. Row 14: Management and general. Row 15: Fundraising. Row 16: Payments to affiliates. Row 17: Total expenses. Row 18: Excess or deficit for the year. Row 19: Net assets or fund balances at beginning of year. Row 20: Other changes in net assets or fund balances. Row 21: Net assets or fund balances at end of year.

SCANNED JUN 06 '02

RECEIVED MAY 12 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 \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (attach sch)	23			
24	Benefits paid to or for members (attach sch)	24			
25	Compensation of officers, directors, etc	25	35,000	21,539	11,576
26	Other salaries and wages	26	327,177	320,875	5,483
27	Pension plan contributions	27			
28	Other employee benefits	28	11,167	10,771	396
29	Payroll taxes	29	30,512	26,083	4,224
30	Professional fundraising fees	30			
31	Accounting fees	31	6,500	1,764	4,736
32	Legal fees	32			
33	Supplies	33	21,861	21,861	0
34	Telephone	34	14,050	10,045	3,982
35	Postage and shipping	35	36,126	32,140	3,973
36	Occupancy	36	74,609	54,576	20,033
37	Equipment rental and maintenance	37	18,110	14,891	3,219
38	Printing and publications	38	208,939	206,948	1,661
39	Travel	39	21,537	21,481	50
40	Conferences, conventions, and meetings	40	18,469	17,259	1,210
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	5,326	0	5,326
43	Other expenses (itemize)				
a	MEMBERSHIP DUES	43a	4,184	3,686	498
b	BANK & CREDIT CARD CHARGE	43b	3,646	3,436	210
c	CONSULTANTS	43c	78,949	70,159	8,790
d	BAD DEBTS	43d	9,313	9,313	0
e	See Other Expenses Stmt	43e	7,996	7,143	853
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	933,471	853,970	76,220
					3,281

**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? <input type="checkbox"/> TRAINING TO HELP EDUCATORS OF CHILDREN OF CENTRAL AMERICAN DESCEN	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a PUBLICATIONS NECA PRODUCES AND DISTRUBUTES RESOURCES FOR THE K-12 CLASSROOM AND PROFESSIONAL DEVELOPMENT WHICH PROMOTE EQUITY AND SOCIAL JUSTICE (Grants and allocations \$ 0 )	333,805
b DC VOICE A COLLABORATIVE OF GROUPS OF INDIVIDUALS WORKING TO STRENGTHEN THE PUBLIC VOICE IN PUBLIC EDUCATION IN DC THROUGH RESEARCH, CONSTITUENCY BUILDING AND PROFESSIONAL DEVELOPMENT (Grants and allocations \$ 0 )	374,246
c TEACHING FOR EQUITY A PROFESSIONAL DEVELOPMENT PROGRAM FOR THE SCHOOL BASED MULTICULTURAL COORDINATORS IN THE DISTRICT OF COLUMBIA (Grants and allocations \$ 0 )	44,222
d TELLING STORIES AN INNOVATIVE APPROACH TO BUILDING PARENT POWER IN SCHOOLS WHICH BUILDS COMMUNITY THROUGH THE SHARING OF STORIES AND THEN ENGAGE PARENTS IN EXAMINING AND ADDRESSING CONDITIONS IN SCHOOLS (Grants and allocations \$ 0 )	63,901
e Other program services OTHER PROJECTS (Grants and allocations \$ 0 )	37,796
f Total of Program Service Expenses (should equal line 44, column (B), program services)	853,970

