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Form 990

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

2009
April 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	For the	2009 calendar year,	or tax year beg	linning		, <u>2009,</u> a	<u>ina enain</u>	ıg			2
В	Check if a	applicable	C Name of orga	inization					D Employ	er Ident	ification Number
	Addr	ress change Please us IRS label	THE SOUTHER	N-TIER TORAH A	DVANCEMENT &	REVITIZA	TION FO	UNDATION	20-4	13 <u>51</u>	294
	Nam	or print or type.	Number and s	street (or P O box if	mail is not delivered	to street add	r) Room/s	uite	E Telepho	ne num	ber
	Initia	See specific	PO BOX 4	46					(607	7) 7	43-5579
	Term	nination instruc-	City, town or	country		State 2	ZiP code + 4	ļ			
	Ame	ended return	BINGHAMT	ON		NY	13902		G Gross re	eceipts	s 418,580.
	Appl	lication pending F Name	and address of princ	cipal officer				H(a) Is this	a group retur	n for affi	
		CHAIM	IARKAVY PO	3OX 446	BINGHAMT	чи ис	13902		affiliates incli		Yes No
ī	Tax-e	exempt status X 50) ◀ (insert no)	4947(a)		527	IT 'NO,"	attach a list	(see ins	structions)
J	Webs	site: ► N/A			<u> </u>	· · · · · · · · · · · · · · · · · · ·		H(c) Group	exemption nu	mber P	•
ĸ	Form o	of organization X Corpo	ration Trust	Association	Other ►	L Ye	ar of Forma				egal domicite NY
Pa		Summary								-	
			ganization's mis	ssion or most si	gnificant activiti	es ADV	ANCING	TRADIT	ONAL JE	WISH	STUDY & PRACTICE
•	_	_							_ 		
anc anc	_										
Ě	l _			. -							
Š		Check this box ► 📙				or dispose	ed of mor	e than 25°	% of its as		
অ		lumber of voting men									5
9		lumber of independer	-	•	ning body (Part	VI, line 1b)			\rightarrow	0
Activitles & Governance		otal number of emplo otal number of volun								5	0
Act	I .	otal gross unrelated			Licolumn (C) i	ne 12			Ì	7a	0.
		let unrelated busines								7b	0.
								P	rior Year		Current Year
	8 0	Contributions and grain	nts (Part VIII. lir	ne 1h)				\ <u>'</u>	378,5	58.	416,955.
Revenue	1	Program service revei	•	-					3,0,3	•	310/303.
ě.	1	nvestment income (P			and 7d)						
ď	11 C	Other revenue (Part V	'III, column (A),	lines 5, 6d, 8c,	9c, 10c, and 11	e)					1,625.
	12 T	otal revenue - add l	ines 8 through 1	l 1 (must equal F	Part VIII, columi	n (A), line	12)		378,5	58.	418,580.
	13 G	Grants and similar am	nounts paid (Pai	rt IX, column (A)), lines 1-3)				20,2	60.	35,560.
	14 B	Benefits paid to or for	members (Part	IX, column (A),	line 4)						
ø	15 S	Salaries, other compe	nsation, employ	yee benefits (Pa	rt IX, column (A), lines 5-	10)		205,0	17.	245,722.
396	16a P	Professional fundraisi	ng fees (Part IX	(, column (A), lır	ne 11e)						
Expenses	Ьт	otal fundraising expe	enses (Part IX. o	column (D), line	25) ▶		0.				
Ð	l .	Other expenses (Part		•					112,5	44	125,301.
		otal expenses Add I			•	e 25)		_	337,8		406,583.
	ľ	Revenue less expense		•	, ,	o 20,			40,7		11,997.
8						1		Pogis	nning of Y		End of Year
		otal assets (Part X, I	ine 16)	KEC	EIVED	1		Degii	40,7		313,070.
Net Asset Fund Balan	21 T	atal liabilities (Part V	/ line 26)			_1		-	30//		301,073.
ž.	22 N	Net assets or fund bal	lances Subtract	igg a Aligna	L 32 2010	χ]			40,7	37	11,997.
IP:	HE P	Signature Blo		d pric 21 months.	20 20 1	≐{			40,7	<u> </u>	11,337.
<u> AUDEC</u>	A CAROLINA CONTRACTOR	·			En Indicated Steems	and an anhad	hilaa aad ah		d to the best o	.4 1	and belief it is
		Under penalties of perjury true, correct, and comple	le. Declaration of pre	parer (other loan-off	eer) sibased on all	intermation of	which prep	arer has any	knowledge		lowledge allo belief, it is
Sig	an	▶ ('(1:10	N lar				1	8/13/	10	
He	re	Signature of officer						Da	nte		
		CHAIM HAR	KAVY DI	rector	_						
:		Type or print name a		1000							· · · · · · · · · · · · · · · · · ·
_		1		10	11	Da	ite	С	heck if	P	reparer's identifying number see instructions)
^ Pa	id	Propagate 1	Lauren	u I Dou	res ch	2		se ei	elf- mployed	X "	0
ž Pr	e-	Preparer's signature FRANCINE BAUER, EA 08/10/10									400477852
	rer's	Firm's name (or Fra	ancine Bau								
Us Or		yours if self- employed). PO	Box 208					E	IN - 11	-29	94946
L'OI	ııy	l address and	inbridge		NY	13733	3		hone no		
Ma	v the IR	S discuss this return		er shown above					_		X Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/20/09

