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Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning **AUG 1, 2004** and ending **JUL 31, 2005**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization NEW YORK IMMIGRATION COALITION, INC.	D Employer identification number 13-3573409
		Number and street (or P O box if mail is not delivered to street address) Room/suite 137-139 WEST 25TH STREET, 12TH FLOOR	E Telephone number 212-627-2227
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10001	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 No

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

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

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

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: **WWW.THENYIC.ORG**

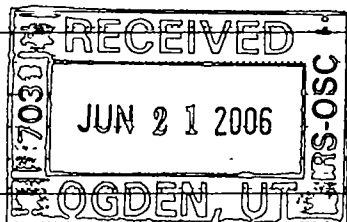
J Organization type (check only one) 501(c) (**3**) (insert no) 4947(a)(1) or 527

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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **2615089.**

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	2071224.		
	b Indirect public support	1b	30000.		
	c Government contributions (grants)	1c	355669.		
	d Total (add lines 1a through 1c) (cash \$ 2456893. noncash \$ _____)			1d	2456893.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	19138.
	3 Membership dues and assessments			3	21800.
	4 Interest on savings and temporary cash investments			4	5271.
	5 Dividends and interest from securities			5	
	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			
		8b			
		8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d		
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 11241. of contributions reported on line 1a)	9a	102887.			
b Less direct expenses other than fundraising expenses	9b	24670.			
c Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 2	9c	78217.	
10 a Gross sales of inventory, less returns and allowances					
	b Less cost of goods sold	10a			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10b		10c	
11 Other revenue (from Part VII, line 103)			11	9100.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2590419.	
Expenses	13 Program services (from line 44, column (B))			13	1754145.
	14 Management and general (from line 44, column (C))			14	74068.
	15 Fundraising (from line 44, column (D))			15	33606.
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	1861819.
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	728600.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	712818.
	20 Other changes in net assets or fund balances (attach explanation)			20	0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1441418.



Part IV Balance Sheets

Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	4686.	45	985.
	46 Savings and temporary cash investments	518922.	46	612790.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a	690500.	
	b Less allowance for doubtful accounts	48b	120000.	48c
	49 Grants receivable		74636.	49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		15938.	53
	54 Investments - securities			54
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other			56	
57 a Land, buildings, and equipment basis	57a	163623.		
b Less accumulated depreciation STMT 4	57b	129436.	57c	
58 Other assets (describe ► DEPOSITS)		6679.	58	
59 Total assets (add lines 45 through 58) (must equal line 74)		787241.	59	
60 Accounts payable and accrued expenses		74423.	60	
61 Grants payable			61	
62 Deferred revenue			62	
63 Loans from officers, directors, trustees, and key employees			63	
64 a Tax-exempt bond liabilities			64a	
b Mortgages and other notes payable			64b	
65 Other liabilities (describe ►)			65	
66 Total liabilities (add lines 60 through 65)		74423.	66	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67 Unrestricted		465344.	67	
68 Temporarily restricted		247474.	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, column (B) must equal line 21)		712818.	73	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		787241.	74	

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

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 18		
91	The books are in care of THE ORGANIZATION Telephone no 212-627-2227		

Located at 137-139 W 25TH ST., 12TH FL., NEW YORK, NY ZIP + 4 10001

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 page 33 of the instructions)

Note: 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a TRAINING FEES					19138.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					21800.
95 Interest on savings and temporary cash investments			14	5271.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	78217.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	9100.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		92588.	40938.
105 Total (add line 104, columns (B), (D), and (E))					133526.

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 page 34 of the 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)
93A	INCOME USED TO FUND TRAINING EXPENDITURES NOT FULLY COVERED BY GRANTS
94	ANNUAL FEES COLLECTED TO PROMOTE CITIZENSHIP TO IMMIGRANTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(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 page 34 of the 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

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.

Signature of officer: *Chung-Wha Hong* Date: 6/15/06 Type or print name and title: Chung-Wha Hong, Executive Director

Preparer's signature: *James Mulroy* Date: 6/15/06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (for self-employed), address, and ZIP + 4: M.D. OPPENHEIM & CO., P.C. 485 US HWY ONE, BLDG C, PO BOX 4100 ISELIN, NJ 08830-4100