**Part IV Balance Sheets** (See instructions)

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash – non interest bearing		<b>45</b>	
	<b>46</b> Savings and temporary cash investments	544,942	<b>46</b>	289,892
	<b>47a</b> Accounts receivable	<b>47a</b> 90,848		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	60,917	<b>47c</b> 90,848
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable	10,000	<b>49</b>	1,000
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use	110,616	<b>52</b>	122,839
	<b>53</b> Prepaid expenses and deferred charges	6,036	<b>53</b>	794
	<b>54</b> Investments – securities (attach schedule) <span style="float: right;"><input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		<b>54</b>	
	<b>55a</b> Investments – land, buildings, & equipment basis	<b>55a</b>		
<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments – other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 19,397			
<b>b</b> Less accumulated depreciation (attach schedule) L-57 Stmt	<b>57b</b> 11,061	7,932	<b>57c</b> 8,336	
<b>58</b> Other assets (describe <span style="float: right;">▶ See Line 58 Stmt</span> )	5,248	<b>58</b>	5,275	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	745,691	<b>59</b>	518,984	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	26,543	<b>60</b>	9,806
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe <span style="float: right;">▶ See Line 65 Stmt</span> )	301,603	<b>65</b>	506
<b>66 Total liabilities</b> (add lines 60 through 65)	328,146	<b>66</b>	10,312	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted		<b>67</b>	
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds	417,545	<b>70</b>	508,672
	<b>71</b> Paid in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	417,545	<b>73</b>	508,672	
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	745,691	<b>74</b>	518,984	

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a	Total revenue, gains, and other support per audited financial statements	1,024,598	a	Total expenses and losses per audited financial statements	933,471
b	Amounts included on line a but not on line 12, Form 990		b	Amounts included on line a but not on line 17, Form 990	
(1)	Net unrealized gains on investments \$		(1)	Donated services and use of facilities \$	
(2)	Donated services and use of facilities \$		(2)	Prior year adjustments reported on line 20, Form 990 \$	
(3)	Recoveries of prior year grants \$		(3)	Losses reported on line 20, Form 990 \$	
(4)	Other (specify)		(4)	Other (specify)	
	----- \$			----- \$	
	Add amounts on lines (1) through (4)			Add amounts on lines (1) through (4)	
c	Line a minus line b	1,024,598	c	Line a minus line b	933,471
d	Amounts included on line 12, Form 990 but not on line a		d	Amounts included on line 17, Form 990 but not on line a:	
(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)	
	----- \$			----- \$	
	Add amounts on lines (1) and (2)			Add amounts on lines (1) and (2)	
e	Total revenue per line 12, Form 990 (line c plus line d)	1,024,598	e	Total expenses per line 17, Form 990 (line c plus line d)	933,471

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

(A) Name and address	(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
DEBORAH MENKART PO BOX 73038, WASH, DC	EXEC DIR 40	35,000	0	0
ALICIA HORTON 5412 COLORADO AVE NW, WASH, DC	CO-CHAIR 0	0	0	0
DERRICK M POSEY PO BOX 188, MT RAINIER, MD	DIRECTOR 0	0	0	0
ANDY SHALLAL 8461 CHAPPELWOOD COURT, ANNANDALE, VA	DIRECTOR 0	0	0	0
PAULETTE SAUNDERS 3012 BUCK LODGE RD	DIRECTOR 0	0	0	0
DONALD CLAUSEN 10908 CARTERS OAK WAY, BURKE, VA	SECRETARY 0	0	0	0
HELENY COOK 2300 9TH ST, ARL, VA	CO-CHAIR 0	0	0	0
TRISH AHERN 3218 19TH ST NW, WASH, DC	DIRECTOR 0	0	0	0
MARGARITA CHAMORRO 1454 IRVING ST, NW, WASH, DC	DIRECTOR 0	0	0	0
See List of Officers, Etc Statement		0	0	0

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?

