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### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

PAGE 2/

Department of the Treasury Internal Revenue Service

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

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

Вс	or th	е 2009			year, or		-					, 2009,	and e	nding					, 20		
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ī	Tax-ex	empt statu	s 2	X 5	501(c) ( 3	) •	(inser	rt no )	4947(	a)(1) or		527				If "No,"	" attach a	a list (see	nstructions	i)	_
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Pa	rt I	Sumr	nary									•		_			•				
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	13				amounts																-0
	14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  3,728,406.									[											
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Form **990** (2009)

Part	V Checklist of Required Schedules		_	
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	Х	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	,	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			-
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes, "complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	!		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			-
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			_
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	İ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			-
- *	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
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Part	V Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			ļ
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
~ ~	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
		22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			١,,
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
				_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ا م		ļ
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	'		
		25b		
	990-EZ? If "Yes," complete Schedule L, Part I	230		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			\ <sub>V</sub>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_		28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	204		
Þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			٠,,
	Schedule L, Part N	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	·	20		x
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			,,
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32_		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	_		
34		34		X
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			,
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
••		<del></del>		<del></del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		Х	
	19? Note. All Form 990 filers are required to complete Schedule O	38	A 000	L

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	US Information Returns Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1 c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 157			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 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)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.0		X
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-/-		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282?	,,,		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		- X
	benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	• •		
••	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b		9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
	to transfer the transfer the transfer to the organization thing to the object to the organization than the organization that the org	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management				
		0.01		Yes	No
а	Enter the number of voting members of the governing body	20			
1b	Enter the number of voting members that are independent	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	th			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the di	rect			
	supervision of officers, directors or trustees, or key employees to a management company or other perso	n? l	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?.		5		Х
6	Does the organization have members or stockholders?		6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ers			
	of the governing body?		7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons'	,	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur	J			
	the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9a		X
Sect	tion B. Policies (This Section B requests information about policies not required by the				
	enue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chap	ters			
•	affiliates, and branches to ensure their operations are consistent with those of the organization?	1	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing				
••	form?		11	Х	
11Δ	Desribe in Schedule O the process, if any, used by the organization to review this Form 990				_
12a		Ì	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could g				
	rise to conflicts?	•	12b	ĺ	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,				
С	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		Х
14	Does the organization have a written document retention and destruction policy?		14		Х
	Did the process for determining compensation of the following persons include a review and approval by				
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and di				
_			15a	х	
a	The organization's CEO, Executive Director, or top management official		15b	X	
b	Other officers or key employees of the organization	• • • • •			<del></del>
48-		.			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen		16a		Х
p.	with a taxable entity during the year?		ıva	-	<del></del>
D					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegu		48h		
Soct	the organization's exempt status with respect to such arrangements?	<u> </u>	100		
17	List the states with which a copy of this Form 990 is required to be filed NY,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (	5(C)(3)1UC	oniy)		
	available for public inspection Indicate how you make these available Check all that apply  Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conf	lict of inter	est		
_	policy, and financial statements available to the public	_ = .			
20	State the name, physical address, and telephone number of the person who possesses the books and reorganization MICOLE ODDO 9210 ROOSEVELT AVENUE JACKSON HEIGHTS, NY 113	cords of th	e		
	organization NICOLE ODDO 9210 ROOSEVELT AVENUE JACKSON HEIGHTS, NI 113				
	110-202-0200				

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average	Posit	ion (	(C		that app	niv)	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
Name and The	hours per week	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BEN POSEL										
BOARD MEMBER	1.00	Х				L.		0.	0.	. 0
ANUSUYA CHATTERJEE	_									
CO-DIRECTOR	40.00	Х		Х				97,655.	0.	11,085
ANDREW FRIEDMAN										
CO-DIRECTOR	40.00	Х		Х				101,080.	0.	21,975
FRANCISCA MUJICA										
BOARD MEMBER	1.00	Х						0.	0.	0
ANTONIO LOPEZ						<b>-</b>				
BOARD MEMBER	1.00	х						0.	0.	0
NG'ETHE MAINA										
BOARD MEMBER	1.00	х						0.	ο.	0
ANA MARIA ARCHILA										
CO EXECUTIVE DIRECTOR	40.00	Х		х				78,561.	0.	10,028
JUAN G. FERNANDEZ					_					
BOARD MEMBER- CO CHAIR	1.00	х						0.	o	0
GERMAN JARAMILLO			_				_			
BOARD MEMBER	1.00	х						0.	0.	0
ANGELA PEREZ										
BOARD MEMBER- CO CHAIR	1.00	х						ο.	0.	0
LUZ CHACON										
BOARD MEMBER	1.00	х						ο.	0.	0
CESAR PALOMEQUE	-					$\vdash$				<u></u>
BOARD MEMBER	1.00	х						ο.	0.	0
NOEMI CAMPOS						<del>                                     </del>	$\vdash$			
BOARD MEMBER	1.00	х						0.	0.	0
TANNAVIONE CINTRON					$\vdash$	<del>                                     </del>	$\vdash$			
BOARD MEMBER	1.00	Х						ο.	0.	0
JOHN MCMONAGLE						<del> </del>		<u> </u>		
BOARD MEMBER	1.00	Х						ο.	0.	0
VALERIA RUIZ			$\vdash$		_	<del>                                       </del>				
BOARD MEMBER	1.00	х						ο.	0.	0
					Щ.			1		Form 990 (2009)

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JSA

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employee	s (contir	nued)	
· (A)	(B)			(6	C)			(D)	(E)		(F)	
Name and title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer	k Key employee	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	o co	Estimate amount of other ompensat from the organization and relate rganization	of tion e on ed
GLADYS PUGLIA		<u> </u>										
BOARD MEMBER	1.00	Х	L				L	0.		0.		0
PASCACIO SANCHEZ												
BOARD MEMBER	1.00	Х	ļ		L		<u> </u>	0.		0.		0
RAFAEL RIOFRIOS	1	.,										0
BOARD MEMBER	1.00	Х	<u> </u>			ļ	├	0.		0		0
DESIREE CAMACHO BOARD MEMBER	1.00	X										0
BOARD MEMBER	1.00				├	-	<del> </del>	0.		0.		0
	1											
												,
										+		
										-		
				_	<u> </u>		ļ					
					_		ļ					
1b Total				<u> </u>	_	<del></del> -	<u> </u>	277,296.		0.	43,	088
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bov	e) wh	o re	ceived more than	\$100,000 in			
reportable compensation from the organization												
										_	Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Х
4 For any individual listed on line 1a, is the												
the organization and related organizations	greater th	nan \$	150	0,00	02	If "Y	'es, '	" complete Sched	ule J for such	ר	_	
indıvıdual											<u> </u>	Х
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5	Х
Section B. Independent Contractors						_						
1 Complete this table for your five highest compensation from the organization	compensat	ted ir	idep	enc	dent	conf	trac	tors that received	d more than S	\$100,00	)0 of	
(A) Name and business add	ress							(B) Description of sei	rvices		(C) ensation	
							+					
							+					
							+					
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nite		thos	se l	isted above) who	received			
	- · 5					-						

