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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)

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 2001 calendar year, or tax year period beginning OCT 1, 2001 and ending SEP 30, 2002

B Check if applicable: C Name of organization: NATIONAL COUNCIL OF LA RAZA, INC. D Employer identification number: 86-0212873

E Telephone number: (202) 785-1670 F Accounting method: Cash [] Accrual [X] Other []

G Web site: HTTP://WWW.NCLR.ORG H(a) Is this a group return for affiliates? Yes [] No [X]

J Organization type: [X] 501(c)(3) K Check here [] if the organization's gross receipts are normally not more than \$25,000

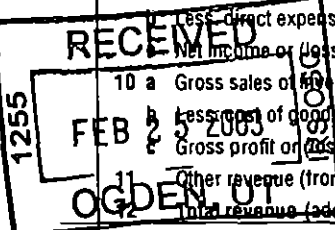
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 42,860,948. M Check [] if the organization is not required to attach Sch B

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; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 7 Other investment income; 8a Gross amount from sale of assets other than inventory; 9 Special events and activities; 10a Gross sales of inventory; 11 Other revenue; 12 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; 21 Net assets or fund balances at end of year.

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Net Assets

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 15 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ 4032667 • noncash \$	4,032,667.	4,032,667.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	1,276,150.	862,837.	332,808.	80,505.
26	Other salaries and wages	4,517,025.	3,476,513.	783,371.	257,141.
27	Pension plan contributions	398,994.	258,219.	101,612.	39,163.
28	Other employee benefits	642,170.	471,827.	131,358.	38,985.
29	Payroll taxes	439,955.	331,024.	83,022.	25,909.
30	Professional fundraising fees	349,690.			349,690.
31	Accounting fees	62,625.	3,100.	59,525.	
32	Legal fees	15,527.	7,433.	7,827.	267.
33	Supplies	176,622.	135,396.	33,021.	8,205.
34	Telephone	319,283.	258,094.	46,514.	14,675.
35	Postage and shipping	116,365.	86,291.	10,497.	19,577.
36	Occupancy	972,223.	815,655.	98,969.	57,599.
37	Equipment rental and maintenance	163,132.	127,143.	30,923.	5,066.
38	Printing and publications	552,452.	548,700.	<17,746.>	21,498.
39	Travel	1,121,987.	794,073.	227,271.	100,643.
40	Conferences, conventions, and meetings	4,858,255.	4,692,196.	155,310.	10,749.
41	Interest	23,764.		23,764.	
42	Depreciation, depletion, etc (attach schedule)	195,900.	7,228.	188,672.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 2	3,671,161.	2,547,844.	276,343.	846,974.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	23,905,947.	19,456,240.	2,573,061.	1,876,646.

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? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a	OFFICE OF SPECIAL EVENTS AND INTERNATIONAL PROJECTS (OSIP) - STRATEGIC COMMUNICATIONS GROUP - SEE STATEMENT 4 (Grants and allocations \$ 0.)	6,353,612.
b	OFFICE OF TECHNICAL ASSISTANCY AND CONSTITUENCY SUPPORT (TACS)- CENTER FOR COMMUNITY EDUCATIONAL EXCELLENCE - SEE STATEMENT 5 (Grants and allocations \$ 1,563,349.)	4,188,382.
c	OFFICE OF TECHNICAL ASSISTANCY AND CONSTITUENCY SUPPORT (TACS) COMMUNITY/ECONOMIC DEVELOPMENT - SEE STATEMENT 6 (Grants and allocations \$ 1,841,086.)	3,925,703.
d	THE INSTITUTE FOR HISPANIC HEALTH STRIVES TO IMPROVE THE OVERALL HEALTH OF HISPANIC COMMUNITIES BY FORMING A NETWORK OF INTERACTIVE COMMUNITY-BASED HISPANIC HEALTHCARE PROVIDERS. (Grants and allocations \$ 249,014.)	1,803,122.
e	Other program services (attach schedule) STATEMENT 8 (Grants and allocations \$ 379,219.)	3,185,421.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	19,456,240.