Yes  No

If 'Yes,' attach schedule - see instructions

**Part VI Other Information** (See specific instructions)

	N/A	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
<b>77</b> 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			X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
<b>78b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?			
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement			X
<b>80a</b> 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?			X
<b>81a</b> Enter the amount of political expenditures, direct or indirect as described in the instructions <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81b</b> Did the organization file Form 1120-POL for this year?			X
<b>82a</b> 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?			X
<b>82b</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.)			
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X		
<b>83b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X		
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?			X
<b>84b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>85a</b> 501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?			
<b>85b</b> Did the organization make only in house lobbying expenditures of \$2,000 or less?			
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			
<b>85c</b> Dues, assessments, and similar amounts from members			
<b>85d</b> Section 162(e) lobbying and political expenditures			
<b>85e</b> Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices			
<b>85f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)			
<b>85g</b> Does the organization elect to pay the Section 6033(e) tax on the amount in 85f?			
<b>85h</b> If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
<b>86a</b> 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12			
<b>86b</b> Gross receipts, included on line 12, for public use of club facilities			
<b>87a</b> 501(c)(12) organizations Enter a Gross income from members or shareholders			
<b>87b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
<b>88</b> 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			X
<b>89a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ 0, Section 4912 ▶ 0, Section 4955 ▶ 0			
<b>89b</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			X
<b>89c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0
<b>89d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization			
<b>90a</b> List the states with which a copy of this return is filed ▶ DISTRICT OF COLUMBIA			
<b>90b</b> Number of employees employed in the pay period that includes March 12, 2000 (see instructions)			17
<b>91</b> The books are in care of ▶ NETWORK OF EDUCATORS ON THE AMERICAS Telephone number ▶ (202) 588-7204 Located at ▶ 1328 FLORIDA AVE, 2ND FLOOR, WASHINGTON DC ZIP code ▶ 20009-4808			
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year ▶ 92			

**Part VII Analysis of Income-Producing Activities** (See instructions)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PUBLICATIONS/NEWLETTER/BOOKS					396,345
b REGISTRATION FEES					1,600
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	19,185	
96 Dividends & 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 pers prop					
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 CONTRACTS					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				19,185	397,945
105 Total (add line 104, columns (B), (D), and (E))					417,130

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

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)
93a	PUBLICATION SALES DIRECTLY RELATED TO EXEMPT EDUCATIONAL PURPOSE
93b	REIMBURSEMENT AT COST OF REGISTRATION FEES RELATED TO SEMINARS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions) N/A

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (See instructions)

Signature of Officer: Deborah Menkart Director Date: 5/09/02 Type or Print Name and Title: DEBORAH MENKART, EXEC DIRECTOR

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**Paid Preparer's Use Only**

Preparer's Signature: Kathleen Huston Date: 05/07/02 Check if self employed:  Preparer's SSN or PTIN: 579-78-1597

Firm's name (or yours if self employed) and address and ZIP code: MCGUIRE ASSOCIATES  
2300 9TH STREET SOUTH, STE PH2 EIN:   
ARLINGTON VA 22204-2302 Phone no: (703) 979-5686

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

Name of the Organization <b>NETWORK OF EDUCATORS ON THE AMERICAS</b>	Employer Identification Number <b>52-1616482</b>
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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
NONE				
Total number of other employees paid over \$50,000	None			

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
NONE		
Total number of others receiving over \$50,000 for professional services	None	



**Part III Statements About Activities**

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____  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.	1	X
<b>2</b> 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?		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Pt. V, Form 990	2d	X
<b>e</b> Transfer of any part of its income or assets? If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc?	3	X
<b>4a</b> Do you have a section 403(b) annuity plan for your employees?	4a	X
<b>b</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 instructions)		

**Part IV Reason for Non-Private Foundation Status** (See 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)
- 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 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 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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	411,208	174,052	44,928	20,142	650,330
<b>16</b> Membership fees received					
<b>17</b> 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	392,874	359,421	297,724	136,693	1,186,712
<b>18</b> 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	24,380	887	606	136	26,009
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	828,462	534,360	343,258	156,971	1,863,051
<b>24</b> Line 23 minus line 17	435,588	174,939	45,534	20,278	676,339
<b>25</b> Enter 1% of line 23	8,285	5,344	3,433	1,570	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b>
	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.				<b>26b</b>
	c Total support for Section 509(a)(1) test. Enter line 24, column (e).				<b>26c</b>
	d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____				<b>26d</b>
	e Public support (line 26c minus line 26d total)				<b>26e</b>
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				<b>26f</b> %
<b>27 Organizations described on line 12:</b>					
	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) 0 (1996) 0				
	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) 0 (1996) 0				
	c Add Amounts from column (e) for lines 15 650,330 16 _____ 17 1,186,712 20 _____ 21 _____				<b>27c</b> 1,837,042
	d Add Line 27a total 0 and line 27b total 0				<b>27d</b> 0
	e Public support (line 27c total minus line 27d total)				<b>27e</b> 1,837,042
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				<b>27f</b> 1,863,051
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> 98.60 %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> 1.40 %
<b>28 Unusual Grants:</b> 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 instructions.)					