Form 990 (2009)

Form	n 990 (2009) THE SOUTHERN-TIER TORAH ADVANCEMENT & REVITIZATION FOUNDATION	20-4	351294	Page 2
	Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission:			
	ADVANCING TRADITIONAL JEWISH STUDY & PRACTICE			
	**			
2	Did the organization undertake any significant program services during the year which were not listed	on the prior		
	Form 990 or 990-EZ?		Yes	X No
	If 'Yes,' describe these new services on Schedule O			_
3	·	ervices?	☐ Yes	X No
•	If 'Yes,' describe these changes on Schedule O		L	
Δ	Describe the exempt purpose achievements for each of the organization's three largest program service	es hy exnens	es Section 5	01(c)(3)
•	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	and allocations	s to others, th	e total
	expenses, and revenue, if any, for each program service reported.			
				
Δ.	a (Code:) (Expenses \$ 353,996. including grants of \$ 35,560.) (Revenue	Ś	0.)
	FUNDING AND RUNNING THE MAIMONIDES JEWISH LEADERS FELLOWSHIP.		Ψ	
	ADVANCING TRADITIONAL JEWISH STUDY THROUGH CLASSES, EVENTS, AN			
	ONE-ON-ONE MEETINGS. OVERSEEING LOCAL EATERIES TO MAKE SURE			
	FOLLOW THE STRICT GUIDELINES FOR MAINTAINING A KOSHER ESTABLIS	HWENT.		
	*			
4	b (Code) (Expenses \$ including grants of \$	_) (Revenue	\$)
A	c (Code:) (Expenses \$ including grants of \$) (Payanus	¢	•
4	Coode	_) (vesseure	٧	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
				<b></b>
	***************************************			
_	d Other program assures (Describe in Calculate O.)	··		· · · · · · · · · · · · · · · · · · ·
4	d Other program services (Describe in Schedule O.)			_
	(Expenses \$ including grants of \$ ) (Revenue	; Ş		
4	e Total program service expenses ► 353, 996.			

			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		X
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	Section 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		x
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		х
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, VIII, IX, or X as applicable	11	Х	arine essin
•	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	12 - 13 12 - 13 14 - 13		
•	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	1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<b>*</b> ** (*)	
•	<ul> <li>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</li> </ul>		5.	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
12	AWas the organization included in consolidated, independent audited financial statement for the tax  Yes No	oue.	750	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	-	X
	b 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		x
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		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		х
19 20	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.  Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19		X
20	old the digalization operate one of more hospitals: if res, complete schedule in	20	<del></del>	<u>  X</u>

20-4351294 . THE SOUTHERN-TIER TORAH ADVANCEMENT & REVITIZATION FOUNDATION Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 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 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 employees? If 'Yes,' complete Schedule J ... ... 23 X 24a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ... . 24c . . d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a 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 X 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 990-EZ? *If 'Yes,' complete* 25b . . . . . . . . X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X 27 X Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b . . . . . . . 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 IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M . . 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N. Part II 32 Х 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 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X . . . . . . . . . . . . . . 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 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 36 X

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Form 990 (2009)

X

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

				Yes	No
	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16	이		
C	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners? $\cdot$	and reportable gaming	1c	<b>*</b>	
2 a	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 (p			
2b	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 retuin	rn (see instructions)	44	Pin	# 3 PT
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by .	3a	X.	
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		_ 3b	$\mathbf{X}$	
4a	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a lancial 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 Financial Accounts.	oreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	. 5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		Х
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Enti- Tax Shelter Transaction?	ity Regarding Prohibited	5c		
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, are solicit any contributions that were not tax deductible?	nd did the organization	6a		Х
b	olf 'Yes,' did the organization include with every solicitation an express statement that such condeductible?	ntributions or gifts were not	6b		
7	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 provided to the payor?	artly for goods and services	7a		X
Ł	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it was required to file	7c		х
d	I If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
€	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	s on a personal	. 7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		71		Х
ç	$oldsymbol{\mathfrak{g}}$ For all contributions of qualified intellectual property, did the organization file Form 8899 as re	equired?	7g		<u> </u>
ł	i For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form		7 h		NG NEWS/6
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, haddings at any time during the year?	g organizations. Did the ave excess business			
9	Sponsoring organizations maintaining donor advised funds.				<b>100</b>
·	a Did the organization make any taxable distributions under section 4966?		9a	A CHARLES	0388 ***********************************
	Did the organization make any distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:	, ,	3 7	739	San San
	Initiation fees and capital contributions included on Part VIII, line 12	10a		200	1
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b		<b>F</b>	. 4
11		<u> </u>			100
á	a Gross income from other members or shareholders	11a	i di N		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116		*	
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	126		10.4	414

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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.