EIN: _____ Phone no: (732) 602-9300

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

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
CHUNG WHA-HONG 137-139 W 25TH ST., 12TH FL., NEW YORK, NY 10001	DEPUTY DIR 35	74593.	3285.	
DAN SMULIAN 137-139 W 25TH ST., 12TH FL., NEW YORK, NY 10001	PGM DIRECTOR 35	64864.	1033.	
ADAM GURVITCH 137-139 W 25TH ST., 12TH FL., NEW YORK, NY 10001	PGM DIRECTOR 35	58598.	3019.	
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 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
MARK LEWIS 124 BURNETT ROAD, SAUGERTIES, NY 12477	CONSULTANT	60000.
Total number of others receiving over \$50,000 for professional services ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>48517.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities VI-A, LINE 38B	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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** 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1288120.	2028307.	3056584.	1033250.	7406261.
16 Membership fees received	20820.	20645.	19235.	19355.	80055.
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	20650.	34620.			55270.
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	4371.	13250.	15113.	18223.	50957.
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	20957.	13329.	SEE STATEMENT 6 17308.	5482.	57076.
23 Total of lines 15 through 22	1354918.	2110151.	3108240.	1076310.	7649619.
24 Line 23 minus line 17	1334268.	2075531.	3108240.	1076310.	7594349.
25 Enter 1% of line 23	13549.	21102.	31082.	10763.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 151887.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 7594349.
d Add Amounts from column (e) for lines 18 _____ 50957. 19 _____ 22 _____ 57076. 26b _____					26d 108033.
e Public support (line 26c minus line 26d total)					26e 7486316.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.5775%
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	(2003) N/A	(2002) N/A	(2001) N/A	(2000) N/A	
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	(2003) N/A	(2002) N/A	(2001) N/A	(2000) N/A	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/>			
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>			
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? If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement)	33h	
<hr/>			
<hr/>			
34 a	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)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	967.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	47550.
38	Total lobbying expenditures (add lines 36 and 37)	38	48517.
39	Other exempt purpose expenditures	39	1813302.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1861819.
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	243091.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	60773.
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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
45	Lobbying nontaxable amount	243091.	258378.	248011.	271011.	1020491.
46	Lobbying ceiling amount (150% of line 45(e))					1530737.
47	Total lobbying expenditures	48517.	72077.	59220.	46661.	226475.
48	Grassroots nontaxable amount	60773.	64595.	62003.	67753.	255124.
49	Grassroots ceiling amount (150% of line 48(e))					382686.
50	Grassroots lobbying expenditures	967.	3781.	3036.	29.	7813.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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.)			0.

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 11 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

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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a 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

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

2004 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND FIXTURES		VARIES	5.00	16	32465.			32465.	25735.		3290.
2	COMPUTER EQUIPMENT		VARIES	5.00	16	110408.			110408.	76673.		12326.
3	LEASEHOLD IMPROVEMENTS		VARIES	10.00	16	20750.			20750.	9339.		2073.
	* TOTAL 990 PAGE 2 DEPR					163623.		0.	163623.	111747.	0.	17689.

FOOTNOTES

STATEMENT 1

FORM 990 PAGE 2 PART III
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

IMMIGRATION AND OTHER POLICY—ENCOMPASSES THE CIVIL RIGHTS AND LIBERTIES OF NEWCOMERS; COMPLEX ISSUES OF LANGUAGE ACCESS; AND EMPLOYMENT POLICY, TO INCLUDE MINIMUM WAGE AND WAGE AND HOUR ENFORCEMENT. IN RESPONSE TO THE TRAGEDY OF 9/11 THE NYIC TOOK ON EXTENSIVE DISASTER RELIEF WORK AND LATER A COORDINATED RESPONSE TO THE FEDERAL SPECIAL CALL-IN REGISTRATION PROGRAM. 514848.

TRAINING AND LEGAL SERVICES—THE PRIMARY COMPONENT OF THE PROGRAM IS THE IMMIGRANT CONCERNS TRAINING INSTITUTE. STAFFED BY ATTORNEYS, THE INSTITUTE OFFERS AN INTENSIVE PROGRAM OF WORKSHOPS AND SEMINARS ON ISSUES IMPORTANT TO IMMIGRANT COMMUNITIES. IN ADDITION THE PROGRAM ENGAGES IN ADVOCACY ISSUES OF IMMIGRATION LAW. 479094.

EDUCATION REFORM—FOCUSES ON IMPROVING THE QUALITY OF EDUCATION PROVIDED TO NEWCOMER STUDENTS IN NEW YORK'S PUBLIC SCHOOLS, ADVOCATING AGAINST PRACTICES WHICH DISCRIMINATE AGAINST OR OTHERWISE DISADVANTAGE THOSE STUDENTS, AND ENSURING THAT THEIR PARENTS HAVE CLEAR & EFFECTIVE LINES OF COMMUNICATION WITH TEACHERS AND ADMINISTRATORS. 249526.

CIVIC AND ELECTORAL PARTICIPATION—PROMOTES THE POWER OF IMMIGRANT AND REFUGEE COMMUNITIES THROUGH A LARGE-SCALE ONGOING VOTER REGISTRATION PROJECT, MORE THAN 100 VOTER EDUCATION EVENTS EACH YEAR, AND THE RECRUITMENT OF BILINGUAL POLL WORKERS. THE CIVIC PARTICIPATION WORK ALSO INCLUDES AN INNOVATIVE DEMOCRACY EDUCATION AND CIVIC ENGAGEMENT PROGRAM. 245485.