	t VII				11-3344389		rage 9
	•	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	All other contributions, gifts, grants,	1,928,863.				
Sontri Ind of	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		5,671,869.			
Program Service Revenue	2a b c d		siness Code				
20	f g	All other program service revenue	•	0.			
	3	Investment income (including dividends, interest, a other similar amounts)	ind ▶ eds▶	0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	▶	0			<u> </u>
	6a b c	Gross Rents	) Personal				
	d	Net rental income or (loss)		0.			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(II) Other				
	d	Net gain or (loss)	<u> ▶</u>	0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18	245,469. 38,016.				
된	C	Net income or (loss) from fundraising events . AT		207,453.			207,453.
	9 a	Gross income from gaming activities See Part IV, line 19					
	Ь	Less' direct expenses b		0.			
	10a	returns and allowances a		0.			
	p	Less: cost of goods sold b  Net income or (loss) from sales of inventory		0.			
	ا ا		siness Code				
	11a	LEGAL FEES		43,569.			43,569.
	b	MISCELLANEOUS		82,887.			82,887.
	c						
	d	All other revenue					<u> </u>
	9	Total. Add lines 11a-11d		126,456.		<u> </u>	
	12	Total Revenue. See instructions	▶	6,005,778.			333,909.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			·- · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	0.			
_	U.S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	- · · ·			<del></del>
5	Compensation of current officers, directors,	320,384.	276,533.	25,818.	18,033.
_	trustees, and key employees	320,304.	270,333.	23,010.	10,033.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
-	· · · · · · · · · · · · · · · · · · ·	3,072,227.	2,650,853.	247,236.	174,138.
7	Other salaries and wages	3,0,2,22		211,72001	2,1,200.
8	Pension plan contributions (include section 401(k)	111,379.	96,341.	9,053.	5,985.
۵	and section 403(b) employer contributions)	306,153.	264,819.	24,884.	16,450.
9 10	Other employee benefits	308,236.	266,620.	25,054.	16,562.
	-				
11	Fees for services (non-employees)	0.			
	Management	0.			
	Accounting	96,500.	67,863.	25,278.	3,359.
	Lobbying	0.			<u> </u>
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	0.			
	Other	60,310.	49,337.	763.	10,210.
12	Advertising and promotion	0.			
13	Office expenses	406,449.	370,210.	21,226.	15,013.
14	Information technology	139,767.	127,199.	6,803.	5,765.
15	Royalties	0.			
16	Occupancy	414,140.	390,493.	13,866.	9,781.
17	Travel	78,691.	76,649.	667.	1,375.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	74,496.	67,738.	4,230.	2,528.
23	Insurance	26,352.	24,779.	709.	<u>864</u> .
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
_	REPAIRS AND MAINTENANCE	37,275.	35,375.	196.	1,704.
_	STAFF TRAINING & DEVELOPMENT	67,105.	61,434.	3,840.	1,831.
_	MISCELLANEOUS	135,007.	120,921.	13,126.	960.
_	MERGER RELATED EXPENDITURES	2,100.	1,250.	850.	0.
0	DUES AND FEES	10,188.	5,528.	1,195.	3,465.
f	All other expenses	154,104.	154,104.	0.	200 003
	Total functional expenses. Add lines 1 through 24f	5,820,863.	5,108,046.	424,794.	288,023.
	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
JSA					Form <b>990</b> (2009)

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_	rt X				
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	285,754.	1	131,206.
	2	Savings and temporary cash investments	120.	2	0.
	3	Pledges and grants receivable, net	1,986,915.	3	2,428,290.
	4	Accounts receivable, net	0.	4	91,553.
	5	Receivables from current and former officers, directors, trustees, k	(ey		
		employees, and highest compensated employees. Complete Part II	of		
		Schedule L	•	5	
	6	Receivables from other disqualified persons (as defined under secti	ion		
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Comple			
	1	Part II of Schedule L	i i	6	
<b>ats</b>	7	Notes and loans receivable, net		7	<u>.</u>
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	59,146.	_	138,371.
	_	Land, buildings, and equipment cost or 10a 808,5			,
	10a	other basis Complete Part VI of Schedule D	<del></del>		
	_		77. 643,100.	100	589,883.
		Less accumulated depreciation			1,390.
	11		· · ——————————————————————————————————	12	1,350.
	12	Investments - other securities See Part IV, line 11		$\vdash$	<del></del>
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	39,705.
	15	Other assets See Part IV, line 11	2 22 2 2 2		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,420,398.
	17	Accounts payable and accrued expenses		-	583,824.
	18	Grants payable		18	70 500
	19	Deferred revenue		<del></del>	70,532.
	20	Tax-exempt bond liabilities		20	
89	21	Escrow or custodial account liability Complete Part IV of Schedule		21	<del></del>
Liabilities	22	Payables to current and former officers, directors, trustees, k	-		
ap		employees, highest compensated employees, and disqualifi			
	ļ	persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH.	7. 0.	23	176,594.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	84,014.		98,132.
	26	Total liabilities. Add lines 17 through 25	729,059.	26	929,082.
89		Organizations that follow SFAS 117, check here $\blacktriangleright$ $X$ and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	911,158.	27	641,466.
38	28	Temporarily restricted net assets		28	1,849,850.
ā	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33			33	2,491,316.
Z	34	Total liabilities and net assets/fund balances	• • •	34	3,420,398.
	34	Total nabilities and het assets/fund balances	3,010,300.	34	5, 420, 530.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		
		Form	990	(2009)

### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

MAKE	THE ROAD	NEW YORK						1	11-33	44389
Part I	Reason fo	or Public Char	ity Status (All organ	izations m	ust comp	lete this	part.) Se	e instruc	ctions.	
The org	anization is no	ot a private foun	dation because it is. (F	or lines 1	through 11,	check or	nly one bo	x)		
1	A church, c	onvention of chu	irches, or association	of churches	s described	ın sectio	n 170(b)	(1)(A)(i).		
2	A school de	escribed in <b>secti</b> o	on 170(b)(1)(A)(ii). (At	tach Sched	ule E)					
3	A hospital c	or a cooperative	hospital service organ	ization desi	cribed in <b>se</b>	ction 170	(b)(1)(A)	(iii).		
4	A medical	research organi	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's na	ame, city, and st	ate <sup>.</sup>							
5	An organiza	ation operated f	or the benefit of a co	llege or un	iversity ow	ned or o	perated I	by a gove	ernmental	unit described in
	section 170	(b)(1)(A)(iv). (C	omplete Part II)							
6	A federal, s	tate, or local go	vernment or governme	ental unit de	escribed in a	section 1	70(b)(1)(	A)(v).		
7 X	An organiza	ation that norma	ally receives a substan	tial part of	its support	t from a	governme	ental unit	or from t	he general public
	1		(1)(A)(vi). (Complete F							
8	1	•	d in section 170(b)(1)		-	•				
9			ally receives: (1) more							
	•		ated to its exempt fun		-		•	• •		
	- •	-	ment income and un				-		511 tax)	from businesses
	1 .	•	n after June 30, 1975					•		
10		-	and operated exclusive	=		=				
11		-	and operated exclus	-		-				•
		· ·	publicly supported org					-	=	
		r	at describes the type of				-			
	aTyp				e III - Fund	-	-			pe III - Other
€		-	ertify that the organiz				-			
	<u>.</u>	r section 509(a)(	tion managers and oth	er man on	e or more	publicly :	supportet	J Organiz	ations de	scribed in section
f	` ' ' '	• , ,	d a written determina	tion from 1	he IPS the	at it is a	Type I 1	Type II o	r Type III	supporting
•		n, check this box					-	iype ii, o	i iype iii	supporting
	-		the organization acce	 Inted any d		 bution fro	m any of	 f the		
9	following pe	_	the organization acce	picu any g	iit or contri	bullott it	in any o	i uic		
			or indirectly controls	either ald	one or tog	ether wit	h nersor	s describ	ned in (ii)	Yes No
			erning body of the sup			011101 1111	porco.		)	11g(i)
		_	person described in (i) a							11g(ii)
			of a person described		above?					11g(iii)
h		•	ation about the suppo	., .,	•					
(I) Nam	e of supported	(II) EIN	(iii) Type of organization			(v) Did v	ou notify	(vi)	s the	(vil) Amount of
	anization		(described on lines 1-9	in col (i) lis	sted in your	the organ	nization in	organizat	tion in col.	support
			above or IRC section (see instructions))	governing	document?	Col. (I)	of your port?		zed in the S	
				Yes	No	Yes	No	Yes	No	
							<u> </u>			
									ļ	
										_
-									ļļ	
Total		I	I	l	I	I	ı	1	ı İ	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Org (Complete only if you check	<b>ganizations D</b> ked the box or	escribed in Soft line 5, 7, or 8	ections 170( of Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(/	4)(vi)
Sec	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	( <b>b</b> ) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,817,416	2,271,086.	3,895,836.	5,316,480.	5,671,869.	18,972,687
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,817,416	2,271,086.	3,895,836.	5,316,480.	5,671,869.	18,972,687
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			·			18,972,687
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,817,416	2,271,086.	3,895,836.	5,316,480.	5,671,869.	18,972,687
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,842.	4,578.	579.	224	0.	9,223
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH 1	38,115.	17,714.	45,599.	334,066.	126,456.	561,950
11	Total support. Add lines 7 through 10		<u> </u>				19,543,860
12	Gross receipts from related activities, etc. (s	see instructions) .		· • • • • • • • • • • • • • • • • • • •		12	775,778
13	First five years. If the Form 990 is for						
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · ·	<u>. •  </u>
	tion C. Computation of Public Sup						07 00
14	Public support percentage for 2009 (li					14	97.08% 98.75%
15	Public support percentage from 2008					15	
16a	<b>331/3% support test - 2009.</b> If the o	•					. 7
_	this box and stop here. The organization						
b	331/3% support test - 2008. If the c						
4-	check this box and stop here. The orga	•					
1/a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t			•	•	•	upported
	organization						
D	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						
40	Explain in Part IV how the organization supported organization						▶ 🗀
18	Private foundation. If the organization instructions	on ala not chec	a pox on line	: 13, 16a, 16b	, 1/a, or 1/b,	CHECK INIS DOX	and see

Schedule A (Form 990 or 990-EZ) 2009

Sche	ule A (Form 990 or 990-EZ) 2009			11	3344389		Page <b>3</b>
Par							
800	(Complete only if you checke tion A. Public Support	tne box on	line 9 of Part I	.)			<del></del>
	tion A. Public Support	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		1	(4) = 60.	(-, 2000	(0) = 000	(4) . C.L
•	membership fees received (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise	<del></del>	+				ļ
_	sold or services performed, or facilities			1			
	furnished in any activity that is related to the						
	organization's tax-exempt purpose			:			
3	Gross receipts from activities that are not an		<del></del>				<del> </del>
•	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's			-			
7	benefit and either paid to or expended on				İ		
	its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to the						
	organization without charge					}	
e	Total. Add lines 1 through 5		1				
6			<del> </del>				<u> </u>
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons					1	
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13		1			1	
	\$5,000 or 1% of the amount on line 13						
	for the year						-
_	Add lines 7a and 7b		+				
8	Public support (Subtract line 7c from		1				
<del></del>	line 6)		1		L		
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 6	(4) 2000	(2)2000	(6,200)	(4,2000	(6,2000	(1) 10(0.
9 10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	Sources						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_			+	<del></del>			
	Add lines 10a and 10b		<del>                                     </del>			<del>                                     </del>	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on		<del> </del>				
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			the set formation on	6.605 4000 00000 0		(-)(0)
14	First five years. If the Form 990 is for	-					
800	organization, check this box and stop here. tion C. Computation of Public Sup			<u> <u></u> .</u>	<del></del>	<u></u>	
15	Public support percentage for 2009 (line 8)					15	%
16	Public support percentage from 2008 Sche			<u> </u>		16	76
	tion D. Computation of Investmer			12 column (6)		17	0/
17	Investment income percentage for 2009 (In	· ·	• •			<del></del>	<u>%</u> %
18	Investment income percentage from 2008						
198	33 1/3% support tests - 2009. If the or						1 1
L	17 is not more than 33 1/3%, check th						
D	33 1/3% support tests - 2008. If the org						. $-$
	line 18 is not more than 331/3 % check	mis pox and a	scop nere ine or	uanization Qualiti	co ao a Dudiiciv	SUPPORTED OFGER	nzauon 🚩 l

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

				<u> </u>	ATTACHMENT 1	
SCHEDULE A, PART II - OTHER INCOME	3					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS INCOME	38,115.	17,714.	45,599.	334,066.	126,456	561,950.
TOTALS	38,115.	17,714.	45,599.	334,066.	126,456	561,950.

### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

if the organization answered "Yes." to Form 990. Part IV. line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) or	rganizations Complete Part III.	,		
	ame of organization			Employer identi	fication number
MAH	KE THE ROAD NEW YOU	RK		11-33	44389
Pa	rt I-A Complete if the	organization is exempt under	section 501(c) or	r is a section 527 organ	rization.
1		ne organization's direct and indirect	political campaign	activities in Part IV	
2			•		
3	-				
_					
Pai	t LB Complete if the	organization is exempt under	section 501(c)(3).		
	Enter the amount of any elf the organization incurred Was a correction made?  If "Yes," describe in Part IV  TI-C Complete if the  Enter the amount directly activities  Enter the amount of the fill 527 exempt function activities 17b  Did the filing organization enter the names, addresse were made. For each organizations received.	expended by the filing organization is exempt under expended by the filing organization in graph organization is funds contributed ities	r section 501(c), en for section 527 en for section 527 en for section 527 en for section 527 en for section 527 en for section for section for section for section for for section for for the filling stly delivered to a section for the fillin	except section 501(c)(3) except section 501(c)(3) exempt function  ons for section  orm 1120-POL,  on 527 political organization organi	Yes No No No Yes No No No No No No No No No No No No No
	(a) Name	cal action committee (PAC). If addit (b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

JSA 9E1264 1 000

Yes No

Source of I	1 0111 550 01 550 EZ/ 2005	
Part II-A	Complete if the organization is exemp	t under section 501(c)(3) and filed Form 5768 (election
	under section 501(h)).	

	under section 501(n)).			
		belongs to an affiliated group. checked box A and "limited control" provisi	ons apply.	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	0.	
b	•	a legislative body (direct lobbying)	280.	
c	, <u> </u>	a and 1b)	280.	
d			5,820,583.	-
e		d lines 1c and 1d)	5,820,863.	
f	Lobbying nontaxable amount Enter the			
·	columns	441,043.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
9	Grassroots nontaxable amount (enter 25	5% of line 1f)	110,261.	
h	Subtract line 1g from line 1a If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c If zero or le	ss, enter -0-		

# 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 2a through 2f on page 4.)

j If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total				
2 a Lobbying non-taxable amount	256,560.	316,460.	430,149.	441,043.	1,444,212.				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					2,166,318.				
c Total lobbying expenditures	10,936.	3,196.	373.	280.	14,785.				
d Grassroots nontaxable amount	64,140.	79,115.	107,537.	110,261.	361,053.				
Grassroots ceiling amount     (150% of line 2d, column (e))					541,580.				
f Grassroots lobbying expenditures	3,015.	470.	144.	0.	3,629.				

Schedule C (Form 990 or 990-EZ) 2009

(b) Amount  Stion  Yes N  1
etion  Yes N  1  2
Yes N
1
1
2
• • • • • • • • • • • • • • • • • • • •
tion
swered
l
a
b
c
3
,
<u> </u>
Part II-B, line 1i.
k 0

Schedule C (F	orm 990 or 990-EZ) 2009	11-3344389	Page 4
Part IV	Supplemental Information (continued)		
	·		

## SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

r identificati	ioo	_		, L	~-			•
			18	10	e	:ti	01	l

	to the organization	11 22 44 200
	KE THE ROAD NEW YORK	11-3344389
Рa	Organizations Maintaining Donor Advised Funds or Other Similar Funds of the organization answered "Yes" to Form 990, Part IV, line 6.	or Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full	
•	used only for charitable purposes and not for the benefit of the donor or donor advisor, or f	
	purpose conferring impermissible private benefit?	
Pa	Conservation Easements. Complete if the organization answered "Yes" to	Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		of an historically important land area
		of a certified historic structure
	Preservation of open space	of a certified firstoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a conservation
-	easement on the last day of the tax year	in the form of a conservation
		Held at the End of the Year
а	Total number of conservation easements	2a
b	<del>-</del>	
_	Number of conservation easements on a certified historic structure included in (a)	
C	Number of conservation easements included in (c) acquired after 8/17/06	
d		
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during
	the tax year	
4	Number of states where property subject to conservation easement is located >	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, have a written policy regarding the periodic monitoring, inspection, have a written policy regarding the periodic monitoring, inspection, have a written policy regarding the periodic monitoring, inspection, have a written policy regarding the periodic monitoring, inspection, have a written policy regarding the periodic monitoring, inspection, have a written policy regarding the periodic monitoring, inspection, have a written policy regarding the periodic monitoring, inspection, have a written policy regarding the periodic monitoring.	
	violations, and enforcement of the conservation easements it holds?	<del></del> -
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	isements during the year
_	A	and divine the view
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeming	ents during the year
_	>\$	•
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	
_	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	cial statements that describes
Do	the organization's accounting for conservation easements ort III Organizations Maintaining Collections of Art, Historical Treasures, or Other	or Cimilar Accets
Га	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	er Similar Assets.
	· · · · · · · · · · · · · · · · · · ·	
1 a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or re	statement and balance sheet works of search in furtherance of public service.
	provide, in Part XIV, the text of the footnote to its financial statements that describes these in	tems
b		ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or res	earch in furtherance of public service,
	provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Par	t III Organizations Maintain	ing Collections	of Art, Histo	rical Treasure	s, or (	Other Similar A	Assets (	continued	d)
			other reserve	abook one of a	ha falla		E		_
3	Using the organization's acquisition	•	other records	, cneck any of t	ne rollo	owing that are a	significar	nt use of its	5
	collection items (check all that app	oly)		1					
<b>a</b>	Public exhibition		a	-1	-	e programs			
Ь	Scholarly research		e	Other				·	
C	Preservation for future ge								
4	Provide a description of the organic Part XIV	zation's collection	s and explain	how they furthe	r the o	rganization's ex	empt pur	pose in	
5	During the year, did the organization	on solicit or receiv	ve donations o	f art, historical	treasur	es, or other simil	lar		
	assets to be sold to raise funds rat	her than to be ma	iintained as pa	art of the organi	zation's	s collection?	<u> [</u>	Yes	No
Par	IV, line 9, or reported ar				n ansv	vered "Yes" to	Form 99	90, Part	
	In the comment of the second Assessed								
та	Is the organization an agent, truste							¬	
_	included on Form 990, Part X?					• • • • • • • •	[	Yes	No
Þ	If "Yes," explain the arrangement in	n Part XIV and coi	mplete the follo	owing table	$\overline{}$				
					$\vdash$	A	mount		
	Beginning balance								
	Additions during the year					- ·· .			
	Distributions during the year								
	Ending balance							<b>,</b> .	<del>,</del>
	Did the organization include an am		0, Part X, line	217			[	Yes	No No
	If "Yes," explain the arrangement in	n Part XIV							
Par	t V Endowment Funds. Con	nplete if organi	zation answe	red "Yes" to F	orm 99	90, Part IV, line	10.		
		(a) Current Year	(b) Prior yea	ar (c) Two y	ears back	k (d) Three ye	ars back	(e) Four y	ears back
1 a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
	Other expenditures for facilities .		·	-					
	and programs								
f	Administrative expenses			<del> </del>					
	End of year balance			<del></del>		-			
2	Provide the estimated percentage		alance held as				<del></del>	<u> </u>	
_	Board designated or quasi-endowr	=	%						
a h	- · · · · · · · · · · · · · · · · · · ·								
•	Permanent endowment >	% 							
	Term endowment ▶	_ ′ °	. 6 4	4 4b . 4 b .	لمستم أما		Alex		
34	Are there endowment funds not in	the possession c	or the organiza	tion that are ne	ia ana	administered for	tne	- T-	
	organization by								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related org	-	•					3b	
4	Describe in Part XIV the intended to								
Par	t VI Investments - Land, Bui	ldings, and Equ	ipment. See	Form 990, Pa	art X, li	ine <u>10.</u>			
	Description of investment		st or other basis vestment)	(b) Cost or other basis (other)	er	(c) Accumulated depreciation	(	<b>d)</b> Book value	•
1 a	Land			164,6	86			164	,686.
b	Buildings	[			$\Box \Box$				
C	Leasehold improvements			414,2		73,747			,504.
d	Equipment			229,6	22	144,929		8.4	,693.
•	— ¬ p		i i	225,0	224	133, 323		0.	
•	Other			223,0	221				

