

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 1996

This Form Is Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 requirements.

A For the 1996 calendar year, OR tax year period beginning 10 / 1, 1996, and ending 9 / 30, 1997

B Check if:

Change of address

Initial return

Final return

Amended return (required also for state reporting)

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

C Name of organization  
**NONPROFIT COORDINATING COMMITTEE OF NEW YORK, INC.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**121 SIXTH AVENUE**

City, town, or post office, state, and ZIP code  
**NEW YORK, NY 10013**

D Employer identification number  
**13-3216408**

E State registration number  
**53820**

F Check  If exemption application is pending

G Type of organization  Exempt under 501(c) ( 3 ) (insert number) OR  section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates?  Yes  No

(b) If "Yes," enter the number of affiliates for which this return is filed:                     

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN)                     

J Accounting method:  Cash  Accrual  Other (specify)                     

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

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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

1		Contributions, gifts, grants, and similar amounts received:			
Revenue	a	Direct public support	1a	290,826.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (attach schedule of contributors) <u>STMT 1</u> <u>STMT 3</u> (cash \$ <u>281,320.</u> noncash \$ <u>9,506.</u> )	1d	290,826.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3	184,133.	
	4	Interest on savings and temporary cash investments	4	30,575.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
	7	Other investment income (describe <u>                    </u> )	7		
8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
8b	Less: cost or other basis and sales expenses	8a	8b		
8c	Gain or (loss) (attach schedule)	8c			
8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule):				
9a	Gross revenue (not including \$ <u>                    </u> of contributions reported on line 1a)	9a			
9b	Less: direct expenses other than fundraising expenses	9b			
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
10b	Less: cost of goods sold	10b			
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)				
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	11	243.		
Expenses	13	Program services (from line 44, column (B))	12	505,777.	
	14	Management and general (from line 44, column (C))	13	412,638.	
	15	Fundraising (from line 44, column (D))	14	83,218.	
	16	Payments to affiliates (attach schedule)	15	11,664.	
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	16		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	17	507,520.	
	19	Net assets at beginning of year (from line 73, column (A))	18	<1,743.>	
	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, and 20)	20	0.	
			21	470,074.	

LHA 623001 12-13-98 For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

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**NONPROFIT COORDINATING COMMITTEE  
OF NEW YORK, INC.**

Form 990 (1996)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	110,250.	96,147.	8,018.	6,085.
26	Other salaries and wages	87,245.	61,531.	25,714.	
27	Pension plan contributions	15,986.	13,941.	1,163.	882.
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	4,225.		4,225.	
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy	23,555.	17,293.	5,813.	449.
37	Equipment rental and maintenance				
38	Printing and publications	12,520.	11,732.	788.	
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	3,095.	2,756.	120.	219.
43	Other expenses (Itemize):				
a					
b					
c					
d					
e		250,644.	209,238.	37,377.	4,029.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-16	507,520.	412,638.	83,218.	11,664.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No.

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose?

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a	SEE FOOTNOTES (990 STATEMENT 1)	(Grants and allocations \$ _____)	333,921.
b	SEE FOOTNOTES (990 STATEMENT 1)	(Grants and allocations \$ _____)	78,717.
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		412,638.

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OF NEW YORK, INC.

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**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	94,890.	45	42,881.
	46 Savings and temporary cash investments	512,127.	46	492,122.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	61,450.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		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	1,701.	53	1,242.
	54 Investments - securities (attach schedule)		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	67a	22,556.		
b Less: accumulated depreciation STMT 6	57b	12,279.		
58 Other assets (describe )		3,866.	57c	10,277.
58			58	
59 Total assets (add lines 45 through 58) (must equal line 74)	612,584.	59	607,972.	
Liabilities	60 Accounts payable and accrued expenses	65,696.	60	52,118.
	61 Grants payable		61	
	62 Deferred revenue	75,071.	62	85,780.
	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)	140,767.	66	137,898.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	391,834.	67	421,894.
	68 Temporarily restricted	79,983.	68	48,180.
	69 Permanently restricted	0.	69	0.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	471,817.	73	470,074.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	612,584.	74	607,972.	

