Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or
private foundation) or section 4947(a)(1) nonexempt charitable trust

Note: The organization may have to use a copy of this return to satisfy state reporting regulrements.

This Form is Open

MB No. 1545-0047

A	For t	ho	1996 calendar year, Olt tax year period beginning	10/ 1	, 1996, and ending	<u>,</u>	<u>a</u>	/30 1997
	Chee	k It	C Name of organization		I 1990' BUC GUOTIL			
	of		Ba Use IRS NONPROFIT COORDINATING	СОММІФФЕ		٩١	Employer iden	tification number
	Bd	dre	** [1800] OF KIES STEELT STATES TATA	COLUMNIT				
ľ		tie)					13-32)	L6408
Ė	T Fil	um Tai	I Price I with the fixed street (of P.O. DOX II mull is not delive	ered to street addres	s) R	oom/suite   E \$	State registrati	ou unupet
  -	<b>₩</b>	um	I land and the second s				53820	)
L	7mai	uren Uran	tions vity, town, or post office, state, and ZIP code			F	Check 🛌 🗀	If exemption
	for S	ta to	NEW YORK, NY 10013	_				analisation is socialisa
G	Type	οf	forganization 🕩 🗶 Exempt under 501(c) ( 3 🔷 )🚄 (inse	rt number) OR	section 4947(a)(	1) nonevernor	chartitable tru	of
INC	ite: a	900	Ction $501(c)(3)$ exempt organizations and $4947(a)(1)$ nor	navamet charital	la terrata BILLOT			
H(	a) is	thi	s a group return filed for affiliates?	Van Y Na	ile trusts MIDST a	ttach a com	pleted Sche	dule A (Form 990).
ì	b) if'	Υe	s," enter the number of affiliates for which this	165 [_ANO]	If either box in H	is checked "Ye	es," enter four-	-digit group
,	rel	 	1 is filed:	-	exemption numb	ber (GEN <u>)</u> ►	' <b></b>	<b></b>
	, د. د ما در	L.T.	1011100.	<del></del>	J Accounting meth		ash X	Accrual
	haale	nis be	a soperate return filed by an organization covered by a group ruling?	Yes X No	Other (sp	ecify) 🕨		
n (,	110CK	118	re if the organization's gross receipts are normally not	more than \$25,000.	The organization ne	ed not file a ret	turn with the ()	RS; but
	11110	,,,,	vao a i prim aan Lackada ili tue maii, it suotiid tile a teturu Mithor.	i financial data - Soo	1A étatos roquiso a e	omolota ratus	-	,
NU	<u>0. ro</u>	<u> (11)                                  </u>	990-EZ may be used by organizations with gross receipts less th	an \$100,000 and tol	al accete lece than ¢	250 000 at end	f of year	
F	art	Į	Revenue, Expenses, and Changes in Net A	ssets or Fund	l Balances	223,000 01 011	zor your.	
	1		Contributions, gifts, grants, and similar amounts received:					7894
		a	Direct public support		٠ المدا	290,826	- [00000]	
	1	b	indirect public support		1a	230,020	<u>'-</u>	
		C	Government contributions (greats)		1b		<b>—</b>	
	1	d	Government contributions (grants)	. (2008/00 3	10		_	
			(*** i timough io/ (allach schedule of tabilibilibi	s) SIMI I		TMT 3		
	١,		(cash \$ 281,320. noncash \$	9,506.	)		.   14	290,826.
	2		Program service revenue including government fees and control	icts (from Part VII, li	ne 93)		2	
	8		manimersuch ones and assessments				ادا	184,133.
	4		interest on savings and temporary cash investments				,   "	30,575.
	5		Dividends and interest from securities				5	00/0/01
	6	a	Gross rents	***************************************	6a		. 3	
		þ	Less: rental expenses	*************************	OA			
		C	Net rental income or (foss) (subtract tine 66 from line 65)	***************************************	6b			
Revenue	7		Net rental income or (foss) (subtract fine 6b from line 6a) Other investment income (describe				6c	
ş			73			}	7	
æ	"	*		A) Securities	(B)	Other		
			than inventory		8a			
	1	b	Less: cost or other basis and sales expenses		8b			
		C	Gain or (loss) (attach schedule)		8c		7	
	Ι.	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
	9		obecier exertite stirt scrinities (strscu scueditie):					
		a	Gross revenue (not including \$ o	f contributions				
			reported on line 1a)		ga [			
		þ	Less: direct expenses other than fundralsing expenses		9b		$\dashv$	
		e	Net Income or (loss) from special events (subtract line 9b from Gross sales of inventors less sales sa	ino Oo\	an		_	
	10	2	Gross sales of inventory, less returns and allowances	ma sa)			90	
		b	Assi nost of goods cold		10a		_	
			Less: cost of goods sold	***************************************	10b			
- 1	11		Gross profit or (loss) from sales of inventory (attach schedule) (	subtract line 10b from	m líne 10a)		100	
	12		Oviet leveline (BOILL SEC AIL ING 103)				1 1	243.
			15 4, 5, 60, 7, 60, 90, 100, and 11	1			40	505,777.
83	13		r rogram sarvices (from the 44, collimn (B))				18	412,638.
Expenses	14		warragerrant and Ballatai (LOW IIIIA 44' COMUS (C))					83,218.
81	15		vendraising (normality 44, Column (D))				15	
<u> </u>	16		3 Auto to Aumatos (Erracii Schernia)				1 1	11,664.
	17						16	P 8 B
[	18						17	507,520.
Assets	19		Net assets at beginning of year (from line 73, column (A)) Other changes in net assets (attach exclanation)	***************************************			18	<u>&lt;1,743.</u> >
Z	20		Other changes in net assets (attach explanation)			***************************************	19	471,817.
_]	21		Net assets or fund balances at end of year (combine lines 18, 19,				_20	0.
LHA	For	p.	aperwork Reduction Act Notice, see page 1 of the separate inst	and 20)			21	470,074.
62300 12-13-	) 98			ructions.				Form <b>990</b> (1996)