Do-4 V/II	Investments Other Convilles C	as Form 000 Part V line	12
Part VII	Investments - Other Securities. S		
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	erivatives		
	d equity interests	• • •	
Other			
	n (b) must equal Form 990, Part X, col (B) line 12)	5 000 5 1 1 1	40
Part VIII			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
-			
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>	
Part IX	Other Assets. See Form 990, Par	t X, line 15.	
		(a) Description	(b) Book value
-			
	·		
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 15)		· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. See Form 990, F	Part X, line 25.	
1.	(a) Description of liability	(b) Amount	
Federal inc	ome taxes		
	LEASE PAYABLE	98,132.	
-			
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	▶ 98,132.	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedu	e D (Form 990) 2009	11-3	3344389			Page 4
Part	Reconciliation of Change in Net Assets from Form 990 to Audi	ited F	inancial States	ment	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		6,005,778
2	Total expenses (Form 990, Part IX, column (A), line 25)					5,820,863
3	Excess or (deficit) for the year Subtract line 2 from line 1					184,915
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities					16,500
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV)					
9	Total adjustments (net). Add lines 4 through 8					16,500
10	Excess or (deficit) for the year per audited financial statements. Combine lines					201,415
Part						
1	Total revenue, gains, and other support per audited financial statements				1	6,044,003
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• • •		· · · }	•	
2	Net unrealized gains on investments	2a	1			
a			38,2	25		
Ь	Donated services and use of facilities		30,2	23.		
C	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)		<del></del>		_	38,225
8	Add lines 2a through 2d				20	
3	Subtract line 2e from line 1	<i>i</i> · · · <sub>i</sub>		$\cdot \cdot \mid$	3	6,005,778
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV )	4 b	<del></del>			
C	Add lines 4a and 4b			••⊢	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	6,005,778
Part	XIII Reconciliation of Expenses per Audited Financial Statements V	Nith E	xpenses per F	<u>Retur</u>	n_	
1	Total expenses and losses per audited financial statements			L	1	5,842,588
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a	21,7	25.		
b	Prior year adjustments	1 64 1				
C	Other losses	1 - 1				
d	Other (Describe in Part XIV)	2d				
8	Add lines 2a through 2d			L	2е	21,725
3	Subtract line 2e from line 1				3	5,820,863
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1	
Ь	Other (Describe in Part XIV)	4b	-			
	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	)			5	5,820,863.
Part		,		• • •	<u> </u>	<del></del>
Comp and 2l	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Po, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part It to provide any additional information	t XIII, lı	nes 2d and 4b A			
FIN	48					
ecur.	DULE D PART XIV					
	DODE D LVKI VIA					

Part XIV Supplemental Information (continued)

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### **SCHEDULE G**

(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, or If the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate Instructions.

Open To Public

Department of the Treasury Internal Revenue Service

OMB No 1545-0047 Inspection

ame of the organization 1AKE THE ROAD NEW YORK		Employer identification number  11-3344389					
	e if the organ	nization a	newered '	"Ves" to Form 9		·	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required.	ired to comp	olete this p	art.	ies to Follis	350, Fait IV, IIIIe	17.	
1 Indicate whether the organization raised for				activities Check	all that apply.		
a Mail solicitations	е	Solid	itation of r	non-government g	grants		
b Internet and email solicitations	f			government grant			
c Phone solicitations	g			ising events			
d In-person solicitations	_			_			
2a Did the organization have a written or oral or key employees listed in Form 990, Par	l agreement v t VII) or entity	with any ind v in connec	dividual (in tion with p	cluding officers, o professional fundra	directors, trustees alsing services?	Yes No	
b If "Yes," list the ten highest paid individual to be compensated at least \$5,000 by the			s) pursuar	nt to agreements	under which the fun	draiser is	
(I) Name of individual or entity (fundraiser)	(ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receil from activity				(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
		<del> </del>					
	<del></del>		L				
Total							
List all states in which the organization is registration or licensing				it funds or has l	been notified it is	exempt from	
						<b></b>	
					<b></b> -	<del></del>	

Pa	<u>rt l</u>	Fundraising Events. Complete more than \$15,000 on Form	ete if n 990	the organization )-EZ, line 6a. Lis	ans st ev	swered "Yes" to F rents with gross r	ec	m 990, Part IV, Iir eipts greater than	ne 18, \$5,00	or re	porte	d
			GAL	(a) Event #1		(b) Event #2		(c) Other Events		d) Tota d col (	a) thro	
•				(event type)	↓_	(event type)	$\downarrow$	(total number)	—		(c))	
Revenue	1	Gross receipts		245,469.			1		<u> </u>		245	, 469
œ	2	Less Charitable contributions										
	3	Gross income (line 1			† · ·		T		T			
		minus line 2)	├	245,469.	_		+		┼		245	, 469
	4	Cash prizes			-	<del></del>	$\downarrow$		-	<del></del>		
	5	Noncash prizes	<u> </u>				+					
enses	6	Rent/facility costs			<u> </u>		1		<u> </u>			
Direct Expenses	7	Food and beverages			ļ		1		<u> </u>			
Direc	8	Entertainment					1	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	9	Other direct expenses		38,016.					<u> </u>		38,	,016
	10	Direct expense summary. Add lines	4 thro	ugh 9 in column (d	)			•	(		38,0	016.
	11	Net income summary Combine line:	3, colu	ımn (d), and line 1	<u>0.</u>			<u> </u>	<u></u>		207	, 453
Pa	rt l	Gaming. Complete if the org than \$15,000 on Form 990-			Yes	" to Form 990, P	art	IV, line 19, or rep	orted	more	9	
<u>Ф</u>				(a) Bingo		<b>b)</b> Pull tabs/instant	T	(c) Other gaming	(d) T	otal g	aming	(add
Revenue					bir	go/progressive bingo	+		COI. (E	a) thro	ugh co	) (c))
<u>~</u>	1	Gross revenue	<u> </u>									
ses	2	Cash prizes					<u> </u>					
Expenses	3	Noncash prizes			_		-		<u> </u>			
Direct	4	Rent/facility costs		<del></del> - "								
	5	Other direct expenses	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	•	1		<u> </u>		_	
	6	Volunteer labor	L	Yes%		Yes% No	1	Yes% No	ļ	·		
	7	Direct expense summary Add lines 2	2 throi	ugh 5 in column (d	)				(			
	8	Net gaming income summary Comb	ine lin	e 1, column d, and	d line	7	<u></u>	<u>.</u> <b>&gt;</b>				
9	E	nter the state(s) in which the organizat	tion or	perates gaming ac	tivıtıc	es.					Yes	No
	ı İs	the organization licensed to operate g "No," explain.	gamın	g activities in each	of th	ese states?				9a		
				· <b></b>								
		/ere any of the organization's gaming								10a		
•	. IF	"Yes," explain 	<b>. –</b> – –	<b></b>								
11	D	oes the organization operate gaming a	actıvıti	es with nonmembe	ers?		·			11		
12	Is	the organization a grantor, benefician	y or tr							12		