**Part V Private School Questionnaire** (See instructions)  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

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

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

N/A

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

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

	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 attempt to influence public opinion on a legislative matter or referendum, through the use of

- 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**)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

**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(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
<b>51 a (i)</b>		X
<b>a (ii)</b>		X
<b>b (i)</b>		X
<b>b (ii)</b>		X
<b>b (iii)</b>		X
<b>b (iv)</b>		X
<b>b (v)</b>		X
<b>b (vi)</b>		X
<b>c</b>		X

(i) Cash

(ii) Other assets

**b** Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**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? ▶  Yes  No

**b** If 'Yes,' complete the following schedule

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

Schedule B  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors  
Supplementary information for line 1d of Form 990 or  
and line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of Organization

NETWORK OF EDUCATORS ON THE AMERICAS

Employer Identification Number

52-1616482

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 ▶ \$

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

Schedule B (Form 990 or 990-EZ) (2000)

Name of Organization

Employer Identification Number

NETWORK OF EDUCATORS ON THE AMERICAS

52-1616482

**Part I** Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 10,000 -----	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
2	----- ----- -----	\$ ----- 15,000 -----	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
3	----- ----- -----	\$ ----- 5,000 -----	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
4	----- ----- -----	\$ ----- 39,100 -----	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
5	----- ----- -----	\$ ----- 20,000 -----	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )
(a) Number		(c) Aggregate contributions	(d) Type of contribution
6	----- ----- -----	\$ ----- 50,000 -----	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if a noncash contribution )

Name of Organization

Employer Identification Number

NETWORK OF EDUCATORS ON THE AMERICAS

52-1616482

**Part I** Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$ 24,900	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
8		\$ 6,040	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
9		\$ 18,352	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
10		\$ 65,249	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
11		\$ 7,633	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
12		\$ 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)



Name of Organization

Employer Identification Number

NETWORK OF EDUCATORS ON THE AMERICAS

52-1616482

**Part I** Contributors

(a) Number	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13	----- ----- -----	\$ 16,426	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
-----	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
-----	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
-----	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
-----	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
-----	----- ----- -----	\$ -----	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.**

Type or Print	Name of Exempt Organization	Employer Identification Number
	NETWORK OF EDUCATORS ON THE AMERICAS	52-1616482
	Number Street and Room or Suite Number If a P.O. Box See Instructions	For IRS Use Only
File by the extended due date for filing the return See instructions	PO BOX 73038	
	City Town or Post Office State and ZIP Code For a Foreign Address See Instructions	
	WASHINGTON DC 20056-3038	

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

Form 990  
  Form 990-EZ  
  Form 990-T (Section 401(a) or 408(a) trust)  
  Form 1041 A  
  Form 5227  
  Form 8870  
 Form 990 BL  
  Form 990 PF  
  Form 990-T (trust other than above)  
  Form 4720  
  Form 6069

**Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

If the organization does not have an office or place of business in the United States, check this box

If this is for a group return, enter the organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ if this is for the whole group check this box  If it is part of the group check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until May 15, 2002

5 For calendar year \_\_\_\_\_, or other tax year beginning Jul 1, 2000 and ending Jun 30, 2001

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

7 State in detail why you need the extension AUDIT STILL IN PROGRESS

8a If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_ 0.

b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ 0

**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 Kathleen Huston Title TAX PREPARER Date 02/11/02

**Notice to Applicant – To be Completed by the IRS**

We have approved this application Please attach this form to the organization's return

