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Return of Organization Exempt From Income Tax

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

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 2001 calendar year, or tax year period beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE. D Employer identification number: 13-1084135. E Telephone number: 410-486-9170. F Accounting method: Cash, Accrual.

G Web site WWW.NAACP.ORG

J Organization type (check only one) [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. M Check [] if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 58,489,645.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sale of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss); 10d Other revenue; 10e Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED DEC 20 2002

RECEIVED NOV 27 2002

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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 \$ 2,915,812. noncash \$	22 2,915,812.	2,915,812.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 375,600.	0.	375,600.	0.
26 Other salaries and wages	26 7,689,413.	4,058,260.	2,947,061.	684,092.
27 Pension plan contributions	27			
28 Other employee benefits	28 996,511.	540,130.	384,728.	71,653.
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 27,413.	7,413.	20,000.	
32 Legal fees	32 480,303.	121,417.	358,886.	
33 Supplies	33 427,952.	280,861.	134,974.	12,117.
34 Telephone	34 1,079,358.	423,837.	654,247.	1,274.
35 Postage and shipping	35 1,237,440.	254,018.	236,027.	747,395.
36 Occupancy	36 1,055,968.	724,246.	331,722.	
37 Equipment rental and maintenance	37 348,936.	220,607.	128,329.	
38 Printing and publications	38 1,889,042.	1,060,361.	539,315.	289,366.
39 Travel	39 2,175,338.	1,670,762.	495,891.	8,685.
40 Conferences, conventions, and meetings	40 5,379,785.	5,000,309.	376,736.	2,740.
41 Interest	41			
42 Depreciation depletion etc (attach schedule)	42 806,886.		806,886.	
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 2	43e 6,525,624.	7,988,123.	-2,280,540.	818,041.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 33,411,381.	25,266,156.	5,509,862.	2,635,363.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

TO ADVOCATE CIVIL RIGHTS OF MINORITY GROUPS IN THE U.S.A.

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 MEMBERSHIP SERVICES- TO INCREASE AWARENESS OF ORGANIZATION BY INCREASING MEMBERSHIP	(Grants and allocations \$)	2,066,570.
b REGIONAL AND FIELD OFFICES-TO WORK AT LOCAL LEVEL TO IMPROVE THE EDUCATION, SOCIAL AND ECONOMIC STATUS OF MINORITIES	(Grants and allocations \$)	3,045,044.
c HOMEOWNERSHIP AND BUSINESS INITIATIVE TO EDUCATE AND COUNSEL CONSUMERS ON AFFORDABLE HOUSING	(Grants and allocations \$)	1,134,949.
d SPECIAL PROGRAMS- TO ENGAGE ALL SOCIAL GROUPS TO FOSTER POSITIVE INTERGROUP COMMUNICATION	(Grants and allocations \$)	1,208,167.
e Other program services (attach schedule) STATEMENT 4	(Grants and allocations \$ 2,915,812.)	17,811,426.
f Total of Program Service Expenses (should equal line 44 column (B), Program services)		25,266,156.

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	
Assets	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	9,234,768.	46	14,225,423.	
	47 a Accounts receivable	47a 854,564.			
	b Less allowance for doubtful accounts	47b	47c	854,564.	
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments - securities STMT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,669,453.	54	5,749,981.
	55 a Investments - land, buildings and equipment basis	55a			
b Less accumulated depreciation	55b		55c		
56 Investments - other SEE STATEMENT 6		702,612.	56	702,612.	
57 a Land, buildings, and equipment basis	57a 6,595,414.				
b Less accumulated depreciation STMT 7	57b 3,371,484.				
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)		2,534,159.	57c	3,223,930.	
		5,030,499.	58	7,733,147.	
59 Total assets (add lines 45 through 58) (must equal line 74)		22,547,316.	59	32,489,657.	
Liabilities	60 Accounts payable and accrued expenses	1,141,152.	60	3,599,126.	
	61 Grants payable		61		
	62 Deferred revenue	540,694.	62	500,000.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe <input type="checkbox"/> OTHER LIABILITIES)			65	271,797.
66 Total liabilities (add lines 60 through 65)		1,681,846.	66	4,370,923.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	14,229,290.	67	13,677,557.	
	68 Temporarily restricted	6,636,180.	68	14,441,177.	
	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		
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		20,865,470.	73	28,118,734.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		22,547,316.	74	32,489,657.