Schedule G (Form 990 or 990-EZ) 2009

or spent in the organization's own exempt activities during the tax year > \$

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No 1545-0047 തെര

Department of the Treasury Internal Revenue Service 244 ➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

20	UY
	o Public
Inspect	tion

MAKE THE ROAD NEW YORK							11	-334			mbei	
Part Excess Benefit Transacations Complete if the organization answ								. Part	V. line	e 40b.		
1 (a) Name of disqualified person					) Description			,			(c) Cor	rected <sup>a</sup>
				- · · · · · · · · · · · · · · ·								
<ul><li>Enter the amount of tax imposed on under section 4958</li><li>Enter the amount of tax, if any, on lin</li></ul>							·		> \$ _ > \$ _			
Part II Loans to and/or From Intere Complete if the organization ans				Part IV, lır	ne 26, or For	m 990-EZ,	Part V	/, line	38a		_	
(a) Name of interested person and purpose	(b) Loan	to or from anization?	(c) Orig	gınal		ince due	(e) In default?		(f) Ap	proved eard or nittee?	(g) W agreei	
	То	From		<del></del>			Yes	No	Yes	No	Yes	No
Part III Grants or Assistance Benefic Complete if the organization ans	itting l	nterest	ed Persons	•				<u>                                     </u>		<u> </u>		
(a) Name of interested person	( <b>b</b> ) Re	elationsh	ıp between int organizat		son and the	(c) A	\moun	t and t	ype of	assist	tance	
		<del></del>										
Don't IV Ducinosa Transcritiona Inva		40.004	nd Domana									
Part IV Business Transactions Invol Complete if the organization and	wered	n <b>teres</b> te "Yes" o	n Form 990,	Part IV, lır	ne 28a, 28b,	or 28c						
(a) Name of interested person			hip between rson and the cation		nount of saction	(d) Des	cription	n of tra	ansacti	on	(e) Sha organia reven	
VACK LAWSON	FORMER	R BOARD	MEMBER		16,200.	LEASED SPA	ACE				Yes	No x
								-				
	<del>                                      </del>			<del> </del>							<del>                                     </del>	<b>-</b>

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

## SCHEDULE O (Form 990)

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MAKE THE ROAD NEW YORK

Employer Identification number

11-3344389

ATTACHMENT 2

PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B, LINE 15

COMPENSATION IS SET BY THE PERSONNEL COMMITTEE, WHICH INCLUDES THE 3

EXECUTIVE DIRECTORS AND 6 REPRESENTATIVES DEMOCRATICALLY ELECTED BY THE

STAFF. THE COMMITTEE REVIEWED COMPARABILITY DATA, DESIGNED THE PAY

SCALE, AND APPROVED THE SCALE BY UNANIMOUS VOTE AFTER LENGTHY

DELIBERATION.

PROCESS FOR REVIEWING FORM 990

PART VI, SECTION A, LINE 11

THE 990 WILL BE EMAILED TO ALL MEMBERS OF THE BOARD PRIOR TO FILING. THE BOARD WILL MEET TO REVIEW THE 990, AT WHICH TIME IT WILL RATIFY THE FILING.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

PART VI, SECTION C, LINE 19

A DIGITAL COPY OF THE DOCUMENTS IS KEPT ON THE FILE SERVER AND CAN BE PRINTED AT ANY OF THE ORGANIZATION'S LOCATIONS UPON REQUEST BY A VISITOR.

MEMBERS, STOCKHOLDERS, OR OTHER PERSONS ELECTING GOVERNING BODY PART VI, SECTION A, LINES 6 & 7A

MAKE THE ROAD NEW YORK ALLOWS PARTICIPANTS IN THE ORGANIZATION TO BECOME MEMBERS BY MAKING AN INITIAL PAYMENT OF \$10 IN DUES, AND A PLEDGE TO PAY A TOTAL OF \$100 IN DUES WITHIN 24 MONTHS OF THE DATE THEY BECOME MEMBERS.

Name of the organization MAKE THE ROAD NEW YORK

Employer Identification number

11-3344389

ATTACHMENT 2 (CONT'D)

MEMBERS ARE CONSIDERED ACTIVE MEMBERS IF EITHER (1) THEY JOINED WITHIN THE LAST 24 MONTHS OR (2) THEY FULLY PAID THE PLEDGE OF \$100 IN DUES.

ACTIVE MEMBERS ARE ALLOWED TO RUN FOR POSITIONS ON THE BOARD OF DIRECTORS. THESE CANDIDATES ARE ELECTED DEMOCRATICALLY BY A VOTE OF OTHER ACTIVE MEMBERS. THERE ARE CURRENTLY 11 BOARD POSITIONS HELD BY DEMOCRATICALLY ELECTED ACTIVE MEMBERS.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE ORGANIZATION DOES NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY,
HOWEVER, OFFICERS/DIRECTORS/TRUSTEES ARE REQUIRED TO DISCLOSE POTENTIAL
CONFLICTS.

ATTACHMENT 3

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROMOTE ECONOMIC JUSTICE, EQUITY AND OPPORTUNITY FOR ALL NEW YORKERS THROUGH COMMUNITY AND ELECTORAL ORGANIZING, STRATEGIC POLICY ADVOCACY, LEADERSHIP DEVELOPMENT, YOUTH AND ADULT EDUCATION, AND HIGH QUALITY LEGAL AND SUPPORT SERVICES.

FORM 990, PART VIII - FUNDRAISI	ATTACHMENT	7 4	
DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	245,469.	38,016.	207,453.
TOTALS	245,469.	38,016.	207,453.