Sec	tion A.	Governing B	ody and Manag	ement								
								•			Yes	No
1 a	Enter the	number of voting	members of the go	verning body			. 1	a 5		4.7.7.1 14. 2.11	3 1	era: Wali
t	Enter the	number of voting	members that are	independent	•		1	ь 0		19V		
2	Did any of officer, d	officer, director, tr irector, trustee or	ustee, or key emplo key employee?	yee have a fa	mily relation	ship or a busines	s relation	nship with any of	ther	2	X	KANYTA
3	Did the o	rganization deleg s, directors or tru	ate control over mai stees, or key employ	nagement duti yees to a man	ies customar lagement co	rily performed by mpany or other pe	or under erson?	the direct super	vision .	3		<u>x</u>
4	Did the o	rganızatıon make	any significant chai	nges to its org	ganızatıonal (	documents			1	4		<u> X</u>
		prior Form 990 v						• •		l		
5		•	ne aware during the	-	terial diversi	on of the organization	ation's as	ssets?	ļ	5		<u> X</u>
6	Does the	organization hav	e members or stock	holders?		• •		•		6		<u>X</u>
	governin	g body?	e members, stockho					•	. .	7a		х
1	Are any	decisions of the g	overning body subje	ect to approval	I by member	rs, stockholders, o	or other p	ersons?		7b	Market Street	X
8	Did the o	rganization conte ving:	mporaneously docu	ment the mee	tings held or	written actions u	ındertake	n during the yea	Ir DV 19	THE SALE		1677 LANDS
1	The gove	rning body?							[	8a	Х	
1	Each cor	nmittee with auth	ority to act on behal	f of the gover	ning body?					8ь	X	
9	is there a	any officer, directe	or or trustee, or key ress? <i>If 'Yes,' provi</i>	employee list de the names	ed in Part V and address	II, Section A, who ses in Schedule C	cannot l	be reached at th	e	9		
Sec	tion B.	Policies (7	his Section B re	equests info	ormation a	about policies	not req	uired by the	Internal		· <del>-</del>	
Rev	enue Code	2.)										
									r		Yes	No
10	a Does the	organization hav	e local chapters, bra	anches, or affi	iliates?		• • •			10a		<u>X</u>
1	o If 'Yes,' o and bran	does the organiza iches to ensure th	tion have written po eir operations are c	licies and pro- onsistent with	cedures gove those of the	erning the activitie organization?	es of suc	h chapters, affili	iates,	10b		
11	Has the	organization provi	ided a copy of this F	form 990 to al	I members o	of its governing bo	ody befor	e filing the form	? [	11	X	
11	A Describe	in Schedule O th	e process, if any, u	sed by the org	janization to	review this Form	990.			1000	. st. 151	1.5
12	a Does the	organization hav	e a written conflict of	of interest poli	icy? <i>If 'No,' g</i>	go to line 13 .			ļ	12a	Х	
	b Are office to conflic	ers, directors or to cts?	rustees, and key em	ployees requi	red to disclo	se annually intere	ests that	could give rise		12b	X	
•	Does the Schedule	organization reg O how this is do	ularly and consisten one	itly monitor an	nd enforce co	ompliance with the	e policy?	If 'Yes,' describ	e in	12c	х_	
13	Does the	organization hav	e a written whistleb	lower policy?				•		13		X
14	Does the	organization hav	e a written documer	nt retention ar	nd destructio	n policy? .				14	a planta de la companya de la compa	X
15	Did the persons,	rocess for detern comparability da	nining compensation ta, and contempora	n of the followi neous substar	ing persons intration of the	include a review a e deliberation and	and appro	oval by independ	dent			
	a The orga	nization's CEO, E	Executive Director, o	r top manage	ment official				Ĺ	15a		X
ļ	<b>b</b> Other off	ficers of key empt	oyees of the organiz	zation					[	15b		X
	If 'Yes' to	line 15a or 15b,	describe the proces	ss in Schedule	O. (See ins	structions)					<b>M</b>	W. ar
16	a Did the o entity du	organization investing the year?	t in, contribute asse	ts to, or partic	cipate in a jo	oint venture or sim		ngement with a	taxable	16a		X
1	in joint v	has the organizati enture arrangement of respect to sucl	on adopted a writter ents under applicable n arrangements?	n policy or pro e federal tax l	ocedure requiaw, and take	iiring the organiza en steps to safegi	ation to e uard the	valuate its partio organization's ex	cipation kempt	16b		
Sed		Disclosures	<del></del>	_				<u></u> <u>.</u>				
17	List the s	states with which	a copy of this Form	990 is require	ed to be filed	- NEW	York	-				
18			organization to mak ou make these avai	-			90, and 9	90·T (501(c)(3)s	only) avai	lable	for pu	blic
		website	Another's web		X Upon r							
19	Describe statemer	n Schedule O w	hether (and if so, ho e public.	ow) the organi	zation make	s its governing do	ocuments	, conflict of inte	rest policy,	and ·	financ	ial
20			address, and teleph	one number o	f the person	who possesses t	he books	and records of	the organiz	zation	:	
		CHAIM HAR		OX 446		INGHAMTON	_ <u>NY</u>		-			5 <u>579</u>

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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.