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.

**NATIONAL ASSOCIATION FOR THE
ADVANCEMENT OF COLORED PEOPLE**

Form 990 (2001)

13-1084135

Page 5

Part VI Other Information		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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement		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? SEE STATEMENT 9	X	
b	If "Yes" enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
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		
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		
h	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? N/A		
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	X	
89 a	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	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		
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 ▶ SEE ATTACHED LIST		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 155		
91	The books are in care of ▶ NAACP Telephone no ▶ 410-486-9170		
	Located at ▶ 4805 MOUNT HOPE DRIVE, BALTIMORE, MD. ZIP + 4 ▶ 21215		
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 ▶ N/A		

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

	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 <u>IMAGE AWARDS</u>					1,890,844.
b <u>CONVENTION</u>					3,075,026.
c <u>FREEDOM FUND DINNER</u>					1,188,542.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					3,427,249.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	346,496.	
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			14	187,028.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <u>INSURANCE SETTLEMENT</u>			01	1,661,934.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		2,195,458.	9,581,661.
105 Total (add line 104, columns (B), (D), and (E))					11,777,119.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	TO RECOGNIZE THE OUTSTANDING CONTRIBUTIONS OF MINORITIES
93B	EVENT TO ESTABLISH AND SUPPORT THE ORGANIZATION'S POLICIES
93C	TO PROVIDE SERVICES TO ORGANIZATION'S LOCAL BRANCHES
94	TO PROVIDE SERVICES TO MEMBERS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%	MAGAZINE		
CRISIS PUBLISHING	100.00%	PUBLICATION	1,676,168.	403,572.
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization during the year pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

Please Sign Here

Signature of officer: *[Signature]* Date: 11/15/02 Type or print name and title: JUNIOR COX, CFO

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 11/15/02 Check if self-employed: Preparer's SSN or PTIN: 577-76-3079

Firm's name (or yours if self-employed), address, and ZIP + 4: THOMPSON, COBB, BAZILIO AND ASSOC. 1101 15TH ST., N.W., SUITE 400 WASHINGTON, DC 20005

EIN: 52-1563500

Phone no: _____

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

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **NATIONAL ASSOCIATION FOR THE
ADVANCEMENT OF COLORED PEOPLE** Employer identification number
13 1084135

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NELSON RIVERS ----- 4805 MT. HOPE DRIVE, BALTIMORE, MD.	DIR. BRANCHES 37.5	140,000.	3,366.	
JUNIOR COX ----- 4805 MT. HOPE DRIVE, BALTIMORE, MD.	CFO 37.5	120,000.	3,354.	
JOHN POSENAU ----- 4805 MT. HOPE DRIVE, BALTIMORE, MD.	IT DIRECTOR 37.5	120,000.	3,588.	
JOHN JOHNSON ----- 4805 MT. HOPE DRIVE, BALTIMORE, MD.	DIR PROGRAMS 37.5	115,000.	3,458.	
HILARY SHELTON ----- 4805 MT. HOPE DRIVE, BALTIMORE, MD.	DIR WASH BEAU 37.5	110,000.	3,302.	
Total number of other employees paid over \$50,000 ▶	47			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
WALLS COMMUNICATION ----- 1025 THOMAS JEFFERSON ST,NW, WASHINGTON, DC 20001	MEDIA CONSULTING	1,226,387.
VE. INC ----- 11620 REISTERSTON RD # 210 REISTERSTOWN, MD 21136	MEDIA CONSULTING	1,713,333.
THE PARKER GROUP ----- 468 PALISADES BLVD, BIRMINGHAM, AL 35209	CONSULTING	200,000.
DATAPRISE ----- P.O. BOX 17672, BALTIMORE, MD 21297	PURCHASE MAILING LIST	125,064.
ROBINSON & FOSTER ----- 1201 PENNSYLVANIA AVENUE, NW SUITE 300 WASH, DC	VOTER EMPOWERMENT CONSULTING	99,541.
Total number of others receiving over \$50,000 for professional services ▶	108	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

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

	Yes	No
1 During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ \$ <u>454,538</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods services or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments	SEE STATEMENT 10	

