

# 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)

**2006**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2006 calendar year, or tax year beginning** , 2006, and ending , 20

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
 IMMIGRATION VOICE, CORP.  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 205 BERKSHIRE DRIVE  
 City or town, state or country, and ZIP + 4  
 PRINCETON, NJ 08540

**D Employer identification number**  
 20-4110064  
**E Telephone number**  
 (215) 439-5182  
**F Accounting Method:**  Cash  Accrual  
 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 ▶ N/A  
**H(c)** Are all affiliates included? (If "No," attach a list See instructions)  Yes  No  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** ▶ WWW.IMMIGRATIONVOICE.ORG

**J Organization type (check only one)** ▶  501(c)( 4 ) ◀ (insert no )  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organizations and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

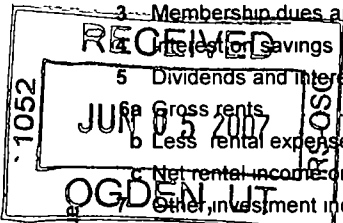
**I Group Exemption Number** ▶ N/A

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 221,268.

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

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

<b>1</b> Contributions, gifts, grants, and similar amounts received				
<b>a</b> Contributions to donor advised funds	<b>1a</b>			
<b>b</b> Direct public support	<b>1b</b>	221,193.		
<b>c</b> Indirect public support	<b>1c</b>			
<b>d</b> Government contributions (grants)	<b>1d</b>			
<b>e Total</b> (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	<b>1e</b>			221,193.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b> Membership dues and assessments	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			75.
<b>5</b> Dividends and interest from securities	<b>5</b>			
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8c</b>			
<b>d</b>	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			221,268.
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			150,509.
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			6,365.
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>			156,874.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			64,394.
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>			64,394.



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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	<b>25a</b>			
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a-27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b> 3,150.		3,150.	
<b>33</b> Supplies	<b>33</b> 26.		26.	
<b>34</b> Telephone	<b>34</b>			
<b>35</b> Postage and shipping	<b>35</b> 65.		65.	
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b> 1,558.	1,558.		
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 680.	680.		
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b> 1,250.		1,250.	
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> BANK CHARGES	<b>43a</b> 364.		364.	
<b>b</b> WEBSITE MAINTENANCE	<b>43b</b> 5,337.	5,337.		
<b>c</b> ANNOUNCEMENTS	<b>43c</b> 1,510.		1,510.	
<b>d</b> CONSULTING FEES	<b>43d</b> 138,295.	138,295.		
<b>e</b> CONTRIBUTION COLLECT FEES	<b>43e</b> 4,639.	4,639.		
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines (13-15)	<b>44</b> 156,874.	150,509.	6,365.	

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program Services?  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**

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.

What is the organization's primary exempt purpose? ▶	Program Service Expenses
IMMIGRATION ISSUES & ADVOCATE IT All organizations must describe their exempt purpose achievements in a clear and concise manner. 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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a IMMIGRATION VOICE CORP ("IV") WILL HOLD MEETINGS TO DISCUSS IMMIGRATION ISSUES. IT WILL COMPILE A LIST OF THE MOST PRESSING IMMIGRANT ISSUES. IT WILL HIRE A FIRM TO PROVIDE PUBLIC AFFAIR SERVICES TO EDUCATE LEGISLATURES. IT HAS A WEBSITE WHERE THEY HOLDS ONLINE FORUMS AND EDUCATE IMMIGRANTS. (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	150,509.
b (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	
c (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	
d (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	
e Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</b>	<b>150,509.</b>