Schedule O (Form 990) 2009

94,839.

LENDER: LINE OF CREDIT

ORIGINAL AMOUNT:

BEGINNING BALANCE DUE .......

ENDING BALANCE DUE ........

0.

0.

2009

11-3344389

28,296

Current-year depreciation

Current-year 179 expense

MA ACRS CRS class class

0 000

73,747

Life

7 000

SL

144,929.

46,199

74,495.

218,676.

74,495

Current-year amortization

Accumulated Accumulated amortization amortization code

218,676.

144,181.

643,873.

808,559

TOTALS. .....AMORTIZATION

Less. Retired Assets . . . . . . . . . . . . Subtotals . . . . . . . . . . . . . . . . . . Cost or basis

Date placed in service

Asset description

Beginning Ending Accumulated Medepreciation depreciation that Conv 98,730. 45,451. 144,181. Basis for depreciation 229,622 643,873 414,251 Basis Reduction 179 exp reduction in basis 100 000 100.000 100 000 8ns Unadjusted Cost or basis 414,251. 164,686. 808,559. 229,622 01/01/2008 Date placed in service 01/01/2008 01/01/2008 Less Retired Assets . . . . . . . MAKE THE ROAD NEW YORK Asset description Description of Property GENERAL DEPRECIATION DEPRECIATION LEASEHOLD IMPROVE Subtotals . . . . . Listed Property EQUIPMENT LAND

GQM4ZZ M998 7/9/2010 \*Assets Retired JSA 9X9024 1 000

TOTALS. . .

V 09-6 4

2:49.34 PM

PAGE 40

## Form **4562**

**Depreciation and Amortization** (Including Information on Listed Property)

➤ See separate instructions. ► Attach to your tax return. OMB No 1545-0172

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service Name(s) shown on return

MAKE THE ROAD NEW YORK

identifying number

M	AKE THE ROAD NEW Y	ORK							11-3344389
Busin	ess or activity to which this form relates								<u>-</u> " ·
GE	ENERAL DEPRECIATIO	N							
Par									
	Note: If you have any lis								<del></del>
	Maximum amount. See the instructi							1	
	Total cost of section 179 property p							2	
	Threshold cost of section 179 proper				ns)			3	<u> </u>
5	Reduction in limitation Subtract line Dollar limitation for tax year Subtract line 4 fro	m line 1 if zero or less, enter	-0- If marned filing	,	• • • • • •		• • •	5	
6	separately, see instructions		<u> </u>	¥.	siness use only			5	
	(4, 2 5 5 7 )	. с. р. с. с.		.,		,, (-)			
				<b>†</b>		-			
7	Listed property Enter the amount from	om line 29			7	1			1
	Total elected cost of section 179 pro							8	
9	Tentative deduction Enter the small	er of line 5 or line 8						9	
10	Carryover of disallowed deduction for	rom line 13 of your 20	08 Form 4562					10	
	Business income limitation. Enter the		•		•	•	' 1	11	
	Section 179 expense deduction Ad					<del>. ,</del>		12	
-	Carryover of disallowed deduction to				. ▶ 13				
	: Do not use Part II or Part III below fo							<u> </u>	
Par	· · · · · · · · · · · · · · · · · · ·	·						See i	nstructions )
	Special depreciation allowance f								
	during the tax year (see instructions)						- 1	14 15	
	Property subject to section 168(f)(1) Other depreciation (including ACRS)							16	74,495
	t III MACRS Depreciation (					<u> </u>		10	
1,41				tion A					
17	MACRS deductions for assets place	ed in service in tax yea						17	
	If you are electing to group any								<u> </u>
	asset accounts, check here	•	_	_					
	Section B - Assets	s Placed in Service	<del>,                                    </del>		r Using the	General Dep	reciat	ion S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Me	ethod	(g) Depreciation deduction
19a	3-year property								
ь	5-year property						ļ		
c	7-year property	_							
	10-year property	4					ļ		
	15-year property	_			<u> </u>				
	20-year property		ļ. ——		05	·	ļ <u>-</u>		
	25-year property				25 yrs	MM	S		
	Residential rental		<del> </del>		27 5 yrs 27 5 yrs	MM	Si		
	property	-	<del> </del>		39 yrs	MM	S		
	Nonresidential real property		<del> </del>	<del></del>	00 310	мм	S		
	Section C - Assets	Placed in Service [	)uring 2009	Tax Year	Using the				Svatem
20a	Class life		l ling 2000	Tux Tour			S		<u> </u>
b	12-year	1			12 yrs		S	/L	
c	40-year				40 yrs	ММ	S	/L	
Par	t IV Summary (See instruct	ions.)							
21	Listed property Enter amount from I	line 28					]	21	
	Total. Add amounts from line 12, line								
	and on the appropriate lines of your				structions .	<del></del> .		22	74,495
	For assets shown above and placed								
For	portion of the basis attributable to s Paperwork Reduction Act Notice, se	ection 263A costs	<u></u>	<del></del>	23	<u> </u>			Form <b>4562</b> (2009)
			<del>-</del>						UIII <b>  TUUS</b> (2003)

