

Return of Organization Exempt from Income Tax

2000

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning Oct 1, 2000, and ending Sep 30, 20 01

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: BARAKAT, INC. D Employer Identification Number: 04-3493675. E Telephone number: (617) 876-3830. F Check if application pending.

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

J Accounting method: [ ] Cash [ ] Accrual [X] Other (specify) Modified cash. K Check here if the organization's gross receipts are normally not more than \$25,000. L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) [X].

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns. 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; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit (or loss); 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 or fund balances; 21 Net assets or fund balances at end of year.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 252,852 non cash \$ _____)	22 252,852	252,852		
23 Specific assistance to individuals (attach sch)	23			
24 Benefits paid to or for members (attach sch)	24			
25 Compensation of officers, directors, etc	25 7,920	0	7,920	0
26 Other salaries and wages	26 0	0	0	0
27 Pension plan contributions	27 0	0	0	0
28 Other employee benefits	28			
29 Payroll taxes	29 752	0	752	0
30 Professional fundraising fees	30			
31 Accounting fees	31 1,800	0	1,800	0
32 Legal fees	32			
33 Supplies	33 645	0	645	0
34 Telephone	34 704	0	704	0
35 Postage and shipping	35 232	0	232	0
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 193	0	193	0
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 940	0	940	0
43 Other expenses (itemize)				
a Filing Fees	43a 265	0	265	0
b Payroll Fees	43b 471	0	471	0
c Rent	43c 3,000	0	3,000	0
d Bank Charges	43d 364	0	364	0
e See Other Expenses Stmt	43e 1,165	0	1,165	0
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44 271,303	252,852	18,451	0

Reporting of Joint Costs - Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation?

Yes  No

If Yes, enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <u>Education &amp; Health Care</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a Funded 7 environmental projects for the Nature Conservancy  (Grants and allocations \$ 135,000)	135,000
b Funded 2 schools in Pakistan for a corporate sponsor  (Grants and allocations \$ 75,200)	75,200
c Funded education program for a corporate sponsor already established thru the Care & Fair program of India  (Grants and allocations \$ 41,652)	41,652
d Establish a travel fund for needy children at a local N.F.M.A. school so that they would not miss out on school related events  (Grants and allocations \$ 1,000)	1,000
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	252,852

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

Note		(A)		(B)
Where required, attached schedules and amounts within the description column should be for end of-year amounts only		Beginning of year		End of year
ASSETS	45 Cash – non-interest-bearing	186,453	45	8,551
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	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 & 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		53	
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments – land, buildings, & equipment basis		55a	
	b Less accumulated depreciation (attach schedule)		55b	55c
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment basis	3,438	57a	
	b Less accumulated depreciation (attach schedule) L-57 Stmt.	1,222	57b	57c
	58 Other assets (describe ▶ _____)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	188,125	59	10,767	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	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)	0	66	0	
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	188,125	67	10,767
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	188,125	73	10,767
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	188,125	74	10,767

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

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions )			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements	▶	a n/a	a Total expenses and losses per audited financial statements	▶	a N/A
b Amounts included on line a but not on line 12, Form 990			b Amounts included on line a but not on line 17, Form 990		
(1) Net unrealized gains on investments \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)			(4) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) through (4)	▶	b	Add amounts on lines (1) through (4)	▶	b
c Line a minus line b	▶	c	c Line a minus line b	▶	c
d Amounts included on line 12, Form 990 but not on line a.			d Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)			(2) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) and (2)	▶	d	Add amounts on lines (1) and (2)	▶	d
e Total revenue per line 12, Form 990 (line c plus line d)	▶	e	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 instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
CHRISTOPHER WALTER 16 BURNHAM ST, SOMERVILLE, MA 02144	DIRECTOR 1	0	0	0
EDWARD SCRIBNER 170 WORCESTER ST suite 208 WELLESLEY MA 02481	TREASURER 2	0	0	0
HABIBULLAH KARIMI 2A BASHIR MANZIL MANDHARST LAHORE PAKISTAN	DIRECTOR 1	0	0	0
HARRY GLASSIE 283 BROADWAY, CAMBRIDGE, MA 02138	SECRETARY 1	0	0	0
SUSSY-ROSE SHIELDS PO BOX 1127, WILTON, NH 03086	EXEC - DIR 20	7,920	0	0
WILLIAM MOR PO BOX 409, DEER ISLAND, ME 04267	PRESIDENT 1	0	0	0
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-----				
-----				
-----				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

▶  Yes  No

If 'Yes,' attach schedule - see instructions



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

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	2,845	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				2,845	
105 Total (add line 104, columns (B), (D), and (E))					2,845

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

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

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

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

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

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

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

I am preparing this return on accompanying schedules and statements and to the best of my knowledge and belief it is on all information of which preparer has any knowledge. (See instructions)

6/8/02  
Date

Treasurer  
Type or Print Name and Title



**Part III** Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a Sale, exchange, or leasing of property?	X	
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Pt V, Fm 990	X	
e Transfer of any part of its income or assets? If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc?		X
4a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions)		

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

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

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	50				50
<b>16</b> Membership fees received	0				0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose	0				0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,948				2,948
<b>19</b> Net income from unrelated business activities not included in line 18	0				0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0				0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0				0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0				0
<b>23</b> Total of lines 15 through 22	2,998				2,998
<b>24</b> Line 23 minus line 17	2,998				2,998
<b>25</b> Enter 1% of line 23	30				