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	2,280.	2,280.
	46 Savings and temporary cash investments	649,781.	1,218,731.
	47 a Accounts receivable	1,717,408.	
	b Less allowance for doubtful accounts	105,000.	
		1,099,167.	1,612,408.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable	15,234,189.	17,996,127.
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	236,762.	111,177.
	54 Investments - securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	670,183.	1,010,256.
	55 a Investments - land, buildings, and equipment basis		
b Less accumulated depreciation			
56 investments - other			
57 a Land, buildings, and equipment basis	2,065,589.		
b Less accumulated depreciation STMT 10	1,496,576.		
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 11)	524,103.	15,463,661.	
59 Total assets (add lines 45 through 58) (must equal line 74)	18,958,695.	37,983,653.	
Liabilities	60 Accounts payable and accrued expenses	2,523,271.	2,625,889.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	55,853.	42,336.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 12)	407,937.	382,639.
66 Total liabilities (add lines 60 through 65)	2,987,061.	3,050,864.	
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	1,251,184.	16,565,540.
	68 Temporarily restricted	14,720,450.	18,367,249.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
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)	15,971,634.	34,932,789.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	18,958,695.	37,983,653.	

Form 990 is available for public inspection and, for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80 b If "Yes," enter the name of the organization and check whether it is exempt OR nonexempt
81 a Enter direct or indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
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?
82 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)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85 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?
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
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?
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89 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?
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2001

91 The books are in care of THE ORGANIZATION Telephone no 202-785-1670
Located at 1111 19TH STREET, NW, SUITE #1000 WASHINGTON, DC ZIP +4 20036

92 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 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 ADVERTISING	541800	2,522,100.			
b REGISTRATION FEES					4,302,646.
c EXHIBIT FEES			07	203,365.	
d PUBLICATION SALES					5,001.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	78,064.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a REPAYMENT FOR SERVICES					10,800.
b MISCELLANEOUS			01	84,680.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		2,522,100.		366,109.	4,318,447.
105 Total (add line 104, columns (B), (D), and (E))					7,206,656.

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (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
N/A	%			
	%			
	%			
	%			

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: *Michael A. Votaw* | 2/19/03 | Vice President/Chief Financial Officer

Paid Preparer's Use Only: *[Signature]* CPA | Date: 2/19/03 | Check if self-employed: | Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON, LLP
2070 CHAIN BRIDGE ROAD, SUITE 300
VIENNA, VA 22182

EIN: _____ | Phone no: 703-847-7500

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 COUNCIL OF LA RAZA, INC.** Employer Identification number **86 0212873**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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
JEROME CHESTER, JR. ----- 1111 19TH ST NW, WASHINGTON, DC 2003640	DIR-FINANCE	78,042.	8,384.	0.
ALLEN KADIS ----- 1111 19TH ST NW, WASHINGTON, DC 2003640	DIR-IT	73,085.	12,998.	0.
ARIANA QUINONES ----- 1111 19TH ST NW, WASHINGTON, DC 2003640	DIR-COMM EDUC	70,000.	13,091.	0.
MARCY FINK CAMPOS ----- 1111 19TH ST NW, WASHINGTON, DC 2003640	DIR-PROF DEV	66,089.	10,937.	0.
NILDA RUIZ-SINGH ----- 1111 19TH ST NW, WASHINGTON, DC 2003640	DIR-COMM DEV	66,189.	11,209.	0.
Total number of other employees paid over \$50,000	▶ 17			

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
COMMUNITY COUNSELING SERVICE ----- PO BOX 64530 BALTIMORE, MD 21264	CAPITAL CAMPAIGN CONSULTING	265,690.
BACKHAND PRODUCTIONS ----- 306 NORTH SIERRA BONITA AVENUE PASADENA, CA 91106	SPECIAL EVENTS CONSULTING	148,975.
CAPITAL CITY PARTNERS ----- 1200 G. STREET, NW, STE. #800 WASHINGTON, DC 20005	LEG RESEARCH CONSUTING	108,000.
JAMES FORD ----- 3305 19TH STREET, NW WASHINGTON, DC 20010	SCHOOL DEV. CONSULTING	92,269.
KATHRYN F. GALAN ----- 28401 PACIFIC COAST HIGHWAY MALIBU, CA 90265	EXECUTIVE DIR CONSULTING	85,000.
Total number of others receiving over \$50,000 for professional services	▶ 5	

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>334,172.</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	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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?	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

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)