**Part IV Balance Sheets**

**Note:** Where required, attached schedule and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
45	Cash-non-interest-bearing		45
46	Savings and temporary cash investments		46 66,968.
47a	Accounts receivable	47a	
b	Less allowance for doubtful accounts	47b	47c
48a	Pledges receivable	48a	
b	Less allowance for doubtful accounts	48b	48c
49	Grants receivable		49
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
b	Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
51a	Other notes and loans receivable (attach schedule)	51a	
b	Less allowance for doubtful accounts	51b	51c
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges		53
54a	Investments-securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
b	Investments-other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
55a	Investments-land, buildings, and equipment basis	55a	
b	Less accumulated depreciation (attach schedule)	55b	55c
56	Investments-other (attach schedule)		56
57a	Land, buldings, and equipment basis	57a	
b	Less accumulated depreciation (attach schedule)	57b	57c
58	Other assets, including program-related investments (describe ▶ OTHER RECEIVABLE )		58 426.
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	59	67,394.
60	Accounts payable and accrued expenses	60	3,000.
61	Grants payable	61	
62	Deferred revenue	62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)	63	
64a	Tax-exempt bond liabilities (attach schedule)	64a	
b	Mortgage and other notes payable (attach schedule)	64b	
65	Other liabilities (describe ▶ )	65	
66	<b>Total liabilities.</b> Add lines 60 through 65	66	3,000.
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
67	Unrestricted	67	64,394.
68	Temporarily restricted	68	
69	Permanently restricted	69	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>			
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	<b>Total net assets of fund balances.</b> Add lines 67 through 69 or lines 70 through 72 Column (A) must equal line 19 and column (B) must equal line 21)	73	64,394.
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	74	67,394.

**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		a	221,268.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	221,268.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 through d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	221,268.

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

a	Total expenses and losses per audited financial statements		a	156,874.
b	Amounts included on line a but not on Part I, line 17.			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	156,874.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 through d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	156,874.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were 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 plans	(E) Expense account and other allowances
SEE ATTACHED STATEMENT				

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings			
▶ 5			
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	<b>75c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column )

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

**Part VI Other Information**

		Yes	No
<b>76</b> Did the organization make a change in its activities or method of conducting activities? If "Yes," attach a detailed description of each activity	<b>76</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>77</b> 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.	<b>77</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>80a</b> 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? If "Yes," enter the name of the organization ▶ N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<b>80a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>81a</b> Enter direct and indirect political expenditures (See line 81 instructions)	<b>81a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Other Information**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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)		
	<b>82b</b> _____		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>84a</b>	Did the organization solicit any contributions of gifts that were not tax deductible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b>	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?	<input type="checkbox"/>	<input type="checkbox"/>
<b>86</b>	<b>501(c)(7) orgs</b> Enter a Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs</b> Enter a Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or any entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>90a</b>	List the states with which copy of this return is filed <input type="checkbox"/> NJ <input type="checkbox"/> NP CORP. NOT REQUIRED TO FILE RETURN		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	<b>90b</b>	
<b>91a</b>	The books are in care of <input type="checkbox"/> VINEET AGARWAL, TREASURER Telephone no <input type="checkbox"/> (215) 439-5182 Located at <input type="checkbox"/> 205 BERKSHIRE DRIVE, PRINCETON, NJ ZIP + 4 <input type="checkbox"/> 08540--946		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ N/A

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

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

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) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					75.
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					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					75.
105 Total (add line 104, columns (B), (D), and (E))					75.

Note: Line 105 plus line 1e, 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)

95 TO CREATE FORUM FOR IMMIGRANTS TO DISCUSS ISSUES AND ADVOCATE TO LEGISLATURE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(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**

(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



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes  No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
	<b>Totals</b>			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes  No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
	<b>Totals</b>			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes  No

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. Delegation of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: [Signature] Date: 05-26-2007  
 Type or print name and title: VINEET AGARWAL, TREASURER.

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 5/26/07 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: RAJ PATEL CPA LLC -1404 OAK TREE RD SUITE 209, ISELIN, NJ 08830 Preparer's SSN or PTIN (See Gen Inst W): 42-1568566  
 Phone no: (732) 283-9090

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**

Name(s) shown on return <b>IMMIGRATION VOICE CORP</b>	Business or activity to which this form relates <b>IMMIGRATION VOICE CORP</b>	Identifying number <b>20-4110064</b>
--	--	---