Functional Expenses (4	i) organizatio	ns and section 4947(a)(1)	nonexempt charitable trus	(D) are required for section is but optional for others.	n 501(c)(3) and
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
Grants and allocations (attach schedule)					
specific assistance to individuals (attach schedu	22				000000
Benefits paid to or for members (attach schedul					
Compensation of officers, directors, etc.	25	110,250.	96,147.	8,018.	6,08
Other salaries and wages	26	87,245.	61,531.		0,00
Pension plan contributions	27	15,986.	13,941.	1,163.	88
Other employee benefits	28				
Payroll taxes	29				
Professional fundraising fees	30				
Accounting fees	31	4,225.		4,225.	
Legal fees	32				
4.4	33				
Telephone Postage and shipping	34		<del></del>		
Оссирансу	35	23,555.	17,293.	5,813.	44
Equipment rental and maintenance	37	20/0001	11,293.	2,013.	44
Printing and publications	38	12,520.	11,732.	788.	
Travel	39		, , , , , , , , , , , , , , , , , , , ,		
Conferences, conventions, and meetings	40				
Interest	41				· · · · · · · · · · · · · · · · · · ·
Depreciation, depletion, etc. (attach schedule)	42	3,095.	2,756.	120.	21
Other expenses (itemize):	1 1				
	<u>43a</u>				
1	_  43b				
	43c				
]	43e	250,644.	209,238.	37,377.	4,02
Total functional expenses (add lines 22 through 43)	-   -		203,2001	<u> </u>	4,04
Organizations completing columns (8)-(0), carry these totals to lines 13-15	44	507,520.	412,638.	83,218.	11,66
orting of Joint Costs Old you report in column traising solicitation?	(8) (Progran	n services) any joint costs f	rom a combined education	nat campaign and	T∨as [X] No.
	coete ¢			***************************************	
es, enter (I) the aggregate amount of these joint of		; (8) 1	he amount allocated to Pr	ogram services \$	
es, enter (I) the aggregate amount of these joint of the amount allocated to Management and general		; (ii) t	he amount allocated to Pr	ogram services \$ ndraising \$	· · · · · · · · · · · · · · · · · · ·
es, enter (i) the aggregate amount of these joint of the amount allocated to Management and general art III Statement of Program Ser	vice Acc	; (ii) t	he amount allocated to Pr	ogram services \$ ndraising \$	
es, enter (i) the aggregate amount of these joint of the amount allocated to Management and general art III Statement of Program Ser	vice Acc	; (ii) t	he amount allocated to Pr	ogram services \$ ndraising \$	,
es, enter (1) the aggregate amount of these joint of the amount ellocated to Management and general art III Statement of Program Ser at is the organization's primary exempt purpose?	vice Acc	( (i) ; t (v) ) and ((v) t complishments	he amount allocated to Pr he amount allocated to Fu	ndraising \$	Program Service Expanses
es, enter (1) the aggregate amount of these joint of the amount allocated to Management and general art   Statement of Program Ser at is the organization's primary exempt purpose?	vice Acc	; (i) ; ;and (iv) t complishments	he amount allocated to Pr	hievements that are not	Program Service Expanses (Required for SOI(o)(3) an (4) orgs., and 4947(a)(1)
es, enter (1) the aggregate amount of these joint of the amount allocated to Management and general art III Statement of Program Ser at is the organization's primary exempt purpose?  Toganizations must desorbe their exempt purpose achievem surrable. (Section 601(c)(3) and (4) organizations and 4947(a)	vice Acc	; (ii); ; and (iv) to ; and (iv) to ; and (iv) to ; and (iv) to ; and it is complishments  characteristic indicates and indicates in the characteristic indica	he amount allocated to Pr	hievements that are not	Program Service Expanses (Required for SOI(o)(3) an (4) orgs., and 4947(a)(1)
res, enter (1) the aggregate amount of these joint of the amount ellocated to Management and general art III Statement of Program Ser at is the organization's primary exempt purpose?  Inpunizations must describe their exempt purpose achievement (Section 601(c)(3) and (4) organizations and 4947(a)	vice Acc	; (ii); ; and (iv) to ; and (iv) to ; and (iv) to ; and (iv) to ; and it is complishments  characteristic indicates and indicates in the characteristic indica	he amount allocated to Pr	hievements that are not	Program Service Expanses (Required for SOI(o)(3) an (4) orgs., and 4947(a)(1)
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Form 990 (1998)

OF NEW YORK, INC.

13-3216408

Page 8

	ore required, attached schedules and amounts within the description column should be end-of-year amounts only.	(A) Beginning of year	(B) End of year
45	Gash - non-interest-bearing	94,890. 45	42.881.
48	Savings and temporary cash (nyestments		42,881. 492,122.
47	a Accounts receivable 47s		
	b Less: allowance for doubtful accounts 476	470	
48			
1	b Less: allowance for doubtful accounts	48:	
149	Grants receivable	49	61,450.
50	Receivables from officers, directors, trustees, and key employees (attach		
<u>설</u> 51 :	schedule)		
ίδ	b Less: allowance for doubtful accounts 51b		
52	Inventories for sale or use	52	
53	Prepaid expenses and deferred charges	1,701 53	1,242.
54	Investments - securitles (attach schedule)	. 54	
56 (	a Investments - land, buildings, and		
	equipment: basis 55a		
'	b Less: accumulated depreciation (attach		
56	schedule) 55b		
57 8	Investments - other	- 56	
l t	Land, buildings, and equipment: basis 57a 22,556 Less: accumulated depreciation STMT 6 57b 12,279	3,866.	10,277.
58	Other assets (describe	) 58	10,277.
69	Total assets (add lines 45 through 58) (must equal line 74)	612 504	607 070
60	Accounts payable and accrued expenses	612,584. 59	607,972. 52,118.
81	Grants payable	81	32,110.
<u>&amp;</u>   62	Deferred revenue	75,071.62	85,780.
S 62 63 64	Loans from officers, directors, trustees, and key employees	63	
	a Tax-exempt bond liabilities	R4a	/
ı	b Mortgages and other notes payable	64b	, , , , , , , , , , , , , , , , , , , ,
65	Other liabilities (describe	85	
66	Total liabilities (add lines 60 through 65)	140,767. 66	137,898.
Orga	inizations that follow SFAS 117, check here 🕨 🔀 and complete lines 67 through		
	69 and lines 73 and 74		
8 87	Unrestricted	391,834.67	421,894.
69 69	Temporarily restricted	79,983. 68	48,180.
Orna	Permanently restricted	0 + 69	0.
85 69 0rga 70 71 72 73	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 tines 67 through 69 OR lines 70 through 72:		
74	column (A) must equal line 19 and column (B) must equal line 21)		470,074. 607,972.
- 1.77	Total liabilities and net assets / fund balances (add lines 66 and 73).	612,584. 74	607,972.