Check this box if the organization did not compensate any current officer, director, or trustee											
(A)	(B)			(0				(D)	(E)	(F)	
Name and Title	Average hours		lion (		ali t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other	
,	per week	advictal trustee ਹਾ ਹੀਵਦਾਨਮ	institutional forstee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099 MISC)	compensation from the organization and related organizations	
RABBI CHAIM HARKAVY											
DIRECTOR	50.00	x			х	X		88,143.	0.	0.	
MARC BULMAN											
EMPLOYEE	40.00				x			67,296.	0.	0.	
MATTHEW SAUNDERS											
PRESIDENT	2.00			х				0.	0.]	0.	
JACOB HAREL											
VICE PRESIDENT	2.00			X				0.	0.	0,	
JAMIE PECK											
TREASURER	2.00			X				0.	0.	0.	
ELIZABETH KLEIN											
RECORDING SEC	2.00	İ		X				0.	0.	0,	
JOEL ROBINSON											
EMPLOYEE	40.00				X		L	45,000.	0.	0.	
ADINA HARKAVY	i	i I				ľ					
EMPLOYEE	40.00				X		$oxed{oxed}$	24,415.	0.	0.	
ISSAH ROTHSTEIN			ľ		1						
EMPLOYEE	4.00		Щ		X		L	1,250.	0.	0.	
MALKA DEUTSCH							1	}	}		
EMPLOYEE	4.00				Х		L	1,036.	0.	0.	
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >

Page 9

Pa	rt viii   Statement of Revenue				
		(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	ta Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in Ins 1a-1f h Total. Add lines 1a-1f	416,955.			
PROGRAM SERVICE REVENUE	Business Code  2a  b  c  d  e  f All other program service revenue  g Total. Add lines 2a-2f				
	Investment income (including dividends, interest and other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  (i) Real  (ii) Personal  6a Gross Rents  b Less rental expenses c Rental income or (loss)  d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events.  9a Gross income from gaming activities. See Part IV, line 19.				
	b Less: direct expenses  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory			-	
	Miscellaneous Revenue Business Code  11a Security Deposit 900099  b c	1,625.	1,625.	0.	0.
	d All other revenue e Total. Add lines 11a-11d	1,625.	1 625		0

Form 990 (2009)

Rantit Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do n	All other organizations must compared to tinclude amounts reported on lines	(A) Total expenses	(B) Program service expenses	(C)	(D) Fundraising
1	7b, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		expenses	general expenses	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.	35,560.	35,560.	v.	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	227,711.	205,260.	22,451.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		<u> </u>		
10	Payroll taxes	18,011.	16,210.	1,801.	0.
11	Fees for services (non-employees)			· · · · · · · · · · · · · · · · · · ·	
	Management				
	Legal	50.	0.	50.	0.
	Accounting	2,834.	0.	2,834.	0.
	Lobbying See Best W. Let 17		Recording to		
	Prof fundraising svcs. See Part IV, In 17	-	Marie Marie State	St. 13 1 Salama St Marie Co.	
	Investment management fees				
_	g Other  Advertising and promotion	228.	228.	0.	0.
13	04	9,476.	0.	9,476.	0.
14	Information technology	1,766.	1,766.	9,470.	0.
15	Royalties	1,700.	1,700.	· · · · · · · · · · · · · · · · · · ·	<del></del>
16	Occupancy	20,095.	20,095.	0.	0.
17	Travel	17,927.	5,492.		0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		<u> </u>	127.55	
19	Conferences, conventions, and meetings	2,596.	2,400.	196.	0.
20	Interest	1,598.	1,598.	0.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,768.	1,768.	0.	0.
23		a war programme a rest	. W		
24	covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	RELIGIOUS MATERIALS	16,680.	16,680.	0.	0.
	RELIGIOUS ARTICLES	4,477.	4,477.	0.	0.
	RELIGIOUS SERVICES	5,829.	5,829.	0.	0.
	SABBATH PROGRAMMING	14,901.	14,901.	0.	0.
	LARGE EVENTS	799.	799.	0.	0.
	All other expenses	24,277.	20,933.	3,344.	0.
	Total functional expenses. Add lines 1 through 24f	406,583.	353,996.	52,587.	0.
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	<b>L</b>				Form 990 (2009)

Form 990 (2009)

BAA

Form 990 (2009)

Part X Balance Sheet (A) (B) Beginning of year End of year 40,737. 1 11,199. Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a 304,527 Complete Part VI of Schedule D 10b 2,656 10 c 301,871 **b** Less: accumulated depreciation. 11 Investments - publicly-traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 40,737. 313,070 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 073 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 0. 26 Total liabilities. Add lines 17 through 25 26 301,073 Organizations that follow SFAS 117, check here ► and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 40,737 32 11,997. 33 Total net assets or fund balances. 40,737. 33 11,997. 34 40,737 34 313,070. Total liabilities and net assets/fund balances.

TEEA0111 01/30/10

	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	<b>b</b> Were the organization's financial statements audited by an independent accountant?	. 2b		X
	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		
	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  Both consolidated and separate basis			
3	a 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.