We have not approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return

We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10 day grace period

We cannot consider this application because it was filed after the due date of the return for which an extension was requested

Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or Print	Name
	MCGUIRE ASSOCIATES
	Number and Street (include suite room, or apartment number) or a P.O. Box Number
	2300 9TH STREET SOUTH, STE PH2
	City or Town, Province or State, and Country (including postal or ZIP code)
	ARLINGTON VA 22204-2302

Note *Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868*

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.**

Type or Print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>NETWORK OF EDUCATORS ON THE AMERICAS</b>	Employer Identification Number <b>52-1616482</b>
	Number, Street, and Room or Suite Number. If a P.O. Box, See Instructions. <b>PO BOX 73038</b>	For IRS Use Only
	City, Town, or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions. <b>WASHINGTON DC 20056-3038</b>	

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

Form 990     Form 990 EZ     Form 990 T (Section 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870  
 Form 990 BL     Form 990 PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**Stop. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

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

4 I request an additional 3 month extension of time until May 15, 2002  
 5 For calendar year \_\_\_\_\_, or other tax year beginning Jul 1, 2000 and ending Jun 30, 2001  
 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period  
 7 State in detail why you need the extension \_\_\_\_\_

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0  
 b If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_  
 c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or if required, deposit with FTD coupon or if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

**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 Kathleen Huston Title TAX PREPARER Date 02/11/02

**Notice to Applicant – To be Completed by the IRS**

We have approved this application. Please attach this form to the organization's return.  
 We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.  
 We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10 day grace period.  
 We cannot consider this application because it was filed after the due date of the return for which an extension was requested.  
 Other \_\_\_\_\_

**DENIED**  
**YOU DID NOT STATE A REASON PLEASE FILE YOUR RETURN IMMEDIATELY**  
 FEB 27 2002  
 Date

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 10-day extension returned to an address different than the one entered above.

Type or Print  1302 BAA OGDEN, UT	Name <b>MCGUIRE ASSOCIATES</b>	Number and Street (include suite, room or apartment number) or a P.O. Box Number <b>2300 5TH STREET S GOUTH, STE PH2</b>
	City or Town, Province or State, and Country (including postal or ZIP code) <b>WASHINGTON DC 20056-3038</b>	
		VA 22204-2302
		Form 8868 (Rev 12 2000)

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

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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

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

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

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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer Identification Number
	NETWORK OF EDUCATORS ON THE AMERICAS	52-1616482
	Number Street, and Room or Suite Number If a P.O. Box see instructions	
	PO BOX 73038	
	City Town or Post Office For a foreign address see instructions	State ZIP Code
	WASHINGTON	DC 20056-3038

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 (Section 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 Feb 15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20 \_\_\_\_ or
- tax year beginning Jul 1, 20 00, and ending Jun 30, 20 01

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

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

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

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

### Signature and Verification

Under penalties of perjury I declare that I have examined this return, 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 ► Kathleen Huston Title ► TAX PREPARER Date ► 11/28/01

BAA For Paperwork Reduction Act Notice, see instructions.

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

**2000**  
67

Name(s) Shown on Return <b>NETWORK OF EDUCATORS ON THE AMERICAS</b>	Business or Activity to Which This Form Relates <b>Form 990, page 2</b>	Identifying Number <b>52-1616482</b>
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**Part I Election to Expense Certain Tangible Property (Section 179)**  
Note: If you have any 'listed property,' complete Part V before you complete Part I

1 Maximum dollar limitation If an enterprise zone business, see instructions	1	\$20,000
2 Total cost of Section 179 property placed in service See instructions	2	
3 Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0 If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property Enter amount from line 27	7	
8 Total elected cost of Section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from 1999 See instructions	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement) Instead, use Part V for listed property

**Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year**  
(Do not include listed property)

**Section A - General Asset Account Election**

14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box See instructions

**Section B - General Depreciation System (GDS) (See instructions)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property		5,730	3 0 yrs	HY	SL	954
b 5-year property						
c 7-year property						
d 10 year property						
e 15-year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Alternative Depreciation System (ADS) (See instructions)**

