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Return of Organization Exempt From Income Tax

2000

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-F: For the 2000 calendar year, or tax year period beginning 8/01, 2000, and ending 7/31, 2001. Includes organization name: NEW YORK IMMIGRATION COALITION, INC., address: 275 SEVENTH AVENUE 12FLR NEW YORK, NY 10001, and EIN: 13-3573409.

Section G: Organization type (checked 501(c)(3)), Section J: Accounting method (checked Accrual), Section K: Check here if gross receipts normally not more than \$25,000.

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

Main table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Total revenue (line 12) is 1,076,310. Total expenses (line 17) is 1,245,972. Net assets at end of year (line 21) is 442,002.

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UNIVERSITY

AMZ 5-10000A

14

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 20.)

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 (att. sch) (cash \$ _____ non cash \$ _____)	22				
23	Specific assistance to individuals (att. sch)	23				
24	Benefits paid to or for members (att. sch)	24				
25	Compensation of officers, directors, etc	25	97,287	84,640	12,647	
26	Other salaries and wages	26	377,136	326,353	50,783	
27	Pension plan contributions	27				
28	Other employee benefits	28	57,165	49,523	7,642	
29	Payroll taxes	29	37,500	32,486	5,014	
30	Professional fundraising fees	30				
31	Accounting fees	31	20,852	18,064	2,788	
32	Legal fees	32				
33	Supplies	33	25,138	21,780	3,358	
34	Telephone	34	34,830	30,173	4,657	
35	Postage and shipping	35	12,438	10,775	1,663	
36	Occupancy	36	143,081	123,951	19,130	
37	Equipment rental and maintenance	37	9,134	7,913	1,221	
38	Printing and publications	38	17,627	15,270	2,357	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	13,154	11,395	1,759	
43	Other expenses (itemize) a STATEMENT 1	43a	400,630	369,821	30,809	
	b _____	43b				
	c _____	43c				
	d _____	43d				
	e _____	43e				
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13 - 15	44	1,245,972	1,102,144	143,828	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 (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
TO PROMOTE CITIZENSHIP TO IMMIGRANTS	
a PUBLIC INFORMATION/ COMMUNITY BUILDING/ NEWCOMER COMMUNITY ACCESS/ PROGRAM SUPPORT (Grants and allocations \$ 0)	311,223
b ADVOCACY COORDINATION/WELFARE REFORM (Grants and allocations \$ 0)	157,814
c POLICY ANALYSIS/ EDUCATION REFORM (Grants and allocations \$ 0)	177,719
d CHILD HEALTH PLUS/ESOL (Grants and allocations \$ 0)	133,073
e Other program services (attach schedule) STATEMENT 2 (Grants and allocations \$ _____)	322,315
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,102,144

Part IV Balance Sheets (See Specific Instructions on page 23)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash - non-interest-bearing			45		
	46	Savings and temporary cash investments		514,681	46	414,118	
	47 a	47a	Accounts receivable				
		47b	b Less allowance for doubtful accounts	74,000	47c		
	48 a	48a	Pledges receivable				
		48b	b Less allowance for doubtful accounts		48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach sch)			50		
	51 a	51a	Other notes and loans receivable (attach schedule)				
		51b	b Less allowance for doubtful accounts		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		7,994	53	10,540	
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54		
	55 a	55a	Investments - land, buildings, and equipment basis				
		55b	b Less accumulated depreciation (attach schedule)		55c		
56	Investments - other (attach schedule)			56			
57 a	57a	Land, buildings, and equipment basis	104,471				
	57b	b Less accumulated depreciation (attach schedule) STMT 3	55,802	57c	48,669		
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 4)		5,500	58	5,500		
59	Total assets (add lines 45 through 58) (must equal line 74)		654,572	59	478,827		
LIABILITIES	60	Accounts payable and accrued expenses		42,908	60	36,825	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64 a	Tax-exempt bond liabilities (attach schedule)			64a		
		b Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe <input type="checkbox"/>)			65		
66	Total liabilities (add lines 60 through 65)		42,908	66	36,825		
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		571,664	67	55,532	
	68	Temporarily restricted		40,000	68	386,470	
	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)		611,664	73	442,002		
74	Total liabilities and net assets/fund balances (add lines 66 and 73)		654,572	74	478,827		

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 25)	
a Total revenue, gains, and other support per audited financial statements	a 1,076,310
b Amounts included on line a but not on line 12, Form 990	
(1) Net unrealized gains on investments \$	
(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 1,076,310
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 1,076,310

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total expenses and losses per audited financial statements	a 1,245,972
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 1,245,972
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 1,245,972

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(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 5		97,287	0	0