BAA

Form 990 (2009)

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

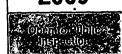
Department of the Treasury Internal Revenue Service

**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.

2009



Name o	of the organization							Employer	identificat	ion number		
THE	SOUTHERN-TIE	R TORAH ADVANCI	EMENT & REVITIZA	ATION	FOUN	DATIO	N	20-43	51294			
			s (All organizations					See in	nstruct	ions		
The o	organization is not a p	rivate foundation because	se it is: (For lines 1 through	gh 11, ch	eck only	y one bo	x.)					
1			ciation of churches descr									
2	A school describe	ed in <b>section 170(b)(1)(</b> A	AXII). (Attach Schedule E.	.)								
3	A hospital or coo	perative hospital service	organization described ii	n sectio	n 170(b)	(1)(A)(iii	). _,					
4	A medical resear	ch organization operate	d in conjunction with a ho	spital de	scribed	ın <b>secti</b>	on 170(	<b>ΙΧΑΧ</b> ΙΧΑ	iii). Ente	r the hospi	tai's	
	name, city, and s	state:										
5	☐ 170(b)(1)(A)(iv).	(Complete Part II.)	of a college or university					nental ui	nıt desci	ribed in <b>sec</b>	tion	
6 7	An organization		governmental unit describ substantial part of its sup art II)					or from t	he gene	ral public de	escribe	ed
8			70(b)(1)(A)(vi). (Complete	e Part II.	)							
9	from activities re	lated to its exempt funct	more than 33·1/3 % of nons — subject to certain ss taxable income (less s omplete Part III.)	exceptio	ns. and	(2) no r	nore tha	ın 33∙1/3	3 % of it	s support fr	om ar	oss
10	An organization	organized and operated	exclusively to test for pub	olic safet	y.See s	section 5	509(a)(4	).				
11												
	<b>a</b>	<b>b</b> Type II	c 🔲 Type III	I - Fund	tionally	integrate	ed		d □	Type III-	Other	
е	By checking this than foundation in 509(a)(2).	box, I certify that the organization and other than	ganization is not controlle n one or more publicly sup	d directi pported	y or indi organiza	rectly by ations de	y one or escribed	more di in section	squalific on 509(a	ed persons a)(1) or sec	other tion	
f	If the organizatio check this box	n received a written dete	ermination from the IRS th	hat is a	Гуре I, Т	Гуре ІІ о	r Type 1	II suppo	rting org	anization,		
g	Since August 17,	, 2006, has the organiza	tion accepted any gift or	contribu	tion fror	n any of	the foll	owing pe	ersons?		, . <del></del> ,	
											Yes	No
	(i) a person w	ho directly or indirectly i governing body of the si	controls, either alone or to	ogether v	with per	sons des	scribed	ın (ıı) an	d (III)	. 119(1)		
		ember of a person desc	•	•	•	•		•		11g (ii)		
	•	•	described in (i) or (ii) ab	ove?	•		•		•	11 g (iii)		<u> </u>
h		- · · · · · · · · · · · · · · · · · · ·	he supported organization			• •		• •	•	119(11)		<u> </u>
	(1) Name of Supported Organization	(ii) EIN	(lii) Type of organization (described on lines 1-9	(lv)	ls the	(v) Did y	ou notify	(vi) I organizat	s the	(vii) Amour	t of Sup	port
			above or IRC section (see instructions))	(i) liste	d in your erning ment?	col	(I) of upport?	(i) organi	zed in the S.?			
				Yes	No	Yes	No	Yes	No	L		
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Total	1	b .	<u> </u>		12 m		<b>K</b>		1 28			

	(Complete only if you checke	d the box on line	5, 7, or 8 of Part I	)					
Sec	tion A. Public Support								
Cale: Degi:	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
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		,						
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	3 (e) 2009 (f) Tot			
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
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)								
11	Total support. Add lines 7 through 10 .	L							
12	Gross receipts from related activ	rities, etc (see in	structions)			12			
13	First five years. If the Form 990 organization, check this box and	is for the organization here	ation's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(3)	<b>►</b> [ <b>X</b>		
	tion C. Computation of Pu								
14	Public support percentage for 20	009 (line 6, colum	n (f) divided by line	e 11, column (f)		14	%_		
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	%		
	a 33-1/3 support test — 2009. If the and stop here. The organization b 33-1/3 support test — 2008. If the	qualifies as a pul e organization did	blicly supported or I not check a box o	ganization. on line 13, or 16a,					
	and <b>stop here.</b> The organization	qualifies as a pul	olicly supported or	ganization		•			
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	' test, check this b	ox and <b>stop her</b>	e. Explain in Part IV	)% how ► [		
	b 10%-facts-and-circumstances to	est - 2008. If the	organization did n	ot check a box on	line 13, 16a, 16l	o, or 17a, and line 15	is 10%		