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See instructions for a higher limit for certain businesses	<b>1</b>	108,000.																											
2 Total cost of section 179 property placed in service	<b>2</b>																												
3 Threshold cost of section 179 property before reduction in limitation	<b>3</b>	430,000.																											
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	<b>4</b>																												
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	<b>5</b>																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 30%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property Enter the amount from line 29</td> <td style="text-align: center;"><b>7</b></td> <td></td> </tr> <tr> <td>8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7</td> <td></td> <td style="text-align: center;"><b>8</b></td> </tr> <tr> <td>9 Tentative deduction Enter the smaller of line 5 or line 8</td> <td></td> <td style="text-align: center;"><b>9</b></td> </tr> <tr> <td>10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562</td> <td></td> <td style="text-align: center;"><b>10</b></td> </tr> <tr> <td>11 Business income limitation Enter the smaller of business income (not less than zero) or line 5</td> <td></td> <td style="text-align: center;"><b>11</b></td> </tr> <tr> <td>12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11</td> <td></td> <td style="text-align: center;"><b>12</b></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12</td> <td style="text-align: center;"><b>13</b></td> <td></td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6			7 Listed property Enter the amount from line 29	<b>7</b>		8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		<b>8</b>	9 Tentative deduction Enter the smaller of line 5 or line 8		<b>9</b>	10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562		<b>10</b>	11 Business income limitation Enter the smaller of business income (not less than zero) or line 5		<b>11</b>	12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		<b>12</b>	13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12	<b>13</b>	
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13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12	<b>13</b>																												

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone or property (other than listed property) placed in service during the tax year	<b>14</b>	
15 Property subject to section 168(f)(1) election	<b>15</b>	
16 Other depreciation (including ACRS)	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2006	<b>17</b>	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B—Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property				MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary**

21 Listed property Enter amount from line 28	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	<b>22</b>	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

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

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

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

24a Do you have evidence to support the business/investment use claimed?			Yes		No		24b If "Yes," is the evidence written?				Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/Convention		(h) Depreciation deduction	(i) Elected section 179 cost			
25	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use										25			
26	Property used more than 50% in a qualified business use.													
27	Property used 50% or less in a qualified business use													
							S/L -							
							S/L -							
							S/L -							
28	Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1										28			
29	Add amounts in column (i), line 26 Enter here and on line 7, page 1											29		

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

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

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

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

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

	Yes	No
37		
38		
39		
40		
41		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during your 2006 tax year				
ORGANIZATION EXPEN	4/30/2006	1,250.	195	180	1,250.
<b>(SEE ATTACHED ELECTION TO EXPENSE ORGANIZATION EXPENSES)</b>					
43	Amortization of costs that began before your 2006 tax year				43
44	Total. Add amounts in column (f) See instructions for where to report				44
					1,250.

IMMIGRATION VOICE CORP.  
FEDERAL IDENTIFICATION NUMBER: 20-4110064  
TAX YEAR ENDED ON: 12/31/2006  
ATTACHMENT TO FORM 990

**ELECTION TO EXPENSE STARTUP / ORGANIZATION EXPENSES:**  
=====

THE TAXPAYER HEREBY MAKES ELECTION UNDER IRC SECTION 195(b) TO EXPENSE ALL OF THE FOLLOWING START UP EXPENSES TOTALING TO \$ 1,250

DATE INCURRED	DESCRIPTION	AMOUNT
2/7/06	APPLICATION FEE FOR 501(c)(4)	250 00
3/7/06	APPLICATION FEE FOR 501(c)(4)	500 00
3/23/06	APPLICATION FEE FOR 501(c)(4)	500.00
TOTAL START UP COSTS ELECTED TO EXPENSE		1,250.00

THE TAXPAYER HAS ALSO COMPLETED THE REQUIRED PART VI OF FORM 4562 ATTACHED TO FORM 990.

IMMIGRATION VOICE CORP.

  
SIGNATURE (VINEET AGARWAL)

TITLE: TREASURER

05-26-2007

**IMMIGRATION VOICE, CORP.**

**FINANCIAL STATEMENTS  
AND  
INDEPENDENT AUDITOR'S REPORT**

**JANUARY 11, 2006 (DATE OF INCORPORATION)  
TO  
DECEMBER 31, 2006**

# IMMIGRATION VOICE, CORP.

## CONTENTS

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<b>Independent Auditor's Report</b>	1
<b>Financial Statements</b>	
Statement of Financial Position	2
Statement of Activities and Changes in Net Assets	3
Statement of Cash Flows	4
Notes to Financial Statements	5-6

**Raj Patel, CPA, LLC  
Certified Public Accountant  
1404 Oak Tree Road, Suite 209  
Iselin, New Jersey 08830  
(732) 283-9090**

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## **INDEPENDENT AUDITOR'S REPORT**

Board of Directors  
Immigration Voice, Corp.