	1 990 (1996) OF NEW Y	I COORDINALL ORK, INC.	13-3216408 Page
Pa	rt IV A Reconciliation of Revenu Financial Statements with	ie per Audited th Revenue per	Part IV B Reconciliation of Expenses per Audited Financial Statements With Expenses per
(2) (3) (4)	Return  Total revenue, gains, and other support per audited financial statements  Amounts included on line a but not on line 12, Form 990:  Net unrealized gains on investments  Donated services and use of facilities \$ 12,100.  Recoveries of prior year grants \$	a 517,877	Return  a Total expenses and losses per audited financial statements b Amounts included on line a but not on line 17, Form 990:  (1) Donated services and use of facilities \$ 12,100.  (2) Prior year adjustments reported on line 20, Form 990 \$  (3) Losses reported on line 20, Form 990 \$  (4) Other (specify):
đ	Line a minus line b	505,777	c Line a minus line b c 507,520 d Amounts included on line 17, Form 990 but not on line a:
(2) 	Investment expenses not included on line 6b, Form 990 \$ Other (specify):  Add amounts on lines (1) and (2) Total revenue per line 12, Form 990 (line c plus line d)	l l	(1) Investment expenses not included on line 6b, Form 990\$  (2) Other (specify):  S  Add amounts on lines (1) and (2)
Pai	LIST of Officers, Directors, T	rustees, and Key I	Employees (List each one even if not compensated.)
PE	(A) Name and address PER SWORDS		(B) Title and average hours per week devoted to position (If not paid, enter plans & deferred compensation (EXEC DIRECTOR
52( SEI	O W 110 ST, NY NY E ATTACHED DIRECTORS LI	ST	35HRS/WEEK 110,250. 26,212. 0.
6 Did	any officer, director, trustee, or key employee rece	····	

	m 990 (1996) OF NEW YORK, INC. 13-32	1640	8	Page
	Other Information		Yes	s N
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		<u> </u>
77	Were any changes made in the organizing or governing documents but not reported to IRS?			X
78	If "Yes," attach a conformed copy of the changes.	[00000 		
		<u>78a</u>	-	X
78	b If "Yes," has it filed a tax roturn on Form 990-T for this year? N/A  Was there a Ilquidation, dissolution, termination, or substantial contraction during the year?	<u>78b</u>		1
	if "YAA", attach a statement;	<b>79</b>	V Riseman	X
80	a is the organization related (other than by association with a statewide or nationwide organization) through common membership,	[1000]		
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	3833	888888	
	If "Yes," enter the name of the organization	80a		X
	parties and the same and the sa	Dissi		
81 (	and check whether it is exempt OR nonexen	ipt.		
	instructions for line 81 61a	0 -		
1	Did the organization file Form 1120-POL for this year?	<u>U -                                     </u>		<b></b>
82 ;	Dld the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	81b	3822	X
	fair rental value?		v	48330
ł	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	82a	X	8 8000000
	expense in Part II. (See instructions for reporting in Part III)			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?			4888
t	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<u>83a</u>	X	<del> </del>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	83b	X	<del>  .</del>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	848	100000000	X
	tax deductible? N/A	8.88888		<b> </b>
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	84b	<del> </del>	<del> </del>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85a 85b		
	If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed	000		
	for the prior year.			
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d N/A			
8	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)  851 N/A	-		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues	039		
	allocable to nondeductible tobbying and political expenditures for the following tax year?  N/A	85h		
86	501(c)(7) organizations Enter:	. 0011	****	
8	Initiation fees and capital contributions included on line 12			
þ	Gross receipts, included on fine 12, for public use of club facilities			
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	$\neg \cdots$		
	against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?	-		
	If "Yes," complete Part IX	88		X
89 a	50 r(c)(3) organizations Enter: Amount of tax paid during the year under:			
	section 4911 ► 0 - ; section 4912 ► 0 - ; section 4955 ► 0 -	.		
b	=0 ((c)(3) and 5U1(c)(4) organizations Did the organization engage in any section 4958 excess benefit	-		
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b		X
C	chier. Attiount of tax paid by the organization managers or disqualified persons during the year under			
	Section 4958			0.
_ d	Enter. Amount of tax in Buc, above, reimbursed by the organization			0.
90	List the states with which a copy of this return is filed   NEW YORK			—
91	The books are in care of ► ORGANIZATION Telephone no. ► 212-9	25-53	340	
	·-			
	Located at ► SAME AS ABOVE ZIP +4 ►	10013	3	
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		<b>►</b> □	$\Box$
	and all output of tax-exempt interest received or accrued during the tax year	N/A		