	Support Schedule fo	r Organizatio	ns Described			20 100		, , ,
	(Complete only if you chec	ked the box on li	ne 9 of Part I)					
	tion A. Public Support				1			
Caler	idar year (or fiscal yr 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 unusual grants.)	: 						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
7a	Total. Add lines 1 through 5.  Amounts included on lines 1, 2, 3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line	for the second of the second	100	S. Carrier	The sales and the sales			
	7c from line 6.)				A CANAL MANAGE			
Sec	tion B. Total Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 200	9	(f) Total
9	Amounts from line 6			1		1		· · · · · · · · · · · · · · · · · · ·
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	d, third, fourth, c	or fifth tax year as	a section 50	1(c)(3)	
	tion C. Computation of Pu			·	<u> </u>	<del></del>	<del></del>	
	Public support percentage for 20			e 13 column (ft)			15	<u></u> %
	Public support percentage from 2		• •				16	
	tion D. Computation of Inv					•••	10	
	Investment income percentage for				mn (fl)	····	17	<del></del> %
	Investment income percentage fr	•	**	•		• • • • • •	18	
	33-1/3 support tests - 2009. If the				Id line 15 is more t	han 33.1/3%		
	more than 33-1/3%, check this b 33-1/3 support tests - 2008. If the	ox and stop here ne organization d	. The organization id not check a box	n qualifies as a pu con line 14 or 19a	iblicly supported o	rganization ore than 33-1	1/3% and	. ▶∐
	is not more than 33-1/3%, check	this how and sto	n here. The organ	ization qualifies a	s a publicly suppo	rted organiza	ition	······ ► □

Schedule A	(Form 9	90 or 9	90-FZ	2009	THE	SOUTHERN	TIER	TORAH 2	ADVANCI	EMENT &	REVIT	IZATI	ON FOUNI	DATION	20-43	351294	1	Page 4
Randyr	Suppl	emen	tal In	orma	tion.	Comple	te th	is nar	t to n	rovide	the	expl	anatio	ns re	auired b	v Part	II. line 1	0:
	Part II	. line	17a c	r 17b	: and	Part III	. line	12. F	Provid	e anv	othe	r add	ditiona	l info	rmation	. See in	nstructio	ns.
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545-0047 2009

Employer Identification number

THE	SOUTHERN-TIER TORAH ADVANCE	MENT & REVITIZATION	ON FOUNDATIO	N	20-4351294	
	Organizations Maintaining Dono	r Advised Funds or Ot	her Similar Fun			e if
	the organization answered 'Yes' t	o Form 990, Part IV, li	ne 6.		<u> </u>	
		(a) Donor advise	d funds	(b) l	unds and other acc	ounts
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 don funds are the organization's property, subject t	or advisors in writing that the	e assets held in don e legal control?	or advised	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for t purpose conferring impermissible private bene	he benefit of the donor or do	ting that grant funds nor advisor or for ar 	may be ny other	. Yes	∏ No
Paj	Conservation Easements Comple	ete if the organization	answered 'Yes'	to Form 9	90, Part IV, line	7.
	Purpose(s) of conservation easements held by				<del>,/</del>	<del></del>
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of	f an historic	ally important land a	area
	Protection of natural habitat	,			storic structure	
	Preservation of open space		المسا			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservat	ion contribution in th	e form of a	conservation easem	ent on the
			<del></del>	y 1 (b	Held at the End o	f the Year
í	Total number of conservation easements			2a		
ı	Total acreage restricted by conservation easer	ments .		2Ь		
•	Number of conservation easements on a certif	ned historic structure include	d ın (a)	2c		
•	Number of conservation easements included in	n (c) acquired after 8/17/06.		2d		
3	Number of conservation easements modified,	· · ·		d by the orga	anization during the	tax
	year ▶	<b>.</b>		, g.	and a contract of the contract	· ·
4	Number of states where property subject to co	nservation easement is local	ted ►			
5	Does the organization have a written policy reand enforcement of the conservation easemen	garding the periodic monitori	\ <del></del>	 lling of viola	tions, Yes	□No
6	Staff and volunteer hours devoted to monitorin during the year		conservation easen	nents	тез	☐ <b>140</b>
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing cons	servation easements	\$ _		_
8	Does each conservation easement reported or	n line 2(d) above satisfy the i	requirements of sect	ion		
_	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?				🔲 Yes	☐ No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements of the organization's financial	s in its revenue and statements that des	expense sta scribes the o	tement, and balance organization's accou	e sheet, and nting for
Pa	CIII Organizations Maintaining Colle	ections of Art Historic	al Treasures or	Other Si	milar Assets	
	Complete if the organization ans	swered 'Yes' to Form 9	90, Part IV, line	8.		
1 :	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	lic exhibition, education, or re	esearch in furtheran	nt and baland ce of public	ce sheet works of ar service, provide, in	t, historical Part XIV,
1	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.	SFAS 116, to report in its relicion structure structure of the second structur	evenue statement ar esearch in furtheran	nd balance s ce of public	heet works of art, hi service, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			•	>\$	• •
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or oth		financial ga	ain, provide the follo	wing
	a Revenues included in Form 990, Part VIII, line	•			. <b>⊳</b> \$	
	Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • • •		• \$	