We have audited the accompanying statement of financial position of Immigration Voice, Corp., (a nonprofit organization) as of December 31, 2006, and the related statements of activities and changes in net assets, and cash flows for the period January 11, 2006 (date of incorporation) to December 31, 2006. These financial statements are the responsibility of Immigration Voice, Corp.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Immigration Voice Corp.'s internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Immigration Voice, Corp., as of December 31, 2006, and the statement of activities and changes in its net assets, and its cash flows for the period January 11, 2006 (date of incorporation) to December 31, 2006, in conformity with accounting principles generally accepted in the United States of America.

*Raj Patel, CPA, LLC*

Iselin, New Jersey  
May 26, 2007

# IMMIGRATION VOICE, CORP.

## STATEMENT OF FINANCIAL POSITION

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December 31, 2006

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### ASSETS

Cash	\$	66,968
Other receivable		426
Total assets	\$	<u>67,394</u>

### LIABILITIES AND NET ASSETS

Accounts payable	\$	3,000
Net assets, unrestricted		64,394
Total liabilities and net assets	\$	<u>67,394</u>

See accompanying notes to the financial statements.



# IMMIGRATION VOICE, CORP.

## STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

January 11, 2006 (date of incorporation) to December 31, 2006

	Program	Management and General	Total
<b>REVENUE</b>			
Contribution revenue	\$ 221,193	-	221,193
Interest income	-	75	75
<b>Total revenue</b>	<b>221,193</b>	<b>75</b>	<b>221,268</b>
<b>EXPENSES</b>			
Consulting fees	138,295	-	138,295
Website maintenance	5,337	-	5,337
Contribution collection fees	4,639	-	4,639
Legal fees	-	3,150	3,150
Travel	1,558	-	1,558
Announcements	-	1,510	1,510
Organization cost	-	1,250	1,250
Awareness meeting	680	-	680
Bank charges	-	364	364
Postage	-	65	65
Supplies	-	26	26
<b>Total expenses</b>	<b>150,509</b>	<b>6,365</b>	<b>156,874</b>
Change in net assets	70,684	(6,290)	64,394
Net assets, end of the period	\$ 70,684	(6,290)	64,394

See accompanying notes to the financial statements.

# IMMIGRATION VOICE, CORP.

## STATEMENT OF CASH FLOWS

---

January 11, 2006 (date of incorporation) to December 31, 2006

---

### Cash flows from operating activities

Change in net assets	64,394
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Increase in other receivable	(426)
Increase in accounts payable	<u>3,000</u>
<b>Net cash provided by operating activities</b>	<u>66,968</u>
<b>Net increase in cash</b>	66,968
Cash, beginning of the period	<u>0</u>
Cash, end of the period	<u><u>66,968</u></u>

See accompanying notes to the financial statements.

# IMMIGRATION VOICE, CORP.

## NOTES TO FINANCIAL STATEMENTS

---

### 1. Nature of operations and summary of significant accounting policies

#### *Nature of Operations*

Immigration Voice, Corp., (the "Organization") was formed on January 11, 2006 as a non-profit organization in the State of New Jersey. The Organization is organized and operating exclusively for social welfare purposes to be achieved through the collection and distribution of funds to educate the public about immigration laws.

#### *Basis of Accounting*

The Organization prepares financial statements using accrual basis of accounting in conformity with the generally accepted accounting principals in the United States of America. The revenues are recorded when the right to receive them has arise and the expenses are recorded when the benefits and services are received.

#### *Unrestricted Funds*

These funds are donations, contributions, gifts, bequests and other transfers, which are not restricted by the donor.

#### *Classification of Revenues and Expenses*

The Organization classifies all revenues and expenses, which are directly related to the enhancement of the objective of educating public about immigration laws as program revenues and expenses respectively. All other revenues and expenses are classified as management and general.