Form 990 (1996) OF NEW YORK, INC. 13-3216408 Page 6

Enter gro	ezweines unless otherwise	<u> </u>		lated business income		ed by section 512, 513, or 514	(E)
indicated.	l.	1	(A) Business	(B)	(C)	(D)	Related or exempt
93 Pro	gram service revenue:	j	CODE	Amount	Exciu- sion code	Amount	function-income
	-	į.	<del></del>		1 2004		
(**). /61		····· }					
(u)					<del></del>		
(C)		ļ					
(d)							
(8)							
(t)					1 1		
(9)	Fees and contracts from government	agencies					
94 Mei	mbership dues and assessments	•					184,133.
95 Inte	erest on savings and temporary	·····					
	h investments	J					20 575
ÓS DÍUI	idends and interest from securities						30,575.
OT ALL	inaing and infetest from acchides		v()))))()()	**************************************	33230 18863UUUU		n minimassassassassassassassassassassassassass
	rental income or (loss) from real esta						
(B)	dobt-financed property	······					
(p)	not debt-financed property						
98 Net	rental income or (loss) from persona	property					
99 Oth	er investment income						
100 Gair	n or (loss) from sales of assets						
	er than inventory						
101 Net	income or (loss) from special events				-		
102 Gro	ess profit or (loss) from sales of inven						
102 005	er revenue:	tory					
	SUNDRY	ļ					
							243.
þ.							
۰.					"		
8							
104 Sub	ototal (add columns (B), (D), and (E))				0.	0.	214,951.
105 TOT	TAL (add line 104, columns (8), (D), a	nd /E\\	200000000000000000000000000000000000000				214,951.
Note: (Li	ine 105 plus line 1d, Part I, should eq	ual the amount on	line 12 Pa				214,231.
Part V	Relationship of Activ	ities to the /	) CCOMI	lightment of Even	ont Duer	anene.	711
Line No.	Evolain how each notivity for while	h (1000 to 1170 )	:	- /FI - / D. A.W A.W.	b a.t	/USGS	11-11-11-11-11-11-11-11-11-11-11-11-11-
₩	Explain how each activity for whice exempt purposes (other than by )	in income is report	өв іп соіці Заманаласты	nn (E) of Part VII contribu	ited importa	ntly to the accomplishment	of the organization's ,
94	evenibr barboses (other than by	roviding lunus for	ծատո բաղ	/U303).			
	MUMBERRETTO PERC		<del></del>	ZMDOGETIMO A	******		<u></u>
	MEMBERSHIP FEES	- INCLUD	ES S	YMPOSIUMS &	NEWSI	ETTERS TO DI	SSEMINATE
	INFORMATION REGA	RDING NO	ES S	YMPOSIUMS &			
95	INFORMATION REGA	RDING NO	ES S' NPROI FUND:	YMPOSIUMS & FIT ISSUES. 5/ MISC INC-	- USED	TO SUPPORT	
95	INFORMATION REGA	RDING NO	ES S' NPROI FUND:	YMPOSIUMS & FIT ISSUES. 5/ MISC INC-	- USED	TO SUPPORT	
95	INFORMATION REGA	RDING NO	ES S' NPROI FUND:	YMPOSIUMS & FIT ISSUES. 5/ MISC INC-	- USED	TO SUPPORT	
95	INFORMATION REGA	RDING NO	ES S' NPROI FUND:	YMPOSIUMS & FIT ISSUES. 5/ MISC INC-	- USED	TO SUPPORT	
95	INFORMATION REGA	RDING NO	ES S' NPROI FUND:	YMPOSIUMS & FIT ISSUES. 5/ MISC INC-	- USED	TO SUPPORT	
95	INFORMATION REGA	RDING NO	ES S' NPROI FUND:	YMPOSIUMS & FIT ISSUES. 5/ MISC INC-	- USED	TO SUPPORT	
95 103	INFORMATION REGALINTEREST FROM TEACTIVITIES OF T	ARDING NO MPORARY THE NONPR	ES S NPRO FUNDS OFIT	YMPOSIUMS & FIT ISSUES. B/ MISC INC- COORDINATIN	- USEC IG COM	TO SUPPORT	
95 103 Part IX	INFORMATION REGALINTEREST FROM TE ACTIVITIES OF T	ARDING NO MPORARY THE NONPR	ES S NPRO FUNDS OFIT	YMPOSIUMS & FIT ISSUES. B/ MISC INC- COORDINATIN	- USEC IG COM	TO SUPPORT	
95 103 Part IX	INFORMATION REGALINTEREST FROM TE ACTIVITIES OF T	ARDING NO IMPORARY THE NONPR  IN TAXABLE S  Percentage of	PES S NPRO FUND: OFIT	YMPOSIUMS & FIT ISSUES. B/ MISC INC- COORDINATIN	- USED NG COM	TO SUPPORT MITTEE.	
95 103 Part IX	INFORMATION REGI	ARDING NO MPORARY THE NONPR	PES S NPRO FUND: OFIT	YMPOSIUMS & FIT ISSUES. B/ MISC INC- COORDINATIN	- USED NG COM	TO SUPPORT	VARIOUS
95 103 Part IX	INFORMATION REGALINTEREST FROM TE ACTIVITIES OF T	ARDING NO IMPORARY THE NONPR  IN TAXABLE S  Percentage of	PES S NPROI FUND: OFIT	YMPOSIUMS & FIT ISSUES. B/ MISC INC- COORDINATIN	- USED NG COM	TO SUPPORT MITTEE.	VARIOUS  End-of-year
95 103 Part IX	INFORMATION REGALINTEREST FROM TE ACTIVITIES OF T	ARDING NO IMPORARY THE NONPR  IN TAXABLE S  Percentage of  wnership interest	PES S NPROI FUND: OFIT	YMPOSIUMS & FIT ISSUES. B/ MISC INC- COORDINATIN	- USED NG COM	TO SUPPORT MITTEE.	VARIOUS  End-of-year
95 103 Part IX	INFORMATION REGALINTEREST FROM TE ACTIVITIES OF T	ARDING NO IMPORARY THE NONPR  IN TAXABLE S Percentage of ownership interest %	PES S NPROI FUND: OFIT	YMPOSIUMS & FIT ISSUES. B/ MISC INC- COORDINATIN	- USED NG COM	TO SUPPORT MITTEE.	VARIOUS  End-of-year
95 103 Part IX	INFORMATION REGALINTEREST FROM TE ACTIVITIES OF T	ARDING NO IMPORARY THE NONPR  IN TAXABLE SEPECTATE  Percentage of tweething interest  %	PES S NPROI FUND: OFIT	YMPOSIUMS & FIT ISSUES. B/ MISC INC- COORDINATIN	- USED NG COM	TO SUPPORT MITTEE.	VARIOUS  End-of-year
95 103 Part IX	INFORMATION REGI	MPORARY THE NONPR THE NONP	ES S NPRO FUND: OFIT	YMPOSIUMS & FIT ISSUES.  S/ MISC INC- COORDINATIN  ries (Complete this Parature of business activities)	USED OF COM	D TO SUPPORT IMITTEE.  "box on 88 is checked.)  Total income	VARIOUS  End-of-year assets
95 103 Part IX	INFORMATION REGALINTEREST FROM TE ACTIVITIES OF T	MPORARY THE NONPR THE NONP	ES S NPRO FUND: OFIT	YMPOSIUMS & FIT ISSUES.  S/ MISC INC- COORDINATIN  ries (Complete this Parature of business activities)	USED OF COM	D TO SUPPORT IMITTEE.  "box on 88 is checked.)  Total income	VARIOUS  End-of-year assets