Èore	m 4562 (2009)											11	3344	1389	Page 2
		roperty (Include	e automot	oiles,	certain	othe	r vehi	cles,	cellular	telep	hones,	certa	in con	nputers	
	property ι	used for entertain													
	' Note: For 24b. colun	any vehicle for w nns (a) through (c)	thich you at of Section A	re usın Lall of	g the sta Section E	andard 3. and	milea Section	ge ra n Cif a	te or dec applicable	ducting e	lease e	expense	, comp	lete <b>on</b>	<b>ly</b> 24a,
_		Depreciation and									r passe	enger a	utomobi	les)	
24a	Do you have evidence					T	es		24b If "					Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	(	g)		(h)		(i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment us	e Cost	or other bas		sıs for depi Isiness/inv		Recovery		hod/ ention		eciation uction		d section cost
	venicles lirst)	Service	percentage				use only	()	period	L	ention	ded		1,,3	
25	Special depreciation	•						-							
	year and used more the				instruction	s)	• • • •	• • •	· · · · ·	• • • •	. 25	<u> </u>		L	
26	Property used more t	man 50% in a qualifie	1	se %			<del></del>		T · · · · · ·	т		_		<u></u>	
			+	%		+			-	1		-			
			+	% %		-				<del> </del>		-			
27	Property used 50% o	r less in a qualified bu		<u>~</u>					1	1		.i			
<del></del> -	Troporty dood oo to	1		%		T			I	S/L -		Ţ			
			<del></del>	%		+	<del></del>			S/L -		<del>                                     </del>		1	
			+	%						S/L -				1	
28	Add amounts in colui	mn (h), lines 25 thro	ough 27. Ente	r here a	and on line	21, pa	ge 1				28			1	
	Add amounts in colui										·		. 29		
	-		Sect	ion B -	Informa	tion a	n Use	of Veh	icles			•			
	nplete this section for	•									•		provided	vehicles	s to you
emp	ployees, first answer the	e questions in Sectio	on C to see if y	ou mee	et an excer	tion to	comple	eting th	nis section	for thos	e vehicle	es			
30	Total business/inv	estment miles	driven	-	a)	•	b)	l	(c)		d)	1	(e)		(f)
	during the year (do		nuting	ven	icle 1	ven	ide 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ehide 3	Ven	ıcle 4	Ven	iide 5	Ven	ıcle 6
								-		<u> </u>		<u> </u>			
31	Total commuting mil							<u> </u>		-					
32	•	rsonal (noncomm	iuting)												
	miles driven							<u> </u>		-		<del>                                     </del>		-	
33	Total miles driven		Add											ļ	
- 4	lines 30 through 32 Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	use during off-duty ho	•	rsonai	,,,,	""	100	110	1	, ,,,,,	1.00	"	1.55	1	1.55	
35	•		by a							<u> </u>		<del> </del>	<del> </del>		<u> </u>
••	more than 5% ow	•	· 1				1					•			
36	is another vehicle	•	r							1			T		
	use?	•		_							_				
	<del></del>	Section C - Que	stions for I	Employ	yers Who	Prov	ride Vel	nicles	for Use b	y Their	Employ	yees	-		
Ans	swer these question												ployees	s who a	are no
mo	re than 5% owners o	or related persons	(see instruct	tions).										,	
37	Do you maintain a	a written policy s	statement th	at pro	hibits all	pers	onal us	e of	vehicles,	ıncludır	g com	muting,	by	Yes	No
	your employees?														-
38	Do you maintain a v	• •	•		•				•	-					
	See the instructions for					% ог г	nore ow	ners .							ļ
	Do you treat all use of Do you provide m								from w		· · · ·		 the		
40	use of the vehicles, ar				ipioyees,	obtaii	1 1111011	iialioii	nom y	our emp	nuyees	about	IIIC		
41	Do you meet the re					onetra	tion use	 2 (Se	 e instructi	ons )		• • • •	• • • •		
•	Note: If your answer t														
Pa	rt VI Amortizat		<u> </u>		,										
			(b)							_	(6	)			
	(a)	of acets	Date amort	zation		(c)			(d)		Amorti		Amortiza	(f)	hie voor
	Description o	,, costs	begins	3	Amo	i (IZADIE	amount		Code se		perce		Amortiza	ation for th	ns year
42	Amortization of cost	s that begins durin	g your 2009	tax ye	ear (see ir	struc	tions)								
											<u> </u>				
			L		<u></u>						L				
	Amortization of costs											43		<u> </u>	
44 JSA	Total. Add amounts in	n column (f) See th	e instructions	tor whe	ere to repor	·		<del></del>	<u></u>	• • • •	<u></u>	44		4565	
9X23	310 1 000												For	m 4562	£ (2009)

(Rev April 2009)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue S	ervice		► F	lle a separate a	pplication for each	ch return.		i			
		n Automatic 3-N	onth Extens	ion, complete	only Part I and	check this	box			<b>→</b>	X
If you are f	iling for a	n <b>Additional (No</b> I <b>nless</b> you have	t Automatic)	3-Month Exte	nsion, comple	te only Part	II (on p				
Part I Auto	matic 3	Month Extens	ion of Time	Only submi	original (no c	opies need	led).				
		o file Form 990						s box and co	mplete		
•										, , , , <b>.</b> ►	· 📙
All other corp time to file inco		(including 1120- etums	C filers), par	tnerships, RE	MICs, and trus	ts must use	e Form	7004 to re	equest	an extens	ion of
one of the re- electronically i returns, or a co	turns not if (1) you omposite	Generally, you ed below (6 m want the addit or consolidated on the electronic	onths for a d ional (not aut From 990-T.	corporation re tomatic) 3-mo Instead, you	equired to file onth extension of must submit the	Form 990-1 or (2) you f e fully com	r) Howe file Form pleted a	ever, you d ns 990-BL, and signed p	annot 6069, page 2	file Form or 8870, (Part II) of	8868 group
Type or	Name of	Exempt Organiza	ion					Employe	er identi	fication nur	nber
print	MA	KE THE ROAD	NEW YOR	Κ				11-	33443	389	
File by the		street, and room			structions						
due date for	92	-10 ROOSEVE	LT AVENU	<u> </u>							
filing your return See	City, tow	n or post office, s	tate, and ZIP co	ode For a foreig	n address, see ins	tructions					
instructions	JA	CKSON HEIGH	TS, NY 1	1372							
Check type o	f return t	o be filed (file a	separate app	lication for ea	ch return).						
X Form 990	)		Form 990	-T (corporation)			F	orm 4720			
Form 990	-BL		Form 990	-T (sec. 401(a)	or 408(a) trust)		F	orm 5227			
Form 990	-EZ		Form 990	-T (trust other the	nan above)		↓ F	orm 6069			
Form 990	-PF	L	Form 104	1-A			F	orm 8870			
<ul><li> If the organ</li><li> If this is for</li></ul>	nization d	oes not have an Return, enter the	office or place	's four digit G	roup Exemption	Number (G	EN)	N/A		▶ If this is	·
		eck this box • P nembers the ext			group, check the	nis box · · P		and attach	a list v	vith the	
					corporation re	aured to	file F	orm 990-T	) eyte	nsion of	time
uitti		utomatic 3-mo 08/15 , 2010 n's return for	to file th	ne exempt org	ganization retur	n for the or	ganızatı	on named a	above.	The exten	sion is
<b>▶</b> X	calenda	year_2009_ or									
▶ □	tax year	beginning			, and end	ling					
2 If this tax	year is fo	or less than 12 n	nonths, check	reason	Initial return	Final i	return [	Change	e in acc	counting p	eriod
		is for Form 990		990-T, 4720	, or 6069, en	ter the tent	ative ta	x, less any			
		dits. See instruct							3a	\$	
•	•	is for Form 990		-	undable credits	s and estim	ated tax	payments			^
		prior year overp							3b	\$	0.
		tract line 3b fro			-				1 1		
	•	or, if require	u, by using	EF IPS (Elec	aronic Federal	rax Paym	ent Sys	siem) See			Λ
Instructio					Labor E. CO	20 5:	0450	FO = 15	3c		0.
-	_	g to make an ele	ectronic fund v	withdrawal wit	n this Form 886	ob, see Forr	п 8453-	EU and For	m 88/9	I-EU	
for payment in			47					··· ·			<del></del>
FOR Privacy A	ct and Pa	perwork Reduc	tion Act Notic	ce, see Instruc	tions.				Form 8	8868 (Rev	4-2009)

JSA 9F8054 2 000