Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning 09/01 , 2001, and ending 08/31/2002

B Check if applicable: Address change; Name change; Initial return; Final return; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NATIONAL COUNCIL ON U.S. - ARAB RELATIONS

Number and street (or P O box if mail is not delivered to street address): 1140 CONNECTICUT AVENUE, NW — Room/suite: 1210

City or town, state or country, and ZIP + 4: WASHINGTON, DC 20036

D Employer identification number: 52-1296502

E Telephone number: (202)293-0801

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [X] No (If "No" attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Web site ▶

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 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data **Some states require a complete return**

I Enter 4-digit GEN ▶

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 ▶ 714,042.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received STMT 1			
	a	Direct public support	1a 583,970.		
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash $ 583,970. noncash $)		1d	583,970.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	83,606.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	1,597.
	6 a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
	7	Other investment income (describe ▶)		7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a		
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
	11	Other revenue (from Part VII line 103)		11	44,869.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c 7, 8d 9c 10c and 11)		12	714,042.
Expenses	13	Program services (from line 44 column (B))		13	640,578.
	14	Management and general (from line 44 column (C))		14	142,171.
	15	Fundraising (from line 44 column (D))		15	71,087.
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** (add lines 16 and 44, column (A))		17	958,836.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	-244,794.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	-4,961.
	20	Other changes in net assets or fund balances (attach explanation) STMT 2		20	237,194.
	21	Net assets or fund balances at end of year (combine lines 18 19 and 20)		21	-12,561.

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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 (See Specific Instructions on page 21)

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 $ _____ noncash $ _____)	22				
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	105,000.			
26 Other salaries and wages	26	347,620.	243,334.	69,524.	34,762.
27 Pension plan contributions	27	16,346.	11,442.	3,269.	1,635.
28 *Other employee benefits*	28	26,970.	18,879.	5,394.	2,697.
29 Payroll taxes	29	15,909.	11,136.	3,182.	1,591.
30 Professional fundraising fees	30				
31 Accounting fees	31	2,986.	2,090.	597.	299.
32 Legal fees	32				
33 Supplies	33	23,773.	16,641.	4,755.	2,377.
34 Telephone	34	11,679.	8,175.	2,336.	1,168.
35 *Postage and shipping*	35	2,931.	2,052.	586.	293.
36 Occupancy	36	131,984.	92,389.	26,397.	13,198.
37 Equipment rental and maintenance	37	57,196.	40,037.	11,439.	5,720.
38 Printing and publications	38	3,696.	2,587.	739.	370.
39 Travel	39	43,886.	43,886.		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 *Depreciation depletion etc (attach schedule)*	42	1,054.	738.	211.	105.
43 Other expenses not covered above (itemize) STMT 4	43a	167,806.	147,192.	13,742.	6,872.
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 through 43) *Organizations completing columns (B)-(D), carry these totals to lines 13-15*	44	958,836.	640,578.	142,171.	71,087.

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 (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? ▶ STMT 5

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 MODEL ARAB LEAGUE - COLLEGE STUDENTS PARTICIPATING IN SIMULATED SESSIONS OF LEAGUE OF ARAB STATES. (Grants and allocations $)	640,578.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) STMT 6 (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	640,578.

Part IV Balance Sheets (See Specific Instructions on page 24)

	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	56,866.
	46	Savings and temporary cash investments			NONE	46	27,233.
	47a	Accounts receivable	47a	NONE			
	b	Less allowance for doubtful accounts	47b		102,280.	47c	NONE
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges		STMT 7	17,623.	53	NONE
	54	Investments - securities (attach schedule) STMT 8 ▶ [X] Cost [ ] FMV			140,620.	54	4,542.
	55a	Investments - land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments - other (attach schedule)				56	
	57a	Land, buildings, and equipment basis STMT 9	57a	149,901.			
	b	Less accumulated depreciation (attach schedule)	57b	146,103.	4,852.	57c	3,798.
	58	Other assets (describe ▶ STMT 10)			10,537.	58	NONE
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			275,912.	59	92,439.
Liabilities	60	Accounts payable and accrued expenses			247,423.	60	NONE
	61	Grants payable				61	
	62	Deferred revenue			33,450.	62	NONE
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶)				65	
	66	**Total liabilities** (add lines 60 through 65)			280,873.	66	NONE
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			-4,961.	67	92,439.
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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, and column (B) **must** equal line 21)			-4,961.	73	92,439.
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			275,912.	74	92,439.