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

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ▶ **26b**

c Total support for Section 509(a)(1) test. Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines **18** \_\_\_\_\_ **19** \_\_\_\_\_ ▶ **26d**  
**22** \_\_\_\_\_ **26b** \_\_\_\_\_

e Public support (line 26c minus line 26d total) ▶ **26e**

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

**27 Organizations described on line 12**

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year  
 (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_ (1996) \_\_\_\_\_

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year  
 (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_ (1996) \_\_\_\_\_

c Add Amounts from column (e) for lines **15** \_\_\_\_\_ **50** \_\_\_\_\_ **16** \_\_\_\_\_ **0** \_\_\_\_\_ ▶ **27c**  
**17** \_\_\_\_\_ **0** \_\_\_\_\_ **20** \_\_\_\_\_ **0** \_\_\_\_\_ **21** \_\_\_\_\_ **0** \_\_\_\_\_ ▶ **27d**

d Add Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27e**

e Public support (line 27c total minus line 27d total) ▶ **27e** 50

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ **27f** 2,998

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** 1.67 %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** 98.33 %

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

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

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32	Does the organization maintain the following		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b	
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c	
	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 ) ----- -----	32 d	
33	Does the organization discriminate by race in any way with respect to		
	a Students' rights or privileges?	33 a	
	b Admissions policies?	33 b	
	c Employment of faculty or administrative staff?	33 c	
	d Scholarships or other financial assistance?	33 d	
	e Educational policies?	33 e	
	f Use of facilities?	33 f	
	g Athletic programs?	33 g	
	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----	33 h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a	
	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	34 b	
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	





Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses (itemize)				
Consulting Fees	50	0	50	0
Repairs	265	0	265	0
Miscellaneous	842	0	842	0
Licenses	8	0	8	0
<b>Total</b>	<b>1,165</b>	<b>0</b>	<b>1,165</b>	<b>0</b>

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

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
EQUIPMENT/FURNITURE	258	93	165
COMPUTER	3,181	1,129	2,052
ROUNDING	-1	0	-1
<b>Total</b>	<b>3,438</b>	<b>1,222</b>	<b>2,216</b>

**Supporting Statement of:**

Form 990 p 1/Line 1a

Description	Amount
Gifts - Corporate Sponsor	90,000
Gifts - Other	1,100
Total	<u>91,100</u>

**Supporting Statement of:**

Form 990 p 2/Line 22 column (B)

Description	Amount
Donations - Environmental and Local School	136,000
Education Program - India School Fare and Care	41,652
Education Program - Pakistan	75,200
Total	<u>252,852</u>

**Supporting Statement of:**

Form 990 p 2/Line 25 column (C)

Description	Amount
Wages	7,920
Total	<u>7,920</u>

**Supporting Statement of:**

Ln 55 &amp; 57 Stmt/Line 57, Cost/Other Basis-1

Description	Amount
Equipment/Furniture	258
Total	<u>258</u>

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

**2000**  
67

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions  
▶ Attach this form to your return

Name(s) Shown on Return

Business or Activity to Which This Form Relates

Identifying Number

BARAKAT, INC

Form 990, page 2

04-3493675

**Part I Election to Expense Certain Tangible Property (Section 179)**  
Note If you have any 'listed property,' complete Part V before you complete Part I

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

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

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

**Section A – General Asset Account Election**

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

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3 year property						
b 5 year property		1,485	5 0 yrs	HY	200DB	297
c 7-year property						
d 10 year property						
e 15 year property						
f 20-year property						
g 25 year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

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

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

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	643
18 Property subject to Section 168(f)(1) election	18	
19 ACRS and other depreciation	19	

**Part IV Summary (See instructions)**

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	21	940
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs	22	

**Part V**

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

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

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

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

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

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

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

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

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

	Yes	No
<b>35</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>36</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>37</b> Do you treat all use of vehicles by employees as personal use?		
<b>38</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>39</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

**Note:** If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles

**Part VI Amortization**

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

**Miscellaneous Statement**

Part 3-Question 2A

Office space was rented from a Board of Director member, Fuat Ercan Korkmaz, Trustee of Asman Realty Trust


Total



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

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

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

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

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization BARAKAT, INC	Employer identification number 04-3493675
	Number, street, and room or suite no If a P O box, see instructions 298 BROADWAY	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions CAMBRIDGE, MA 02139	

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

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

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

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

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_

If this is

for the whole group check this box

If it is for part of the group, check this box

and attach a list with the

names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 8/15/2002

5 For calendar year \_\_\_\_\_, or other tax year beginning 10/1/2000 and ending 09/31/2001

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

7 State in detail why you need the extension ADDITIONAL INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE ACCURATE TAX RETURN

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

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

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

Signature and Verification

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

Signature Edward Scribner

Title CPA

Date 5/1/2002

Notice to Applicant-To Be Completed by the IRS

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

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 EDWARD A. SCRIBNER, CPA
	Number and street (include suite, room, or apt no) Or a P O box number 170 WORCESTER STREET, SUITE 208
	City or town, province or state, and country (including postal or ZIP code) WELLESLEY, MA 02481-5508

EXTENSION APPROVED

MAY 16 2002

LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN Form 8868 (12-2000)

# 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

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

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization BARAKAT, INC	Employer identification number 04-3493675
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 298 BROADWAY	
	City, town or post office, state, and ZIP code For a foreign address, see instructions CAMBRIDGE, MA 02139	

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 5/15/2002 to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year \_\_\_\_\_  tax year beginning 10/1/2000 and ending 09/31/2001

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

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

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

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 0

### Signature and Verification

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

Signature Edward Seubne Title CPA Date 02/05/2002  
 For Paperwork Reduction Act Notice see Instruction (HTA) Form 8868 (12-2000)