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.)	14,751,106.	7,742,278.	12,133,891.	10,722,701.	45,349,976.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,706,904.	566,608.	2,941,225.	2,666,916.	8,881,653.
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	113,077.	71,624.	40,999.	91,043.	316,743.
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	120,796.	225,544.	218,258.	53,074.	617,672.
23 Total of lines 15 through 22	17,691,883.	8,606,054.	15,334,373.	13,533,734.	55,166,044.
24 Line 23 minus line 17	14,984,979.	8,039,446.	12,393,148.	10,866,818.	46,284,391.
25 Enter 1% of line 23	176,919.	86,061.	153,344.	135,337.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 925,688.
	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 4,983,435.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 46,284,391.
	d Add Amounts from column (e) for lines	18 316,743.	19	26b 4,983,435.	26d 5,917,850.
		22 617,672.			26e 40,366,541.
	e Public support (line 26c minus line 26d total)				26f 87.2142%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
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				27c N/A
	15	16	17	21	27d N/A
	d Add Line 27a total and line 27b total				27e N/A
	e Public support (line 27c total minus line 27d total)				
	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)		
<hr/> <hr/> <hr/>			
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)		
<hr/> <hr/> <hr/>			
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)		
<hr/> <hr/> <hr/>			
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)		41,471.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		292,701.
38	Total lobbying expenditures (add lines 36 and 37)		334,172.
39	Other exempt purpose expenditures		23,571,775.
40	Total exempt purpose expenditures (add lines 38 and 39)		23,905,947.
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.	982,874.	922,465.	3,905,339.
46					5,858,009.
47	334,172.	210,127.	159,568.	132,769.	836,636.
48	250,000.	250,000.	245,718.	230,616.	976,334.
49					1,464,501.
50	41,471.	0.	0.	0.	41,471.

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

- 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
		0.

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - IRC, 179 Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE, EQUIPMENT, & SOFTWARE	VARIES		.000	16	1741685.			1741685.	1147132.		152,730.
2	LEASEHOLD IMPROVEMENTS	VARIES		10.000	16	138,239.			138,239.	71,383.		10,843.
3	OFFICE EQUIPMENT	VARIES		5.00	16	185,665.			185,665.	82,161.		32,327.
	* TOTAL 990 PAGE 2 DEPR					2065589.		0.	2065589.	1300676.	0.	195,900.

(D) - Asset disposed

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 1
DESCRIPTION	AMOUNT	
UNREALIZED GAIN ON INVESTMENTS	6,154.	
TOTAL TO FORM 990, PART I, LINE 20	6,154.	

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS AND CONTRACT SERVICES	3,050,661.	2,356,409.	189,390.	504,862.
BAD DEBT EXPENSE	390,175.	55,000.		335,175.
STAFF DEVELOPMENT	69,316.	57,045.	7,636.	4,635.
PROPERTY, LIABILITY, OTHER INSURANCE	42,468.	1,427.	38,764.	2,277.
MISCELLANEOUS	118,541.	77,963.	40,553.	25.
TOTAL TO FM 990, LN 43	3,671,161.	2,547,844.	276,343.	846,974.

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

EXPLANATION

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

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

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

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	0.	6,353,612.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

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

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

1,563,349.

4,188,382.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE THREE

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

TO FORM 990, PART III, LINE C

<u>GRANTS</u>	<u>EXPENSES</u>
1,841,086.	3,925,703.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS	SEE EXHIBIT 1		NONE	4032667.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				4032667.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 9

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
VARIOUS MUTUAL FUNDS				1,010,256.	1,010,256.
TO 990, LN 54 COL B				1,010,256.	1,010,256.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE, EQUIPMENT, & SOFTWARE	1,741,685.	1,299,862.	441,823.
LEASEHOLD IMPROVEMENTS	138,239.	82,226.	56,013.
OFFICE EQUIPMENT	185,665.	114,488.	71,177.
TOTAL TO FORM 990, PART IV, LN 57	2,065,589.	1,496,576.	569,013.

FORM 990 OTHER ASSETS STATEMENT 11

DESCRIPTION	AMOUNT
ASSETS HELD FOR DEFERRED COMPENSATION	333,442.
SECURITY DEPOSITS	75,061.
CAPITAL CAMPAIGN RECEIVABLE	15,055,158.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	15,463,661.

FORM 990	OTHER LIABILITIES	STATEMENT 12
DESCRIPTION	AMOUNT	
DEFERRED COMPENSATION	333,442.	
CAPITAL LEASE OBLIGATIONS	49,197.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	382,639.	