Part VI Other Information (See Specific Instructions on page 26)	N/A	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			<input checked="" type="checkbox"/>
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			<input checked="" type="checkbox"/>
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			<input checked="" type="checkbox"/>
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?			<input checked="" type="checkbox"/>
b If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 81a <u>0</u>			
b Did the organization file Form 1120-POL for this year?			<input checked="" type="checkbox"/>
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			<input checked="" type="checkbox"/>
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III) 82b <u>N/A</u>			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		<input checked="" type="checkbox"/>	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<input checked="" type="checkbox"/>	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?			<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			<input checked="" type="checkbox"/>
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?			<input checked="" type="checkbox"/>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			<input checked="" type="checkbox"/>
c Dues, assessments, and similar amounts from members 85c <u>N/A</u>			
d Section 162(e) lobbying and political expenditures 85d <u>N/A</u>			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <u>N/A</u>			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <u>N/A</u>			
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85g <u>N/A</u>			
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 <u>N/A</u>			
86 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 12 86a <u>N/A</u>			
b Gross receipts, included on line 12, for public use of club facilities 86b <u>N/A</u>			
87 501(c)(12) organizations Enter			
a Gross income from members or shareholders 87a <u>N/A</u>			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b <u>N/A</u>			
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 30.7701-3? If "Yes," complete Part IX			<input checked="" type="checkbox"/>
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b <u>X</u>			
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>			
d Enter Amount of tax in 89c, above, reimbursed by the organization <u>0</u>			
90 a List the states with which a copy of this return is filed <u>NEW YORK</u> 90b <u>12</u>			
91 The books are in care of <u>THE ORGANIZATION</u> Telephone no <u>212-627-2227</u> Located at <u>275 SEVENTH AVENUE, NEW YORK, NY</u> ZIP code <u>10001</u>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <u>N/A</u> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> <u>N/A</u>			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

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 and contracts from government agencies					
94	Membership dues and assessments			1	19,355	
95	Interest on savings & temporary cash investments			14	18,223	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain/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 MISCELLANEOUS			1	5,482	
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				43,060	
105	Total (add line 104, columns (B), (D), and (E))					43,060

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 31)

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)
	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

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

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W, on page 14)

Signature of officer: Margaret Mchugh Date: 06/11/03 Type or print name and title: MARGARET MCHUGH EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: Matthew D Dapolito Date: 6/10/03 Check if self-employed: Preparer's SSN or PTIN: 088-58-1841

Firm's name (or yours if self-employed) and address and ZIP code: DAPOLITO AND COMPANY, CPAS, PC
2234 JACKSON AVENUE
SEAFORD, NY 11783 EIN: 11-2918757 Phone no: (516) 781-0101

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information - (See separate instructions.)

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

Name of the organization

NEW YORK IMMIGRATION COALITION, INC.

Employer identification number

13-3573409

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				
		0	0	0
Total number of other employees paid over \$50,000 ▶	0			

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

(See page 1 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
MARK LEWIS		
699 OLD BEST RD, WEST SAND LAKE, NY	LEGISLATIVE CONSULTA	72,000
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

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 ▶ \$ 81,659

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 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?

b Lending of money or other extension of credit?

c Furnishing of goods, services or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

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

3 Does the organization make grants for scholarships, fellowships, student loans, etc.?

4a Do you have a section 403(b) annuity plan for your employees?

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 page 2 of the instructions.)

	Yes	No
1	X	
2a		X
2b		X
2c		X
2d		X
2e		X
3		X
4a		X

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 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, 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)(ii) 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 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 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,127,533	1,639,444	615,949	36,316	3,419,242
16 Membership fees received	18,985	8,230	13,240	7,555	48,010
17 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		425,059	218,515	643,574	1,287,148
18 Gross income from interest dividends amounts received from payments on securities (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	20,248	11,091	6,473	2,815	40,627
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 sch Do not include gain or (loss) from sale of capital assets SEE ST 6	677	2,913	13,227	33,251	50,068
23 Total of lines 15 through 22	1,167,443	2,086,737	867,404	723,511	4,845,095
24 Line 23 minus line 17	1,167,443	1,661,678	648,889	79,937	3,557,947
25 Enter 1% of line 23	11,674	20,867	8,674	7,235	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 71,159
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government 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 3,557,947
	d Add Amounts from column (e) for lines 18 40,627 19 22 50,068 26b				26d 90,695
	e Public support (line 26c minus line 26d total)				26e 3,467,252
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 97.45%
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 N/A				
	(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 all these differences (the excess amounts) for each year				
	(1999)	(1998)	(1997)	(1996)	
	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 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 page 5 of the instructions)

Part V Private School Questionnaire (See page 5 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 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)

	Yes	No
29		
30		
31		

- 32 Does the organization maintain the following
 - a Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d Copies of all material used by the organization or on its behalf to solicit contributions?
 If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

32a		
32b		
32c		
32d		

- 33 Does the organization discriminate by race in any way with respect to
 - a Students' rights or privileges?
 - b Admissions policies?
 - c Employment of faculty or administrative staff?
 - d Scholarships or other financial assistance?
 - e Educational policies?
 - f Use of facilities?
 - g Athletic programs?
 - h Other extracurricular activities?
 If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

- 34a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
 If you answered "Yes" to either 34a or b, please explain using an attached statement

34a		
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		
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Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check here a If the organization belongs to an affiliated group
 Check here b if you checked "a" above 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	306
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	81,353
38	Total lobbying expenditures (add lines 36 and 37)	38	81,659
39	Other exempt purpose expenditures	39	1,164,313
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,245,972
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		The lobbying nontaxable amount is -
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
41		41	199,597
42	Grassroots nontaxable amount (enter 25% of line 41)	42	49,899
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	199,597				199,597
46					299,396
47	81,659				81,659
48	49,899				49,899
49					74,849
50	306				306

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

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 9 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?