Schedule D (Form 990) 2009 THE SOUTHERN-TIER	TORAH ADVANCEMENT & REVI	TIZATION FOUNDATION	20-4351	294		Page 2
Canal Organizations Maintaining Coll			Other Similar Asse	ets (co	ntinue	ed) *
3 Using the organization's acquisition accession items (check all that apply):	_		are a significant use o	f its coll	ection	
a Public exhibition	d Loan or	r exchange programs				
<b>b</b> Scholarly research	e 🔛 Other					
c Preservation for future generations						
4 Provide a description of the organization's collection Part XIV.				n		
5 During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, I be maintained as part of t	nistorical treasures, or o the organization's collec	tner similar tion?	Yes	Γ	No
Escrow and Custodial Arrange 9, or reported an amount on Fo	ments Complete if or	ganization answere		90, Par	t IV, I	line
1a Is the organization an agent, trustee, custodia included on Form 990, Part X?	an, or other intermediary fo	or contributions or other	assets not	Yes		 ] No
<b>b</b> If 'Yes,' explain the arrangement in Part XIV	and complete the following	ı table:				
				<u>Amount</u>		
c Beginning balance			1c			
d Additions during the year			. 1d			
e Distributions during the year			1e			
f Ending balance			. 1f	-		<del></del>
2a Did the organization include an amount on Fo				Yes	L	No
b If 'Yes,' explain the arrangement in Part XIV.						
Endowment Funds Complete if						
(a) Curre	nt year (b) Prior year	(c) Two years back	(d) Three years back	(e) F	our years	s back
1 a Beginning of year balance		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
<b>b</b> Contributions						
c Net Investment earnings, gains, and losses			And the second s			
d Grants or scholarships						
e Other expenditures for facilities and programs			· 是一个一个一个		F.	
f Administrative expenses .				200		
g End of year balance		the or without the	4 ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 )	Let M.		
2 Provide the estimated percentage of the year	end balance held as:					
a Board designated or quasi-endowment 🕨 _	<b>\</b>					
<b>b</b> Permanent endowment ▶	8					
c Term endowment ► %						
3a Are there endowment funds not in the posses	ssion of the organization th	nat are held and adminis	tered for the	_		
organization by:	•				Yes	No
(i) unrelated organizations	• • • • • •			3a(i)		ļ
(ii) related organizations		• • • • •		.  3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related organizations	•			. <u>3</u> b		<u> </u>
4 Describe in Part XIV the intended uses of the			10 10			
Rait 文章 Investments—Land, Buildings,						
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) E	Book Va	
1a Land	29,608.					<u>, 608.</u>
<b>b</b> Buildings	266,942.		1,699.		<u> 265</u>	,243.
c Leasehold improvements .						
d Equipment					<del></del>	
e Other	7,977.		957.			<u>,020.</u>
Total. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part X, co	iumn (B), line 10(c))	. 커		_	<u>,871.</u>
BAA			Sche	dule D (F	orm 99	90) 2009

Schedule D (Form 990) 2009 THE SOUTHERN-TIER TORAL	ADVANCEMENT & REVITIZATION	ON FOUNDATION	20-4351294	Page 3
Part VIII    Investments—Other Securities See				<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) f	Method of valuation ind-of-year market value	
Financial derivatives			nd-or-year market value	
Closely-held equity interests			<del></del>	
Other				
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)		,		, , , , , , , , , , , , , , , , , , ,
PartWilli Investments-Program Related (Se	e Form 990, Part X, III	ne 13)		
(a) Description of investment type	(b) Book value	(c)	Method of valuation	
		Cost or e	end-of-year market value	
	<del></del>			
	<del></del>	<del></del>		
	<del></del>	<del></del>		
		<del></del>	<del></del>	<del></del>
	<del></del>			
<del></del>				
		****		
Part X Other Assets (See Form 990, Part	X, line 15)			
Part X Other Assets (See Form 990, Part				ok value
Partix Other Assets (See Form 990, Part	X, line 15)			ok value
Partix Other Assets (See Form 990, Part	X, line 15)			ok value
PartiX Other Assets (See Form 990, Part	X, line 15)			ok value
Partix Other Assets (See Form 990, Part	X, line 15)			ok value
Partix Other Assets (See Form 990, Part	X, line 15)			ok value
Partix Other Assets (See Form 990, Part	X, line 15)			ok value
Caralless Other Assets (See Form 990, Part (a	X, line 15) ) Description			ok value
Column (b) must equal Form 990, Part X, col (B)	X, line 15) ) Description  ), line 15)			ok value
Total. (Column (b) must equal Form 990, Part X, col (B)	X, line 15) ) Description  ), line 15) art X, line 25)		(b) Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities (See Form 990, P  (a) Description of Liability	X, line 15) ) Description  ), line 15)		(b) Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)	X, line 15) ) Description  ), line 15) art X, line 25)		(b) Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities (See Form 990, P	X, line 15) ) Description  ), line 15) art X, line 25)		(b) Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities (See Form 990, P  (a) Description of Liability	X, line 15) ) Description  ), line 15) art X, line 25)		(b) Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities (See Form 990, P  (a) Description of Liability	X, line 15) ) Description  ), line 15) art X, line 25)		(b) Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities (See Form 990, P  (a) Description of Liability	X, line 15) ) Description  ), line 15) art X, line 25)		(b) Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  Part X Other Liabilities (See Form 990, P  (a) Description of Liability	X, line 15) ) Description  ), line 15) art X, line 25)		(b) Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  Ration Other Liabilities (See Form 990, P  (a) Description of Liability	X, line 15) ) Description  ), line 15) art X, line 25)		(b) Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  California (B) Total (Column (b) Description of Liability	X, line 15) ) Description  ), line 15) art X, line 25)		<b>(b)</b> Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  California (B) Total (Column (b) Description of Liability	X, line 15) ) Description  ), line 15) art X, line 25)		<b>(b)</b> Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  California (B) Total (Column (b) Description of Liability	X, line 15) ) Description  ), line 15) art X, line 25)		<b>(b)</b> Bo	ok value
Total. (Column (b) must equal Form 990, Part X, col (B)  California (B) Total (Column (b) Description of Liability	X, line 15) ) Description  ), line 15) art X, line 25)		<b>(b)</b> Bo	ok value