Part IX Name, ad numb N/A	INFORMATION REGI	MPORARY THE NONPR THE NONP	ES S NPRO FUND: OFIT	YMPOSIUMS & FIT ISSUES.  S/ MISC INC- COORDINATIN  ries (Complete this Parature of business activities)	USED OF COM	D TO SUPPORT IMITTEE.  "box on 88 is checked.)  Total income	VARIOUS  End-of-year assets
Part IX Name, ad numbh N/A Please	INFORMATION REGI	MPORARY THE NONPR THE NONP	ES S NPRO FUND: OFIT	YMPOSIUMS & FIT ISSUES.  B/ MISC INC- COORDINATIN  ries (Complete this Pal ature of business activities  ature of business activities of which pale on will information of which pale on will be paled on will information of which paled on will be paled on will information of which paled on will information of which paled on will information on which paled on will information of which paled on will be paled on which will be p	- USED NG COM It if the "Yes s	D TO SUPPORT IMITTEE.  I" box on 88 is checked.)  Total income	End-of-year assets
Part IX Name, ad numb N/A	INFORMATION REGITATION REGITATION THE ACTIVITIES OF TOTAL ACTIVITI	MPORARY THE NONPR THE NONP	ES S NPRO FUND: OFIT	YMPOSIUMS & FIT ISSUES.  B/ MISC INC- COORDINATIN  ries (Complete this Pal ature of business activities  ature of business activities of which pal ature of which pal	- USED NG COM It if the "Yes s	TO SUPPORT  IMITTEE.  "box on 88 is checked.)  Total income  Total income  Total income  Type or print nar	End-of-year assets
Part IX Name, ad numbe N/A Please Sign	INFORMATION REGALINTEREST FROM THE ACTIVITIES OF	RDING NO IMPORARY THE NONPR  IN TAXABLE S  Percentage of ownership interest  % % % % % property of the than o	DES S' INPROI FUND: OFIT  Libsidia  N	YMPOSIUMS & FIT ISSUES.  B/ MISC INC- COORDINATIN  ries (Complete this Pal ature of business activities  fluding accompanying schoolungs on sell information of which is	- USED NG COM It if the "Yes s less and statem bropparer has a	To SUPPORT IMITTEE.  Total income  Total income  Total income  Type or print nar Check if	End-of-year assets
Part IX Name, ad numbi N/A Please Sign	INFORMATION REGALINTEREST FROM THE ACTIVITIES OF	RDING NO MPORARY THE NONPR  IN TAXABLE S  Percentage of ownership interest  % % % father stamined to grapher other than o	DES STONE ST	YMPOSIUMS & FIT ISSUES.  B/ MISC INC- COORDINATIN  ries (Complete this Pal ature of business activities  fluding accompanying schoolungs on sell information of which is	- USED NG COM It if the "Yes s less and statem bropparer has a	TO SUPPORT  IMITTEE.  "box on 88 is checked.)  Total income  Total income  Total income  Type or print nar	End-of-year assets
Part IX Name, ad numbi N/A Please Sign lere	INFORMATION REGALINTEREST FROM THE ACTIVITIES OF	RDING NO IMPORARY THE NONPR  IN TAXABLE S  Percentage of ownership interest  % % %  The property of their than of the ownership interest  ER & COM	DES S' NPROI FUND: OFIT  ubsidia  N  is return, increased in the base	YMPOSIUMS & FIT ISSUES.  S/ MISC INC- COORDINATIN  ries (Complete this Parature of business activities  studing accompanying schedules of sul information of which parature of the sul information of which parature of sul information o	- USED NG COM It if the "Yes s less and statem bropparer has a	To SUPPORT IMITTEE.  Total income  Total income  Total income  Type or print nar Check if	End-of-year assets
Part IX Name, ad numbi N/A Please Sign	INFORMATION REGALINTEREST FROM THE ACTIVITIES OF	RDING NO MPORARY HE NONPR  IN TAXABLE S  Percentage of tweething interest  % % %  France of the than of the the than of the the than of the the than o	DES S' NPROI FUND: OFIT  ubsidia  N  is return, increased in the base	YMPOSIUMS & FIT ISSUES.  S/ MISC INC- COORDINATIN  ries (Complete this Parature of business activities  studing accompanying schedules of sul information of which parature of the sul information of which parature of sul information o	- USED NG COM It if the "Yes s less and statem bropparer has a	TO SUPPORT IMITTEE.  "box on 88 is checked.)  Total income  Total income  Type or print nar  Check if Self- employed   Type or print nar	End-of-year assets
Part IX Name, ad numbe N/A Please Sign Here Paid Preparer's	INFORMATION REGALINTEREST FROM THE ACTIVITIES OF	RDING NO IMPORARY THE NONPR  IN TAXABLE S  Percentage of ownership interest  % % %  The property of their than of the ownership interest  ER & COM	DES S' NPROI FUND: OFIT  ubsidia  N  is return, increased in the base	YMPOSIUMS & FIT ISSUES.  S/ MISC INC- COORDINATIN  ries (Complete this Parature of business activities  studing accompanying schedules of sul information of which parature of the sul information of which parature of sul information o	- USED NG COM It if the "Yes s less and statem bropparer has a	TO SUPPORT IMITTEE.  "box on 88 is checked.)  Total income  Total income  Type or print nar Check if Self- employed Fine	End-of-year assets  ledge and bellef, it is true,
Part IX Name, ad numbi N/A Please Sign lere	INFORMATION REGALINTEREST FROM THE ACTIVITIES OF	RDING NO MPORARY HE NONPR  IN TAXABLE S  Percentage of tweething interest  % % %  France of the than o	DES S' NPROI FUND: OFIT  ubsidia  N  is return, increased in the base	YMPOSIUMS & FIT ISSUES.  S/ MISC INC- COORDINATIN  ries (Complete this Parature of business activities  studing accompanying schedules of sul information of which parature of the sul information of which parature of sul information o	- USED NG COM It if the "Yes s less and statem bropparer has a	TO SUPPORT IMITTEE.  "box on 88 is checked.)  Total income  Total income  Type or print nar  Check if Self- employed   Type or print nar	End-of-year assets