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OF NEW YORK, INC.**

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**Part IV A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	517,877.
b	Amounts included on line a but not on line 12, Form 990:	
(1)	Net unrealized gains on investments	
(2)	Donated services and use of facilities	\$ 12,100.
(3)	Recoveries of prior year grants	
(4)	Other (specify):	
Add amounts on lines (1) through (4)		12,100.
c	Line a minus line b	505,777.
d	Amounts included on line 12, Form 990 but not on line a:	
(1)	Investment expenses not included on line 6b, Form 990	
(2)	Other (specify):	
Add amounts on lines (1) and (2)		
e	Total revenue per line 12, Form 990 (line c plus line d)	505,777.

**Part IV B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements	519,620.
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):	
Add amounts on lines (1) through (4)		12,100.
c	Line a minus line b	507,520.
d	Amounts included on line 17, Form 990 but not on line a:	
(1)	Investment expenses not included on line 6b, Form 990	
(2)	Other (specify):	
Add amounts on lines (1) and (2)		
e	Total expenses per line 17, Form 990 (line c plus line d)	507,520.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PETER SWORDS	EXEC DIRECTOR			
520 W 110 ST, NY NY	35HRS/WEEK	110,250.	26,212.	0.
SEE ATTACHED DIRECTORS LIST				
		0.	0.	0.

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

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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	76		X
77	Were any changes made in the organizing or governing documents but not reported to IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement;	79		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?	80a		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 the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		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?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III)	82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" 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.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) 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? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. - Enter: Amount of tax paid during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0			
b	501(c)(3) and 501(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	Enter: Amount of tax paid by the organization managers or disqualified persons during the year under section 4958			0
d	Enter: Amount of tax in 89c, above, reimbursed by the organization			0
90	List the states with which a copy of this return is filed <input type="checkbox"/> NEW YORK			
91	The books are in care of <input type="checkbox"/> ORGANIZATION Telephone no. <input type="checkbox"/> 212-925-5340			
	Located at <input type="checkbox"/> SAME AS ABOVE ZIP + 4 <input type="checkbox"/> 10013			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/> N/A			

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OF NEW YORK, INC.

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**Part VII Analysis of Income-Producing Activities**

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) _____					
(b) _____					
(c) _____					
(d) _____					
(e) _____					
(f) _____					
(g) Fees and contracts from government agencies .....					
94 Membership dues and assessments .....					104,133.
95 Interest on savings and temporary cash investments .....					30,575.
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 .....					
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a SUNDRY .....					243.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		0.	214,951.
105 TOTAL (add line 104, columns (B), (D), and (E)) .....					214,951.

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**

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).
94	MEMBERSHIP FEES - INCLUDES SYMPOSIUMS & NEWSLETTERS TO DISSEMINATE INFORMATION REGARDING NONPROFIT ISSUES.
95	INTEREST FROM TEMPORARY FUNDS/ MISC INC- USED TO SUPPORT VARIOUS
103	ACTIVITIES OF THE NONPROFIT COORDINATING COMMITTEE.

**Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)**

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

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.

Please Sign Here

**COPY**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

Paid Preparer's signature: *Robert L. Manger* Date: 03/14/98 Check if self-employed:  Preparer's SSN: \_\_\_\_\_

Preparer's Use Only

Firm's name (or yours if self-employed) and address: MANGER & COMPANY  
60 EAST 42ND STREET #2206  
NEW YORK, NY

EIN: \_\_\_\_\_ ZIP+4: 10165

**SCHEDULE A  
(Form 990)**

**Organization Exempt Under 501(c)(3)**

(Except Private Foundation), and Section 501(e), 501(f), 501(k), 601(n) or Section 4947(a)(1)  
Nonexempt Charitable Trust

OMB No. 1545-0047

**1996**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**

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

Name of the organization: **NONPROFIT COORDINATING COMMITTEE  
OF NEW YORK, INC.**

Employer identification number  
**13 3216400**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
**(See instructions.)** (List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
**(See instructions.)** (List each one (whether individuals or firms.) (If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ **0**

LHA For Paperwork Reduction Act Notice, see page 1 of the instructions to Form 990 (or Form 990-EZ).