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

a	Total revenue, gains, and other support per audited financial statements ▶	a	
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments NOT APPLICABLE $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return NOT APPLICABLE

a	Total expenses and losses per audited financial statements ▶	a	
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 11		105,000.	-0-	-0-

75 Did any officer director trustee, or key employee receive aggregate compensation of more than $100 000 from your organization and all related organizations, of which more than $10 000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes" has it filed a tax return on **Form 990-T** for this year?	78b		X
79	Was there a liquidation dissolution termination, or substantial contraction during the year? If "Yes" attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies trustees officers etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt OR ☐ nonexempt			
81a	Enter direct or indirect political expenditure See line 81 instructions 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X
82a	Did the organization receive donated services or the use of materials equipment or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4) (5), or (6) organizations* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	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?	85g	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?	85h	N/A	
86	*501(c)(7) orgs* 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) orgs* Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
90a	List the states with which a copy of this return is filed ▶ DISTRICT OF COLUMBIA			
b	Number of employees employed in the pay period that includes March 12 2001 (See instructions) 90b			
91	The books are in care of ▶ THE COUNCIL Telephone no ▶ 202-293-0801			
	Located at ▶ 1140 CONNECTICUT AVENUE, NW, SUITE 1210 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)

Note Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513 or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue					
a MODEL ARAB LEAGUE		79,106.			
b KUWAIT STUDIES		4,500.			
c					
d					
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					
96 Dividends and interest from securities			14	1,597.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b DONATIONS		9,760.			
c REIMBURSEMENTS		20,035.			
d CONFERENCE DUES		15,074.			
e					
104 Subtotal (add columns (B), (D) and (E))		128,475.		1,597.	

105 Total (add line 104 columns (B), (D), and (E)) ▶ 130,072.

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)

STMT 12

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
	%			
	%			
	%			
	%			

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 instruct*

Please Sign Here

Under penalties of perjury I declare that I have examined this and belief It is true, correct, and complete Declaration of pr

▶ John Duke Anth
Signature of officer

▶ John Duke Anth
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [illegible] CPA

Firm's name (or yours if self-employed) address and ZIP + 4 ▶ BERLIN, RAMOS & C
11200 ROCKVILLE P
ROCKVILLE, MD

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions)

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

OMB No 1545-0047

2001

Name of the organization: NATIONAL COUNCIL ON U.S. - ARAB RELATIONS

Employer identification number: 52-1296502

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
NONE				
Total number of other employees paid over $50 000 ▶	NONE			

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

(See 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
NONE		
Total number of others receiving over $50,000 for professional services ▶ NONE		

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

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 legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ **(Must equal amount on line 38, Part VI-A, or line i or Part VI-B)**	1		X
	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			
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
	STMT 13			
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* STMT 14			

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** ▶ _____

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 [X] 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)	412,804.	728,930.	551,706.	844,211.	2,537,651.
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		205,093.	391,131.	198,955.	795,179.
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	338.	10,240.	18,435.	28,992.	58,005.
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					
23 Total of lines 15 through 22	413,142.	944,263.	961,272.	1,072,158.	3,390,835.
24 Line 23 minus line 17	413,142.	739,170.	570,141.	873,203.	2,595,656.
25 Enter 1% of line 23	4,131.	9,443.	9,613.	10,722.	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶ 26a 51,913.