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

- The organization is not a private foundation because it is (Please check only ONE applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \blacktriangleright _____
 - 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 page 5 of the instructions)

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

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

**NATIONAL ASSOCIATION FOR THE
ADVANCEMENT OF COLORED PEOPLE**

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	30705461.	8,706,983.	7,309,012.	6,925,280.	53,646,736.
16 Membership fees received	3,955,954.	2,895,208.	2,371,645.	2,166,653.	11,389,460.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	4,811,401.	5,547,419.	3,758,298.	3,361,132.	17,478,250.
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	432,433.	400,447.	407,565.	256,447.	1,496,892.
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.	308,625.	686,299.	698,902.	552,005.	2,245,831.
23 Total of lines 15 through 22	40213874.	18236356.	14545422.	13261517.	86,257,169.
24 Line 23 minus line 17	35402473.	12688937.	10787124.	9,900,385.	68,778,919.
25 Enter 1% of line 23	402,139.	182,364.	145,454.	132,615.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 1,375,578.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 23083785.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 68,778,919.
d Add: Amounts from column (e) for lines 18 1,496,892. 19 22 2,245,831. 26b 23,083,785.					26d 26,826,508.
e Public support (line 26c minus line 26d total)					26e 41,952,411.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 60.9960%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).	27f 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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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

N/A

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

		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 (See page 9 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" 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)		454,538.
38	Total lobbying expenditures (add lines 36 and 37)		454,538.
39	Other exempt purpose expenditures		32,956,843.
40	Total exempt purpose expenditures (add lines 38 and 39)		33,411,381.
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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	1,000,000.				1,000,000.
46					1,500,000.
47	454,538.				454,538.
48	250,000.				250,000.
49					375,000.
50					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/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	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines e 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, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

NATIONAL ASSOCIATION FOR THE
ADVANCEMENT OF COLORED PEOPLE

Employer identification number

13-1084135

Organization type (check one)

Filers of:

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (if this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization
**NATIONAL ASSOCIATION FOR THE
 ADVANCEMENT OF COLORED PEOPLE**

Employer identification number
13-1084135

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	SUM OF ANONYMOUS CONTRIBUTORS Certain donations were received subject to the condition that the organization ensure that the donors remain anonymous. While the organization understands that it is obliged to supply the donor information it has to the IRS in the event of a specific written request from the agency, the recent pattern of inadvertent public disclosure of donor information, creates an unacceptably high risk that identifying information (such as name, address or other information) presented on this Schedule may become public. In addition, unique circumstances apply to this organization i.e. a history of economic and physical retaliation against its publicly-identified supporters and resulting legal protections see, e.g., NAACP v Alabama, 357 US 449 (1958), for the anonymity of its donors, which require the organization to be particularly diligent in honoring the requests of its donors for anonymity.	\$ 18,012,028.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE	Employer identification number 13-1084135
--	---

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	U.S. GOVERNMENT SECURITIES <hr/> <hr/> <hr/>	\$ 18,012,028.	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	
	<hr/> <hr/> <hr/>	\$ _____	

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
U.S. GOVERNMENT SECURITIES	18,012,028.	17,825,000.	0.	187,028.	
TO FORM 990, PART I, LINE 8	18,012,028.	17,825,000.	0.	187,028.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	833,917.	803,043.	24,035.	6,839.	
EDUCATION AND TRAINING	139,047.	102,486.	28,076.	8,485.	
CONSULTING FEES	3,815,092.	3,118,645.	423,668.	272,779.	
ALLOCATION OF GENERAL & ADMINISTRATIVE	-1,064,272.	3,004,368.	-4,355,136.	286,496.	
TEMPORARY ASSISTANCE	552,390.	416,343.	61,095.	74,952.	
BUSINESS INSURANCE	379,996.	5,317.	374,679.		
BANK CHARGES	28,087.	5,007.	23,080.		
MISCELLANEOUS	489,344.	419,591.	68,941.	812.	
SUBSCRIPTIONS	1,245,745.	60,653.	1,019,384.	165,708.	
REGISTRATIONS/FEES	58,616.	5,728.	51,638.	1,250.	
STATE CONFERENCE ASSESSMENT	38,443.	38,443.			
STORAGE	9,219.	8,499.		720.	
TOTAL TO FM 990, LN 43	6,525,624.	7,988,123.	-2,280,540.	818,041.	