#### SCHEDULE A (Form 990)

Department of the Treasury

internal Revenue Service

# Organization Exempt Under 501(c)(3)

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

Nonexempt Charitable Trust

Supplementary Information

Must be completed by the above organizations and attached to their Form 990 (or Form 990EZ).

OMB No. 1545 0047

OF NEW YORK, INC.		İ	Employor Identifi 13: 32164	0.8
Part I Compensation of the Five Highest Paid Emplo	yees Other Than Of	icers, Directo	rs, and Trus	tees
(See instructions.) (List each one, if there are none, onter "I  (a) Name and address of each employee paid		<del>,</del>		
more than \$50,000	(b) Title and everage hours per week devoted to position	(c) Compensation	(d) Contributions to Simpleyes benefit plans & deferred compensation	(a) Expanse account and oth allowances
NONE				
	1		1	
~-~~==				
*				
Total number of other employees paid				
over \$50,000	o			
Part II Compensation of the Five Highest Paid Indepense (See instructions.) (List each one (whether individuals or firm	ndent Contractors fo	or Professions	ıl Services	
(a) Name and address of each independent contractor paid more that		(b) Type of s	ervice (c	) Compansation
NONE				
NOME				
		10-1100		
			ĺ	
·				
		ч "		
otal number of others receiving over 50,000 for professional services	0			
HA For Paperwork Reduction Act Notice, see page 1 of the instructions to Form	990 (ar Form 990-EZ).		) Δ elubedo	Form 990) 1996

Schedule A (Form 990) 1996 OF NEW YORK, INC.

80	ISGUIS A	Grown gauly 1998 OF NEW YORK, INC. 13-	<u>3216408</u>	F	age :
P	art III	Statement 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	T		
	opinior	n on a legislative metter or referendum?	1 1 <sup>-</sup>	Х	
	IT YAS,	notor the total expenses paid or incurred in connection with the lobbying activites. 🕨 💲 7,90	57. popul		
	Organia	zations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other	11111111		
	Organis	rations checking "Yes," must complete Part Vi-B AND attach a statement giving a detailed description of			
4		bying activities.			
2	During	the year, has the ogenization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors,	[200000		
	Officers	s, creators, key employees, or members of their families, or with any taxable organization with which any such person is			
	Sala av	d as an officer, director, trustee, majority owner, or principal beneficiary:			
		xchange, or leasing of property?			<u> </u>
þ	Lending	g of money or other extension of credit?	2b		Х
C	Furnish	ling of goods, services, or facilities?	2c		х
		nt of compensation (or payment or reimbursement of expenses if more than \$1,000)?			**
			"-		X
e	Transfe	r of any part of its income or assets?	28	Į	Х
		The total of the state of the s	1 1		
3 1	Does th	e organization make grants for scholarships, tellowships, student loans, etc.?	8		Х
•		statement explaining now the organization determines that individuals or organizations receiving grants or loans from it in	£8880000		
Ρŧ	rt IV	nce of its charitable programs qualify to receive payments, (See instructions.)  Reason for Non-Private Foundation Status (See Instructions.)			
		ation is not a private foundation because it is (please check only ONE applicable box):	***************************************		
6		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 4.)			
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, ci	<b>L</b> .		
		and state	ıy,		
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(	AVIA		
		(Also complete the Support Schedule in Part IV-A.)	ry(iv).		
l1a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support Schadule in Part IV-A.)		,	
16	<u> </u>	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2	L	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and pross			
		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 acquire	əd		
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
3		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations	described in:		
ov.	de the fe	Utilities 3 Infough 12 80046; Of (2) Section 501/c)(4) (5) Or (6) If they meet the test of eaction 500/c)(4) (6)	3).)		
UVI	OB HIB IO	bllowing information about the supported organizations. (See instructions on page 4.)			
_		(a) Nama(a) of account of a country of a cou	(b) Line		
		(a) Name(s) of supported organization(s)	fron	above	
					_
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)	<u> </u>		_
				-	_