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RAUL YZAGUIRRE 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	PRESIDENT AND CEO 40	193,465.	83,399.	4,800.
CHARLES KAMASAKI 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	SENIOR VP-O.R.A.L. 40	127,923.	40,262.	0.
HUGO CARDONA 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	SENIOR VP-T.A.C.S. 40	126,231.	43,129.	0.
MICHAEL VOTAW 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	VP OF FINANCE & ADMIN/ CFO 40	108,981.	14,197.	0.
ARNOLDO RESENDEZ 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	VP - O.S.I.P. 40	107,519.	19,574.	0.
CECILIA MUNOZ 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	VP - O.R.A.L. 36	98,118.	11,057.	0.
ANTHONY COLON 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	VP -T.A.C.S. COMM. OF EDUC 40	97,019.	16,748.	0.
ISABEL NAVARRETE 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	VP - PUBLIC INFORMATION 40	81,856.	11,683.	0.
CARLOS UGARTE 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	DEPUTY VP - O.S.I.P. 40	81,461.	10,357.	0.
SONIA PEREZ 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	DEPUTY VP - O.R.A.L. 40	77,923.	15,688.	0.
LAUTARO DIAZ 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	DEPUTY VP - T.A.C.S. COMM 40	77,846.	14,949.	0.

ALEJANDRO PERILLA 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	DEPUTY VP-STRATEGIC COMM 40	73,923.	11,489.	0.
JESUS T. ESPINOZA 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	VP/SPECIAL ADVISOR TO PRES 40	23,885.	3,855.	0.
JOSE VILLARREAL 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	CHAIR 0	0.	0.	0.
RAYMOND LOZANO 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	FIRST VICE-CHAIR 0	0.	0.	0.
MONICA LOZANO 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	SECOND VICE-CHAIR 0	0.	0.	0.
KENNETH I. TRUJILLO 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	SECRETARY/TREASURER 0	0.	0.	0.
ANTONIA JIMENEZ 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
PEDRO NAREZO III 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
VERMA PASTOR 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
SALVADOR BALCORTA 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
ANDREA BAZAN-MANSON 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
DR. CORDELIA CANDELARIA 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
HORACE DEETS 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.

IRMA FLORES GONZALES 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
HON. ROBERT W. GARY 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
HON. PHYLLIS GUTIERREZ KENNEY 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
W. ROGER HAUGHTON 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
DR. LINDA LEHRER 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
ARABELLA MARTINEZ 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
ELBA MONTALVO 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
JANET MURGUIA 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
HON. RENE OLIVEIRA 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
ERNESTO "GENE" ORTEGA 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
RAFAEL ORTEGA 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
HON. DEBORAH ORTIZ 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
ROBIN READ 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.

EDWARD REILLY 1111 19TH STREET, 'NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
ARTURO S. RODRIGUEZ 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
CRISTINA SARALEGUI 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
HON. ESTEBAN TORRES 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
HON. RICARDO M. URBINA 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
CARMEN VELASQUEZ 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.
ANN MARIE WHEELOCK 1111 19TH STREET, NW, SUITE 1000 WASHINGTON, DC 20036	BOARD OF DIRECTORS 0	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

<u>1,276,150.</u>	<u>296,387.</u>	<u>4,800.</u>
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FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 14

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

FORM 990

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

STATEMENT 15

STATES

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

SCHEDULE A	OTHER INCOME			STATEMENT 16
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS INCOME	96,796.	106,233.	103,657.	39,507.
REPAYMENT FOR SERVICES	24,000.	19,311.	14,601.	13,567.
REIMBURSED EXPENSES	0.	100,000.	100,000.	0.
TOTAL TO SCHEDULE A, LINE 22	120,796.	225,544.	218,258.	53,074.

Application for Extension of Time To file an Exempt Organization Return

OMB No 1545 1709

▶ 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	Name of Exempt Organization NATIONAL COUNCIL OF LA RAZA, INC	Employer identification number 86-0212873
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions 1114 19TH STREET, N.W., NO. 1000	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20036	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until MAY 15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ or tax year beginning OCT 1, 2001, and ending SEP 30, 2002

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

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

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

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

Signature and Verification

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

Signature ▶ Margaret A. Bradshaw Title ▶ CPA/ AGENT Date ▶ 2/11/03
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)