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT	3
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
	SEE ATTACHED LIST	VARIOUS	VARIOUS	2,915,812.	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				2,915,812.	

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CONVENTION		2,654,247.
IMAGE AWARDS		3,001,656.
VOTER EMPOWERMENT	2,915,812.	10,524,314.
YOUTH		665,229.
LEGAL REDRESS		445,124.
PRISON PROGRAM		520,856.
TOTAL TO FORM 990, PART III, LINE E	2,915,812.	17,811,426.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS AND SECURITIES				5749981.	5749981.
TO FM 990, LN 54 COL B				5749981.	5749981.

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN CRISIS	COST	702,612.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		702,612.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND AND EQUIPMENT	6,595,414.	3,371,484.	3,223,930.
TOTAL TO FORM 990, PART IV, LN 57	6,595,414.	3,371,484.	3,223,930.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
DUE FROM AFFILIATES	7,525,866.
OTHER ASSETS	207,281.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	7,733,147.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B STATEMENT 9

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
NAACP SPECIAL CONTRIBUTION FUND	X	
NAACP NATIONAL VOTER FUND	X	

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 4 STATEMENT 10

EACH STUDENT GOES THROUGH AN APPLICATION PROCESS TO DETERMINE NEED AND ELIGIBILITY. THE REQUEST FOR APPLICATIONS IS PUBLISHED. APPLICATIONS ARE EVALUATED BY A COMMITTEE OF BOARD MEMBERS. IMMEDIATE FAMILY MEMBERS OF BOARD AND STAFF ARE NOT ELIGIBLE FOR SCHOLARSHIPS OR LOANS.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
OTHER INCOME	308,625.	686,299.	698,902.	552,005.
TOTAL TO SCHEDULE A, LINE 22	308,625.	686,299.	698,902.	552,005.

**NAACP
Grants, Scholarships & Awards**

NEW YORK STATE CONFERENCE NAACP	\$	20,000 00
ANNE ARUNDEL COUNTY NAACP	\$	5,000 00
OHIO STATE CONFERENCE NAACP	\$	25,000 00
RECLASS VOTER EMPOWERMENT FUND	\$	90,000 00
CINCINNATI BRANCH NAACP	\$	56,000 00
MORGAN CITY NAACP	\$	40,000 00
CRYSTAL SPRINGS BRANCH NAACP	\$	5,000 00
SIMPSON COUNTY BRANCH NAACP	\$	4,950 00
FOREST COUNTY BRANCH NAACP	\$	10,000 00
REGION VJ NAACP	\$	40,000 00
GEORGIA STATE CONFERENCE NAACP	\$	8,135 00
GEORGIA STATE CONFERENCE NAACP	\$	8,000 00
SOUTH CAROLINA STATE CONFERENCE	\$	30,300 00
TAYLOR MEMORIAL BAPTIST CHURCH	\$	500 00
GREATER ST PAUL MEMORIAL	\$	500 00
PARKCREST UNITED METHODIST CHURCH	\$	500 00
THIRTY NINTH STREET BAPTIST CHURCH	\$	500 00
EAST PARK BAPTIST CHURCH	\$	500 00
FLORIDA STATE CONFERENCE NAACP	\$	35,580 00
MISSISSIPPI STATE CONFERENCE N	\$	8,772 00
MT MORIAH BAPTIST CHURCH	\$	275 00
OPEN DOOR CHURCH OF CHRIST	\$	275 00
ROYAL BAPTIST CHURCH	\$	275 00
BATON ROUGE BRANCH NAACP	\$	15,750 00
STUART EDUCATIONSL LEADERSHIP	\$	5,000 00
REGION VI/TEXAS STATE NAACP	\$	5,000 00
JACKSON STATE UNIVERSITY	\$	500,000 00
ALABAMA STATE UNIVERISTY	\$	500,000 00
MORGAN STATE FOUNDATION	\$	500,000 00
NAACP SPECIAL CONTRIBUTION FUND	\$	<u>1,000,000 00</u>
TOTAL GRANTS / SCHOLARSHIPS / AWARDS	\$	<u><u>2,915,812 00</u></u>