\_\_\_\_\_

	dule A (Form 990) 1996 OF	NEW YORK, I	INC.		13-3	3216408 Page
	rt IV-A Support Schedule (( Note: You may use the	Complete only if you of worksheet in the instruc	hooked a box on lines tions for converting from	10, 11, or 12 above.) Un the accrual to the cash m	se cash method of a	ccounting.
Cale	ngar yeşi (or liscal year	(a) 1995	1			
15	Giffs, grants, and contributions received.	(a) 1935	(b) 1994	(c) 1993	(d) 1992	(e) Total
	(Do not include unusual grants. See tine 28.)	350,971.	394,971	. 315,603.	247,679	1 300 22
16	Membership fees received	138,364.	139,547	138,888.		1,309,22
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business untelated to the organization's charitable, etc., purpose		4,362			
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	28,990.				
19	Net income from unrelated business	20,390.	24,205.	12,992.	8,543.	74,730
	activities not included in line 18					·
20	Tax revenues invied for the organization's					
	benefit and either paid to it or expended on its behalf	İ				
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			SEE STATEME	1T 7	
77	Ascats	1,173.	5,392.		5,342.	151,025
23 24	Total of lines 15 through 22 Line 23 minus line 17	519,498.			391,900.	2,087,929 2,078,562
25	Enter 1% of line 23	519,498.	564,115.		388,348.	2,078,562
	Organizations described in lines 10	5,195.	5,685.	6,081.	3,919.	
IJ	Attach a list (which is not open to put governmental unit or publicly support in line 26a. Enter the sum of all these Total support for section 509(a)(1) ter Add: Amounts from column (e) for lin	ilic inspection) showing to ed organization) whose to excess amounts	he name of and amount otal gifts for 1992 throug	contributed by each perso th 1995 exceeded the armo	n (other than a	41,571
ď	Add: Amounts for section 509(a)(1) tes	st: Enter line 24, column (	θ)		> 28c	2,078,562
u	Add. Amounts from column (e) for lin	es: 18 <u>\$</u>	$\frac{74,730}{.51,025}$	\$		
		22 D T	. フェ・レムコャ 25	b_\$	▶ 264	225,755
ť	Public support (line 26c minus line 26 Public support percentage (line 26a	u (viai) (numerstor) divided by II	Ing ORe /denominators)		26a	1,852,807
7	Organizations described on line 12:	8 For amounts includes	ine 200 (denominator))			89.1389
b I	of, and total amounts received in each (1995)  For any amount included in line 17 tha that was more than the larger of (1) the ndividuals.) After computing the differexcess amounts) for each year:  N/	year from each "disqualifi (1994) It was received from a nor le amount on line 25 for ti ence between the amount	ied person." Enter the su ( ndisqualified person, atta he year or (2) \$5,000 ((r	m of such amounts for ear 1993) ch a list to show the name	ch year. N/A	for each year,
(	1995)	. (1994)		(1993) ,,,,,	(1992)	
	Add: Amounts from column (e) for line					
• ,				16 \$		
d A	Add: Line 27a total \$	20 \$		21 S	Maria de la compania	N/A
8 F	Add: Line 27a total \$  Public support (line 27c, total minus lin Otal support for section 509/a/(2) test	e 27d total)	and line 27b total \$			N/A
1 1	otal support for section 509(a)(2) test	: Enter amount on line 23	enlumn /s)	-   075   6 N	/A 278	N/A
g F	ublic support percentage (line a	27e (numerator) divide	ed by line 27f. (denor	ninatori)	A	N7 / 7
	recomment income bercontade l	IINO 18 column (a) (nu	meratori dividad bu i	lima 1944 (	. — — — — —	N/A % N/A %
pub	usual Grants: For an organization di dic inspection) for each year showing t se grants in line 15. (See instructions.)	escribed in line 10, 11, or	AND AND AND A STATE OF THE PARTY OF THE PART			
	- yrania ii iilia 15. (586 INSTRUCTIONS.)	·		NONE		. and grant.Do not include
3121 -25-97 /\ '\ '\ '\	4		9			
	ላ አውሮሶ	Λο/	\ NONDODET	m		

Page 4

MODEL AND THE COURT PROPERTY OF THE PARTY OF

	edule A (Form 990) 1996 OF NEW YORK, INC.	13-321640	₿	Page 4
	Private School Questionnaire			
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	<u> </u>	/A	.,
20	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing lostrument, or in a resolution of its governing body?	ing 20	1	No
30	Does the organization include a statement of its recisity nondiscriminatory policy toward students in all its brochures, catalogues	i.		
31	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	TI IA DA Vero	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
а		328	386655	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		1	-
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	ľ	-	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32c	<del>                                     </del>	-
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:	<del></del> -		
а	Students' rights or privileges?	200	XXXXXX	
þ	Admissions policies?	338		
£	Employment of faculty or administrative staff?	33b 33c		
d	Scholarships or other financial assistance?	330		
8	Educational policies?	336		
f	Use of facilities?	008		
9	Athletic programs?		$\dashv$	
h	Other extraourricular activities?	33g		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such ald ever been revoked or suspended?	34a		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	100,000,000,000	33333333333	30030000
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			

PHONE No.: 212 502 4189

NUMEROFIE COUNDINGLING COLLE Schedulo A (Form 990) 1996 OF NEW YORK, INC. 13-3216408 Page 5 Part VI-A. Lobbying Expenditures by Electing Public Charities (To be completed ONLY by an eligible organization that fited 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. (b) Limits on Lobbying Expenditures (a) To be completed for ALL Affiliated group totals (The term "expenditures" means amounts paid or incurred) electing organizations N/A 30 37 Total lobbying expenditures to influence a legislative body (direct lobbying) ...... 37 ,967 38 Total lobbying expenditures (add lines 36 and 37) 38 7.967. 39 Other exempt purpose expenditures ...... 511,653. 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 519,620. 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 40 102,943. 41 Over\$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 25,736. 42 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 Caution: if there is an amount on either line 43 or line 44, 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.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) fiscal year beginning in) 1995 1994 1993 Total 45 Lobbying nontaxable 102,943 amount 106,746 105,559 93.465 408,713. 46 Lobbying ceiling amount (150% of line 45(e)) 613,070. 47 Total lobbying 7,967 expenditures ..... 7,105. 4,943. 2,254. 22,269. 48 Grassroots nontaxable amount ..... 25,736 26,687 26,390 23,366. 102,179. 49 Grassroots ceiling amount (150% of line 48(e)) 153,269. 50 Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes Influence public opinion on a legislative matter or referendum, through the use of: No Amount a Volunteers ..... X b Paid staff or management (Include compensation in expenses reported on tines c through h) ...... X c Media advertisements X d Mailings to members, legislators, or the public X e Publications or published or broadcast statements X f Grants to other organizations for lobbying purposes \_\_\_\_\_\_ X g Direct contact with legislators, their staffs, government officials, or a legislative body ...... X h Railles, demonstrations, seminars, conventions, speeches, lectures, or any other means Х 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,