HEALTH CARE ACCESS—THE WORK ON HEALTH CARE ACCESS TOUCHES ON ISSUES RANGING FROM LINGUISTIC, CULTURAL AND STRUCTURAL OBSTACLES TO ACCESSING CARE IN THE HOSPITAL AND CLINIC SETTING; MENTAL HEALTH SERVICES; AND TRANSPARENCY ON BILLING PRACTICES AND PAYMENT OPTIONS TO PUBLIC HEALTH INSURANCE COVERAGE. 265192.

1754145.

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT 2**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BUILDER'S OF THE NEW NEW YORK AWARDS	114128.	11241.	102887.	24670.	78217.
TO FM 990, PART I, LINE 9	114128.	11241.	102887.	24670.	78217.

FORM 990 **OTHER EXPENSES** **STATEMENT 3**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	11082.	10922.	135.	25.
CONSULTANTS	92315.	78299.	225.	13791.
SUB-CONTRACT EXPENSE	382148.	382148.		
ADVOCACY EVENTS	15607.	15605.		2.
DATA PROCESSING	9731.	9564.	146.	21.
MISCELLANEOUS	35130.	22200.	12708.	222.
REPRODUCTION	2369.	2369.		
STAFF DEVELOPMENT	4178.	4105.	63.	10.
TOTAL TO FM 990, LN 43	552560.	525212.	13277.	14071.

FORM 990 **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT** **STATEMENT 4**

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND FIXTURES	32465.	29025.	3440.
COMPUTER EQUIPMENT	110408.	88999.	21409.
LEASEHOLD IMPROVEMENTS	20750.	11412.	9338.
TOTAL TO FORM 990, PART IV, LN 57	163623.	129436.	34187.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARGARET MCHUGH 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	EXECUTIVE DIRECTOR 35	99600.	4920.	0.
MARGARET CHIN 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	CHAIRPERSON 2	0.	0.	0.
ANA MARIA ARCHILA 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	CO-CHAIR 2	0.	0.	0.
GUILLERMO CHACON 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	CO-CHAIR 2	0.	0.	0.
GRACIELA HEYMANN 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	CO-CHAIR 2	0.	0.	0.
CAROLINE KATZ 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	TREASURER 2	0.	0.	0.
ANNETTA SEECHARRAN 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	SECRETARY 2	0.	0.	0.
ELSIE ST.-LOUIS ACCILIE 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
INNA AROLOVICH 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
EMIRA HABIBY BROWNE 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
JOSE CALDERON 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.

MAY Y CHEN 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
VLADIMIR EPSHTYEN 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
HECTOR FIGUEROA 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
ROBERTA HERSHE 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
MAE LEE 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
CARMEN MAQUILON 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
CARLTON MITCHELL 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
YU SOUNG MUN 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
MOISES PEREZ 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
MOHAMMED RAZVI 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
MARIO RUSSELL 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
SUSAN STAMLER 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
ARIF ULLAH 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.

BARBARA WEINER 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
PATRICK YOUNG 137-139 W 25TH ST., 12TH FL. NEW YORK, NY 10001	DIRECTOR 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>99600.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT 6
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
	<u>0.</u>	<u>13329.</u>	<u>17308.</u>	<u>5482.</u>
TOTAL TO SCHEDULE A, LINE 22	<u>0.</u>	<u>13329.</u>	<u>17308.</u>	<u>5482.</u>

- 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 NEW YORK IMMIGRATION COALITION, INC.	Employer identification number 13-3573409
	Number, street, and room or suite no. If a P O. box, see instructions. 275 SEVENTH AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10001	

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

- The books are in the care of **THE ORGANIZATION**
Telephone No. **212-627-2227** FAX No. _____
- 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 **JUNE 15, 2006**

5 For calendar year _____, or other tax year beginning **AUG 1, 2004** and ending **JUL 31, 2005**

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
INFORMATION NECESSARY TO COMPLETE RETURN 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 \$ **N/A**

Signature and Verification

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

Signature **Murray Bulgan** Title **CPA** Date **3/13/06**

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 extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

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

Type or print	Name D. Clerkin M.D. OPPENHEIM & CO., P.C.	EXTENSION APPROVED MAR 23 2006 DIRECTOR'S SUBMISSION PROCESSING, OCCDEN
	Number and street (include suite, room, or apt. no.) or a P.O. box number 485 US HWY ONE, BLDG C, PO BOX 4100	
	City or town, province or state, and country (including postal or ZIP code) ISELIN, NJ 08830-4100	

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

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

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization	Employer identification number
	NEW YORK IMMIGRATION COALITION, INC.	13-3573409
	Number, street, and room or suite no. If a P.O. box, see instructions	
File by the due date for filing your return. See instructions	275 SEVENTH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	NEW YORK, NY 10001	

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 |

- The books are in the care of ▶ THE ORGANIZATION
Telephone No ▶ 212-627-2227 FAX No. ▶ _____
- 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-months for a **Form 990-T corporation**) extension of time until MARCH 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ or tax year beginning AUG 1, 2004, and ending JUL 31, 2005
- 2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 12-2004)