NAACP National Board of Directors

	Roy Levy Williams Michigan	Jennifer Rose-Dodd Colorado	
	Cora Breckenridge Indiana		
Julian Bond Washington, DC	Amos Brown California	Clayola Brown New York	Katherine Egland Mississippi
Ophelia Avenitt Ohio	Clayola Brown New York		Jesse H. Turner, Jr. Tennessee
Hon. Fred L. Banks, Jr. Mississippi	Ruben Burks Michigan	Rev. Michael Nelson Michigan	Leroy Warren, Jr. Maryland
Francisco L. Borges New York	Richard Burton, Sr. Pennsylvania	Adora Obi Nweze Florida	Dorothy H. Watkins California
Roslyn M. Brock Michigan	Bishop Clarence Carr Missouri	Herb Powell Texas	Richard G. Wornack Washington, DC
Sally G. Carroll New Jersey	Dale Charles Arkansas	Mary Ratliff Missouri	Alice Huffman California
Carolyn Coleman North Carolina	William E. Cofield Kentucky	Rupert Richardson Louisiana	David Livingston Illinois
James E. Ghee Virginia	Babette Colquitt Virginia	William Lamont Ross Texas	Demetrius Prather Georgia
Bishop William H. Graves Tennessee	Hazel Dukes New York	Alfred J. Rucks New Mexico	Paula Saizan Texas
Nancy L. Lane New Jersey	Willis Edwards California	Denisha M. Denanc California	John Street Pennsylvania
William Lucy Washington, DC	Bishop William H. Graves Tennessee	Rabbi David Saperstem Washington, DC	Nicholas Wiggins Pennsylvania
Rev. Raymond Scott Texas	Marjorie R. Green Maryland	Rev. Morris L. Shearn, Sr. Washington, DC	
Menola N. Upshaw Colorado	Edythe Fleming Hall Maryland	Louise Simpson New York	
Charles Whitehead Kentucky	Elaine Harrington New Jersey	Rev. H. H. Singleton South Carolina	
Ben F. Andrews, Jr. Connecticut	Frank A. Humphrey Wisconsin	Charles Smith Missouri	
Shirash Avenitt Michigan	Annie B. Martin New York	Maxine A. Smith Tennessee	
Kimberly Bills Maryland		Lacy Steele Washington	

**NAACP
STATES RECEIVING IRS FORM 990**

- 1 ALABAMA
- 2 ALASKA
- 3 ARIZONA
- 4 ARKANSAS
- 5 CALIFORNIA
- 6 COLORADO
- 7 CONNECTICUT
- 8 FLORIDA
- 9 GEORGIA
- 10 ILLINOIS
- 11 INDIANA
- 12 KANSAS
- 13 KENTUCKY
- 14 MAINE
- 15 MARYLAND
- 16 MASSACHUSETTS
- 17 MICHIGAN
- 18 MINNESOTA
- 19 MISSISSIPPI
- 20 MISSOURI
- 21 NEVADA
- 22 NEW HAMPSHIRE
- 23 NEW JERSEY
- 24 NEW MEXICO
- 25 NEW YORK
- 26 NORTH CAROLINA
- 27 OHIO
- 28 OKLAHOMA
- 29 OREGON
- 30 PENNSYLVANIA
- 31 RHODE ISLAND
- 32 SOUTH CAROLINA
- 33 TENNESSEE
- 34 UTAH
- 35 VIRGINIA
- 36 WASHINGTON
- 37 WEST VIRGINIA
- 38 WISCONSIN

- 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 File by the extended due date for filing the return. See instructions	Name of Exempt Organization NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE	Employer identification number 13-1084135
	Number, street, and room or suite no. If a PO box, see instructions 4805 MOUNT HOPE DR., BALTIMORE, MD. 21215	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

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

Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870

Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

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

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

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

5 For calendar year 2001, or other tax year beginning _____, 20____ and ending _____, 20____

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 ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

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

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

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 8/14/02

Notice to Applicant — To Be Completed by the IRS

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

Director _____ By _____ Date _____

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

Type or print	Name MICHAEL J. COBB CPA
	Number and street (include suite, room, or apt. no.) Or a PO box number 1101 15TH ST., N.W. STE. 400
	City or town, province or state, and country (including postal or ZIP code) WASHINGTON, D.C. 20005