From : NPCCNY

Pari	ule A (Form 990) 1996 O	F NEW YORK, IN	and Transactions on	13-321 ad Relationships With Noncharit	ahla
	Exempt Organiz	etions		A Traignoriatifie AAITU MOUCUSUI	erus.
61			y of the following with any oth	er organization described in section	
	501(c) of the Code (other than se				1
3	Transfers from the reporting orga	anization to a noncharitable exe	mpt organization of:		Ye
			· ·		
	(II) Other assets		*		l l
b	Other transactions:		***************************************		.   *****
		itable exempt organization			b(I)
	(II) Purchases of assets from a	noncharitable exempt erganizati	lon		b(II)
1	(III) Rental of facilities or equipm				b(III)
	(iv) Reimbursement arrangemen	its	***************************************		b(iv)
	(v) Loans or loan guarantees		***************************************		b(v)
1	(vi) Performance of services or r	nembership or fundraiship sotic	italions		D(Y)
C	Sharing of facilities, equipment, r	Mailing lists, other assets, or pai	d emolovees	······································	D(VI)
d	If the answer to any of the above	is "Yes." complete the following	schedule Column (h) should	always indicate the fair market value of the	·
!	goods, other assets, or services of transaction or sharing arrangeme	given by the reporting organizati	ion. If the organization receive	d less than fair market value in any	<b>37</b> /
(B)	(b)	and the second s			N/.
Line no		(c) Name of noncharitable	/ exempt organization	Description of transfers, transactions, and s	harina arrana
			, 2	Tanasar a transition, transactions, and s	រចោយក្នុងប្រើ(
		F REPUBLICA			
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G	iode (other than section 501(c)(3 "Yes," complete the following sch	)) or in section 527?		anizations described in section 501(c) of the	Yes 🗀
	(a) Name of organ	nization	(b) Type of organization	(¢) Description of relationship	)
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Asset						FORM 990 PAGE Description			
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		89	SL	10,00	17	2,622.		2,032.	262
4x	OFF.	ICE E   90	QUIPM SL	ENT  10.00	17	5,755.		3,670.	576
50	)FF	CE E	QUIPM	ENT					
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			SL		17	781.		78.	156.
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# - Current year section 179

(D) - Asset disposed

## NONPROFIT COORDINATING COMMITTEE OF NEW

13-3216408

FOOTNOTES	STATEMENT 2
PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS LINE A  NPCC PROGRAM & CONFERENCE - TO AID IN STRENGTHENING	
THE ROLE & VOICE OF THE NONPROFIT SECTOR IN THE NEW YORK METROPOLITAN AREA.	333,921.
PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS LINE B	
THE NONPROFIT REGULATION PROJECT EXAMINES NONPROFIT ACCOUNTABILITY AND SEEKS TO RECOMMEND WAYS TO TO IMPROVE METHODS OF REPORTING AND COMPLIANCE WITH GOVERNMENT AGENCIES.	
TOTAL TO PART III LINE F	412,638.

## NONPROFIT COORDINATING COMMITTEE OF NEW

13-3216408

FORM 990	OTHER EXPENSES			STATEMENT 4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OFFICE & OTHER EXPENSES TRAVEL, MEETINGS &	119,827.	95,689.	21,601.	2,537.
DUES PROFESSIONAL &	7,518.	5,449.	2,069.	
CONSULTANT FEES WORKSTATION CHARGES PAYROLL TAXES &	57,295. 11,879.	57,295. 8,770.	2,896.	213.
HEALTH INSURANCE	54,125.	42,035.	10,811.	1,279.
TOTAL TO FM 990, LN 43	250,644.	209,238.	37,377.	4,029.

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

### EXPLANATION

THE PURPOSE OF THIS ORGANIZATION IS TO PROTECT AND ADVANCE THE INTEREST OF THE CITY'S NONPROFIT SECTOR.

FORM 990	DEPRECIATION OF AS	SETS NOT HELD FOR	INVESTMENT	STATEMENT 6
DESCRIPTION		COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUI OFFICE EQUI OFFICE EQUI OFFICE EQUI OFFICE EQUI OFFICE EQUI COMPUTER	PMENT PMENT PMENT PMENT	2,523. 589. 2,622. 5,755. 780. 781. 9,506.	2,523. 574. 2,294. 4,246. 507. 234. 1,901.	0. 15. 328. 1,509. 273. 547. 7,605.
TOTAL TO FOR	RM 990, PART IV, LN 57	22,556.	12,279.	10,277.

From : NPCCNY

PHONE No. : 212 502 4189

May.08 1999 3:24AM P17

#### NONPROFIT COORDINATING COMMITTEE OF NEW

13-3216408

SCHEDULE A	OTHER INC	OME	STATEMENT 7		
DESCRIPTION	1995 <b>AM</b> OUNT	1994 AMOUNT	1993 AMOUNT	1992 AMOUNT	
SUNDRY SPECIAL EVENT	1,173.	5,392.	4,316. 134,802.	5,342.	
TOTAL TO SCHEDULE A, LINE 22	1,173.	5,392.	139,118.	5,342.	