- a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash (ii) Other assets
b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are marked with an '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.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) (input checked)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

CLIENT 3409

NEW YORK IMMIGRATION COALITION, INC.

13-3573409

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STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
COMMUNITY RELATIONS	\$ 13,162	11,402	1,760	
CONFERENCE AND TRAVEL	20,307	17,592	2,715	
CONSULTANTS	127,111	110,116	16,995	
INSURANCE	180	156	24	
OTHER PROGRAM EXPENSES	69,670	60,355	9,315	
SUBRECIPIENT PROGRAM	170,200	170,200		
TOTAL	<u>\$ 400,630</u>	<u>369,821</u>	<u>30,809</u>	<u>0</u>

STATEMENT 2
FORM 990, PART III, LINE E
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
LEGAL SERVICES AND TRAINING	\$ 0	39,264
EQUITY MONITORING PROJECT	0	4,734
HEALTHCARE ACCESS FOR IMMIGRANTS	0	108,117
SUBRECIPIENT PROGRAM	0	170,200
	<u>\$ 0</u>	<u>322,315</u>

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NEW YORK IMMIGRATION COALITION, INC.

13-3573409

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STATEMENT 4
FORM 990, PART IV, LINE 58
OTHER ASSETS

	<u>ENDING</u>
DEPOSITS	\$ 5,500
TOTAL	<u>\$ 5,500</u>

STATEMENT 5
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
MARGARET MCHUGH 120 WINNEBAGO ROAD YONKERS, NY 10710	EXECUTIVE DIREC 35	\$ 97,287	0	0
SARAMARIA ARCHILA 49-06 SKILLMAN AVE WOODSIDE, NY 11377	DIRECTOR PT	0	0	0
INNA AROLOVICH 119 FULTON STREET NEW YORK, NY 10038	DIRECTOR PT	0	0	0
JOHN BINGHAM 143 SCHEIGEL BLVD AMITYVILLE, NY 11701	DIRECTOR PT	0	0	0
EMIRA HABIBY BROWNE 150 COURT STREET BROOKLYN, NY 11201	DIRECTOR PT	0	0	0
MUZAFFAR CHISHTI 275 SEVENTH AVE NEW YORK, NY 10001	DIRECTOR PT	0	0	0
JAMES J. HAGGERTY PO BOX 1390 NEW YORK, NY 10150	DIRECTOR PT	0	0	0
ROBERTA HERCHE 17 BATTERY PLACE NEW YORK, NY 10004	DIRECTOR PT	0	0	0
GRACIELA HEYMANN 46 WALLER AVENUE WHITE PLAINS, NY 10605	DIRECTOR PT	0	0	0

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STATEMENT 5 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
CAROLINE KATZ 130 EAST 59 STREET NEW YORK, NY 10022	DIRECTOR PT	\$ 0	0	0
MAE LEE 83 CANAL STREET NEW YORK, NY 10002	DIRECTOR PT	0	0	0
ANTONIO MELONI 24-40 STENWAY ST ASTORIA, NY 11103	NONE	0	0	0
JOANNE OPLUSTILL 1720 CHURCH AVE BROOKLYN, NY	NONE	0	0	0
MOISES PEREZ 2410 AMSTERDAM AVE NEW YORK, NY 10033	NONE	0	0	0
NINAJ RAOL 319 MAPLE ST NEW YORK, NY 11225	NONE	0	0	0
LILLIAN RODRIGUEZ-LOPEZ 84 WILLIAM ST NEW YORK, NY 10038	NONE	0	0	0
C MARIO RUSSELL 1011 FIRST AVE NEW YORK, NY 10022	NONE	0	0	0
BARBARA WEINER 119 WASHINGTON AVE ALBANY, NY 12210	NONE	0	0	0
PATRICK YOUNG 91 NORTH FRANKLIN ST HEMPSTEAD, NY 11550	NONE	0	0	0
		TOTAL	\$ 97,287	0

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NEW YORK IMMIGRATION COALITION, INC.

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STATEMENT 6
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 1999</u>	<u>(B) 1998</u>	<u>(C) 1997</u>	<u>(D) 1996</u>	<u>(E) TOTAL</u>
	\$ 677	\$ 2,913	\$ 13,227	\$ 33,251	\$ 50,068
TOTAL	<u>\$ 677</u>	<u>\$ 2,913</u>	<u>\$ 13,227</u>	<u>\$ 33,251</u>	<u>\$ 50,068</u>