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part III Other Depreciation (Do not include listed property) (See instructions)**

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	4,372
18 Property subject to Section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

**Part IV Summary (See instructions)**

20 Listed property Enter amount from line 26	20	
21 Total Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	21	5,326
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	22	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete *only* 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)**

23a Do you have evidence to support the business/investment use claimed?										Yes		No		23b If 'Yes,' is the evidence written?										Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected Section 179 cost																			
24 Property used more than 50% in a qualified business use (see instructions)																											
25 Property used 50% or less in a qualified business use (see instructions)																											
26 Add amounts in column (h) Enter the total here and on line 20, page 1																		26									
27 Add amounts in column (i) Enter the total here and on line 7, page 1																				27							

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

28 Total business/investment miles driven during the year (do not include commuting miles – see instructions)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
29 Total commuting miles driven during the year												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year Add lines 28 through 30												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
32 Was the vehicle available for personal use during off duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons See instructions

35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
<b>Note.</b> If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles		

**Part VI**

**Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code Section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 2000 tax year (see instructions)					
41 Amortization of costs that began before 2000					
42 Total. Add amounts in column (f) See instructions for where to report					42

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses (itemize)				
SUBSCRIPTIONS	5,239	5,192	47	0
STAFF TRAINING	2,586	1,925	661	0
MISCELLANEOUS	171	26	145	0
Total	<u>7,996</u>	<u>7,143</u>	<u>853</u>	<u>0</u>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
COMPUTER EQUIPMENT	19,397	11,061	8,336
Total	<u>19,397</u>	<u>11,061</u>	<u>8,336</u>

Form 990, Page 3, Part IV, Line 58

**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
EMPLOYEE ADVANCES	23	50
SECURITY DEPOSIT	5,225	5,225
Total	<u>5,248</u>	<u>5,275</u>

Form 990, Page 3, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
SECURITY DEPOSITS HELD	1,603	235
DEFERRED INCOME - GRANT	300,000	0
SALES TAX PAYABLE	0	271
Total	<u>301,603</u>	<u>506</u>

Form 990, Page 4, Part V

## List of Officers, Etc. Statement

(A) Name and address	(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
DARRYL JON MCDUFFIE 6803 10TH AVE TAKOMA PARK, MD	DIRECTOR 0	0	0	0
MARCY FINK CAMPOS 7309 MAPLE AVE TAKOMA PARK, MD	DIRECTOR 0	0	0	0
NIZAM ALI 113 S AVE, SILVER SPRING, MD	DIRECTOR 0	0	0	0
ETHELBERT MILLER 1411 UNDERWOOD ST NW, WASH DC	DIRECTOR 0	0	0	0
CAROL ROBLEDO 9212 WENDELL ST SILVER SPRING MD	DIRECTOR 0	0	0	0
LORI SCOTT 527 9TH ST SW, WASH, DC	DIRECTOR 0	0	0	0
KATE TINDLE 2505 TERRETT AVE, ALEX, VA	DIRECTOR 0	0	0	0
LYNDA TREDWAY 3611 TOLMAN HALL, BERKLEY, CA	DIRECTOR 0	0	0	0
REBECCA VILLARREAL 1825 N HAMPSHIRE AVE WASH, DC	DIRECTOR 0	0	0	0
MIKE FINLEY 1010 VERMONT AVE, WASH, DC	TREASURERO	0	0	0
Total		<u>0</u>	<u>0</u>	<u>0</u>



**Supporting Statement of:**

Form 990 p 1/Line 1a

Description	Amount
CONTRACTS	114,288
GRANTS	476,040
DONATIONS	17,140
Total	<u>607,468</u>

**Supporting Statement of:**

Form 990 p 2/Other Program Service Exp

Description	Amount
DC AREA WRITING PROJECT	33,561
OUTSIDE PROJECTS	4,235
Total	<u>37,796</u>