Schedule A (Form 990) 1996

Part III Statement About Activities

Table with 3 columns: Question, Yes, No. Row 1: During the year, has the organization attempted to influence national, state, or local legislation... Yes: X. Expenses: \$7,967. Row 2: During the year, has the organization, either directly or indirectly, engaged in any of the following acts... Row 3: Does the organization make grants for scholarships, fellowships, student loans, etc.? Yes: X.

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

- The organization is not a private foundation because it is (please check only ONE applicable box): 6 A church, convention of churches... 7 A hospital or a cooperative hospital service organization... 11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public... 13 An organization that is not controlled by any disqualified persons...

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Row 14: An organization organized and operated to test for public safety. Section 509(a)(4).



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

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**Part IV-A Support Schedule** (Complete only if you checked a box on lines 10, 11, or 12 above.) 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) 1995	(b) 1994	(c) 1993	(d) 1992	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 20.)	350,971.	394,971.	315,603.	247,679.	1,309,224.
16 Membership fees received	138,364.	139,547.	138,888.	126,784.	543,583.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose		4,362.	1,453.	3,552.	9,367.
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.	24,205.	12,992.	8,543.	74,730.
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	1,173.	5,392.	SEE STATEMENT 7 139,118.	5,342.	151,025.
23 Total of lines 15 through 22	519,498.	568,477.	608,054.	391,900.	2,087,929.
24 Line 23 minus line 17	519,498.	564,115.	606,601.	388,348.	2,078,562.
25 Enter 1% of line 23	5,195.	5,685.	6,081.	3,919.	
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 41,571.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1992 through 1995 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,078,562.
d Add: Amounts from column (e) for lines:	18 \$ 74,730.	19 \$			26d 225,755.
	22 \$ 151,025.	25b \$			26e 1,852,807.
e Public support (line 26c minus line 26d total)					26f 89.1389%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year. N/A	(1995)	(1994)	(1993)	(1992)	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(1995)	(1994)	(1993)	(1992)	
c Add: Amounts from column (e) for lines:	15 \$	16 \$	17 \$	20 \$	21 \$
d Add: Line 27a total \$ and line 27b total \$					27c N/A
e Public support (line 27c, total minus line 27d total)					27d N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f \$ N/A		27e 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 1992 through 1995, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					NONE

**Part V Private School Questionnaire**

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

N/A

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



Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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 of assets to a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities or equipment

(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 indicate 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, indicate in column (d) the value of the goods, other assets, or services received.

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

N/A

Table with 4 columns: (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 [X]

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.



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 IMPROVE METHODS OF REPORTING AND COMPLIANCE WITH GOVERNMENT AGENCIES.

78,717.

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	119,827.	95,689.	21,601.	2,537.
TRAVEL, MEETINGS & DUES	7,518.	5,449.	2,069.	
PROFESSIONAL & CONSULTANT FEES	57,295.	57,295.		
WORKSTATION CHARGES	11,879.	8,770.	2,896.	213.
PAYROLL TAXES & 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 5  
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 ASSETS NOT HELD FOR INVESTMENT			STATEMENT 6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
OFFICE EQUIPMENT	2,523.	2,523.	0.	
OFFICE EQUIPMENT	589.	574.	15.	
OFFICE EQUIPMENT	2,622.	2,294.	328.	
OFFICE EQUIPMENT	5,755.	4,246.	1,509.	
OFFICE EQUIPMENT	780.	507.	273.	
OFFICE EQUIPMENT	781.	234.	547.	
COMPUTER	9,506.	1,901.	7,605.	
TOTAL TO FORM 990, PART IV, LN 57	22,556.	12,279.	10,277.	

NONPROFIT COORDINATING COMMITTEE OF NEW13-3216408

SCHEDULE A	OTHER INCOME			STATEMENT 7
DESCRIPTION	1995 AMOUNT	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.