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

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 2,595,656.

d Add Amounts from column (e) for lines 18 58,005. 19 _____ 22 _____ 26b _____ ▶ 26d 58,005.

e Public support (line 26c minus line 26d total) ▶ 26e 2,537,651.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 97.7653 %

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

(2000) _____ (1999) _____ (1998) NOT APPLICABLE (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

(2000) _____ (1999) _____ (1998) _____ (1997) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c

d Add Line 27a total _____ and line 27b total _____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test Enter amount on line 23 column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

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

Part V **Private School Questionnaire** (See page 7 of the instructions)
(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?	29		
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?	30		
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?	31		
	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
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	35		

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) NOT APPLICABLE

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
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	41		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
I Total lobbying expenditures (add lines c through h)			

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)	X	
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X	

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers transactions and sharing arrangements
		U.S.-GCC CORPORATE	REIMBURSED EXPENSES FROM
		CO-OP COMMISSION	U.S.-GCC CORPORATE CO-OP COMM.
		U.S.-GCC CORPORATE	OFFICE SPACE, EQUIPMENT AND
		CO-OP COMMISSION	EMPLOYEES ARE SHARED BY THE
			NAT'L COUNCIL ON U.S.-ARAB
			RELATIONS AND U.S.-GCC CORP.
			CO-OP COMMISSION.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ [X] Yes [ ] No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
U.S.-GCC CORP. CO-OP	501(C)(6)	SHARED FACILITIES & EMPLOYEES

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	237,194.
TOTAL	237,194.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSULTANTS	11,153.	7,807.	2,231.	1,115.
TEMPORARY HELP	200.	140.	40.	20.
FOOD AND BEVERAGES	1,127.	789.	225.	113.
REIMBURSEMENTS	101,494.	100,774.	480.	240.
MISCELLANEOUS	44,366.	31,056.	8,873.	4,437.
ADMINISTRATIVE EXPENSES	4,366.	3,056.	873.	437.
GIFTS	720.	504.	144.	72.
INSURANCE	3,354.	2,348.	671.	335.
MEMBERSHIP FEE	1,026.	718.	205.	103.
TOTALS	167,806.	147,192.	13,742.	6,872.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO IMPROVE UNDERSTANDING, DIALOGUE AND BONDS OF FRIENDSHIP BETWEEN THE AMERICAN PEOPLE AND THE PEOPLES OF THE ARAB WORLD.

FORM 990, PART III - OTHER PROGRAM SERVICES

DESCRIPTION	
PUBLICATIONS - ADDRESSES ISSUES AFFECTING U.S. - ARAB RELATIONS.	
TOTALS	

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE
PREPAID EXPENSES	17,623.
TOTALS	17,623.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
MUTUAL FUNDS	140,620.	4,542.
TOTALS	140,620.	4,542.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

		FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
FURNITURE & FIXTURF	SL	30,845			30,845	30,845			30,845
COMPUTER EQUIPMENTC	SL	108,516			108,516	108,516			108,516
L H IMPROVEMENTS	SL	10,540			10,540	5,688	1,054		6,742
TOTALS		149,901			149,901	145,049			146,103