#### *Income Taxes*

The Organization is incorporated under Title 15A of the State of New Jersey as a non-profit organization. The Organization is exempt from federal taxes as a voluntary, non-profit organization under Section 501(c)(4) of the Internal Revenue Code. Accordingly, no provision for income taxes is included in these financial statements.

#### *Use of Estimates*

The preparation of financial statements in conformity with accounting principals generally accepted in the United States of America requires the management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates

### 2. Concentration of credit risk

The Organization maintains cash balances at a financial institution in New Jersey. The Federal Deposit Insurance Corporation insures the cash account at this financial institution for \$100,000.

# IMMIGRATION VOICE, CORP.

## NOTES TO FINANCIAL STATEMENTS

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### 3. Other receivable

Other receivable represents amount held at December 31, 2006 in an account maintained at an Internet based payment-processing agent.

### 4. Accounts payable

Accounts payable represents amount payable to a professional firm hired by the organization to provide certain consulting and professional services.

### 5. Contribution revenue

The Organization maintains a website to advance its purpose of educating the public about immigration laws. The Organization accepts voluntary contributions from the general public on this website. For the period ending December 31, 2006, the Organization received approximately 73% of its total contributions through this website.

### 6. Consulting expense

The Organization entered into an agreement with a public relations consulting firm operating out from the Washington D.C. to educate the public about immigration laws. Consulting expense for the period ending December 31, 2006 includes approximately 96% for the consulting services of this firm.

### 7. Economic dependence

For the period ending December 31, 2006, the Organization received a contribution from an entity that, in the aggregate exceeded approximately 11% of total contributions received.

IMMIGRATION VOICE CORP  
 FEDERAL TAX ID# 20-4110064  
 TAX YEAR 2006  
 ATTACHMENT TO FORM 990, PART V-A

Part V-A : Current Officers, Directors, Trustees and Key Employees:  
 People who held the post of Board of Directors in Year 2006

(A) Name	(A) Address	(B)		(C)		(D)		(E)
		Title	Hours per week	Compensation	Contribution to employee benefit plans & deferred comp. plans	Expense account and other allowances		
Sandeep N	228 S. 7th Street, Olean, NY 14760.	Director	2	0	0	0	0	
Siva Singaran	356 Ridge Road, Apt E-10 Dayton, NJ 08810	Director	2	0	0	0	0	
Prateek Dakwala	516 Capitol Village Circle San Jose, California 95136	Director	2	0	0	0	0	
Aman Kapoor	2652 Breton Ridge Drive Tallahassee, FL - 32312	President	10	0	0	0	0	
Sunil Joshi	3535 Chaselfield Way Marietta, Georgia 30066	Director	2	0	0	0	0	
Ashish Sharma	Ashish Sharma 509 West Duarte Road, # 2Arcadia, CA 91007 (626) 445-4519	Director	2	0	0	0	0	
Himanshu Bhardwaj	1199 whitney avenue. apt#208 Hamden, CT.06517	Director	2	0	0	0	0	
Naren Balinga	Naren BALIGA 8706 186TH ST CT E PUYALLUP WA 98375	Director	2	0	0	0	0	
Nagraj Damal	9119 Windswept Grove Drive Houston, TX 77083	Director	2	0	0	0	0	
Vineet Agarwal	205 Berkshire Drive, Princeton, NJ 08540	Treasurer	6	0	0	0	0	

 (VINEET AGARWAL, TREASURER)

05-26-2007

## 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)

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name or Exempt Organization <b>IMMIGRATION VOICE, CORP.</b>	Employer identification number <b>20-4110064</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions <b>205 BERKSHIRE DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PRINCETON, NJ 08540</b>	

**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 ▶ VINEET AGARWAL, TREASURER

Telephone No ▶ (215) 439-5182 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) N/A. 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 section 501(c)(3) corporations required to file Form 990-T) extension of time until 08/15/07, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2006 or

▶  tax year beginning January 11, 2006, and ending December 31, 2006

**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. \$ \_\_\_\_\_

**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.  
**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**