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION		BEGINNING BOOK VALUE
DEPOSITS		10,537.
	TOTALS	10,537.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION
JOHN DUKE ANTHONY 1140 CONNECTICUT AVENUE, NW, #1210 WASHINGTON, DC 20036	PRESIDENT	105,000.
LESLIE A. JANKA 1925 LYNN STREET, SUITE 600 ARLINGTON, VA 22209	VICE PRESI	
PETER GUBSER 1522 K STREET, NW, SUITE 202 WASHINGTON, DC 20005	TREASURER	
JEAN R. ABINADER 5603 CHESLERBROOK ROAD BETHESDA, MD 20816	SECRETARY	
SANDRA L. CHARLES 3050 K STREET, NW WASHINGTON, DC 20007	DIRECTOR	
HAROLD J. BERNSEN 1801 BROADWAY CIRCLE VIRGINIA BEACH, VA 23454	DIRECTOR	
	GRAND TOTALS	105,000.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	AN ORGANIZATION PAYS A NOMINAL FEE O SPONSOR A HIGH SCHOOL GRADUATE OR COLLEGE PROFESSOR'S STUDY TOUR TO MIDDLE EASTERN COUNTRIES. THESE STUDY TOURS HELP IMPROVE THE UNDERSTANDING DIALOGUE AND BOND OF FRIENDSHIP BETWEEN THE AMERICAN PEOPLE AND THE PEOPLES OF THE ARAB WORLD.
93B	STUDY TOURS TO MIDDLE EASTERN COUNTRIES FOR COLLEGE PROFESSORS, STUDENTS AND CONGRESSIONAL COMMITTEE STAFF MEMBERS TO HELP IMPROVE THE UNDERSTANDING, DIALOGUE AND BONDS OF FRIENDSHIP BETWEEN THE AMERICAN PEOPLE AND THE PEOPLES OF THE ARAB WORLD.
93C	LEADERSHIP TRAINING THAT PROVIDES COLLEGE STUDENTS WITH REALISTIC EXPERIENCE IN THE DYNAMICS OF NATIONAL AND INTERNATIONAL DECISION MAKING O THE ARAB WORLD.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE PART V, FORM 990

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

THE COUNCIL MAKES DISBURSEMENTS TO OTHER ORGANIZATIONS THAT SHARE THE COUNCIL'S HUMANITARIAN OBJECTIVES. INQUIRIES ARE MADE AS TO THE RECIPIENT'S EXEMPT STATUS AND PROGRAM SERVICES.

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Reduction in basis	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MACRS class	Current-year 179 expense	Current year depreciation
FURNITURE & FIXTUR	02/28/1996	30,845	100 000			30,845	30,845	30,845.	SL		5.000				
COMPUTER EQUIPMENT	02/28/1997	108,516	100 000			108,516	108,516	108,516	SL		5 000				
L.H. IMPROVEMENTS	02/28/1995	10,540.	100 000			10,540	5,688	6,742.	SL		10 000				1,054
Less Retired Assets															
Subtotals		149,901				149,901	145,049	146,103							1,054
Listed Property															
Less Retired Assets															
Subtotals															
TOTALS		149,901.				149,901.	145,049	146,103							1,054

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired

JSA
1X9024 5 000

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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	**Employer identification number**
	NATIONAL COUNCIL ON U.S. - ARAB RELATIONS	52-1296502
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 1140 CONNECTICUT AVENUE, NW	
	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)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T(sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] 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 04/15 , 2003 , to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year _____ or
▶ [X] tax year beginning 09/01 , 2001 , and ending 08/31 , 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 $

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 ▶ Title ▶ BERLIN, RAMOS & COMPANY ▶

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12 2000)

JSA
1F8054 1 000

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	NATIONAL COUNCIL ON U.S. - ARAB RELATIONS	52-1296502
File by the extended due date for filing the return See instructions	Number, street and room or suite no If a P O box see instructions 1140 CONNECTICUT AVENUE, NW	For IRS use only
	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)

[X] 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 07/15/2003

5 For calendar year _____ , or other tax year beginning 09/01/2001 and ending 08/31/2002

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
ALL INFORMATION REQUIRED FOR COMPLETE AND PROPER FILING IS NOT YET AVAILABLE.

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] CPA Title ▶ BERLIN, RAMOS & COMPA Date ▶

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 [illegible] ections otherwise required to be made on a timely return Please attach this form to the organization's return

EXTENSION APPROVED
APR 28 2003
LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

[ ] **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 _____

_____ By _____ _____
Director 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 BERLIN, RAMOS & COMPANY, P.A. -Jks
	Number and street (include suite, room, or apt. no) Or a P O box number 11200 ROCKVILLE PIKE, STE 115
	City or town, province or state, and country (including postal or ZIP code) ROCKVILLE, MD 20852-3103

JSA