		-4351294 Page 4
ria!	Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	•
7	Prior period adjustments	••
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10 Baran	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	·
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	
1	Total revenue, gains, and other support per audited financial statements	1 2000000
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains on investments	
	Donated services and use of facilities	
	Recoveries of prior year grants	
	d Other (Describe in Part XIV)	1 Marie 1
•	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	444
	Investments expenses not included on Form 990, Part VIII, line 7b 4a	
1	Other (Describe in Part XIV)	
(	Add lines 4a and 4b	4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Pa	版知图 Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
i	a Donated services and use of facilities 2a	
1	Prior year adjustments	
	Other losses	- P. (3. 78)
	d Other (Describe in Part XIV)	3. month
	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
,	a Investments expenses not included on Form 990, Part VIII, line 7b 4a	
	- Other (December 2 Dect VIV)	
	Total expenses. Add lines <b>3</b> and <b>4c</b> (This must equal Form 990, Part I, line 18.)	5
-	Supplemental Information	.  3
Con	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part mation.	ines 1b and 2b; Part V, to provide any additional

TEEA3304 02/02/10

Schedule D (Form 990) 2009

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Schedule <b>D</b> (Form 990) 2009	THE SOUTHERN-TIER TORAH ADVANCEMENT & REVITIZATION FOUNDATION  I Information (continued)	20-4351294	Page 5
Partx Va Supplementa	Information (continued)		·
			·
		· <b></b>	

# SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

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OMB No 1545-0047

Employer identification number Department of the Treasury Internal Revenue Service Name of the organization Part

N . CIERCINO BIID AI TIE							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	•						
	•						
	•						
	•						
	•						
2 Enter total number of section 501(c)(3) and government organizations	(3) and government or	ganizations					
	4						

3 Enter total number of other organizations

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

TEEA3901 02/10/10

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 **padilis Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Partiv | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information _NO MONITORING IS DONE AFTER DISTRIBUTION OF GRAN € GRANT IS GIVEN BASED ON (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance ATTENDANCE AND COMPETION OF RELIGIOUS CLASSES. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Pt_I_Line_2 Pt_I_Line_2 BA

20-4351294

THE SOUTHERN-TIER TORAH ADVANCEMENT & REVITIZATION FOUNDATION

Schedule I (Form 990) 2009

## SCHEDULE.O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization	Employer identification number
THE SOUTHERN-TIER TORAH ADVANCEMENT & REVITIZATION FOUNDATION	20-4351294
Pt_VI-A, Line 2 FAMILY RELATIONSHIP	
Pt VI-C, Line 19 UPON WRITTEN REQUEST	
Pt_VI-B, Line 12c ALL ARE INTERVIEWED ON AN ANNUAL BASIS	
Pt_VI-B, Line 11A COMPARE ENTRIES WITH DIRECTOR'S INCOME AND EXP	ENSE WORKSHEETS
	· 

#### Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

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

See separate instructions.
Attach to your tax return.

THE SOUTHERN-TIER TORAH ADVANCEMENT & REVITIZATION FOUNDATION

OMB No 1545-0172

2009

Attachment Sequence No 67

Identifying number 20-4351294

Business or activity to which this form relates Form 990 / Form 990EZ Range Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 \$250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 2 Total cost of section 179 property placed in service (see instructions) 3 \$800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (b) Cost (business use only) (C) Elected cost (a) Description of property 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Randle Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16 Ratillia MACRS Depreciation (Do not include listed property.) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (a) Classification of property (C) Basis for depreciation (e) Convention (f) Method (b) Month and (g) Depreciation year placed (business/investment use Recovery period deduction only - see instructions) 19 a 3-year property 3,191 5.0 yrs HY 200 DB 638. **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 09/09 27.5 yrs 106,589 MM \$/L 1,130 h Residential rental property. 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-vear 40 yrs MM S/L Part N. Summary (See instructions.) 21 Listed property. Enter amount from line 28 ...... 21 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

For assets shown above and placed in service during the current year, enter

1,768.

22

20-4351294

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

	Note: Fo	r any vehicle fo (a) through (c)	r which vou ar	e usına th	ne stand tion B, a	lard milea	age rate ion C if	or ded	ucting le ble.	ase exp	ense, co	mplete	only 24	a, 24b,	
		n A – Deprecia								mits for	passeng	er auto	mobiles.	<u> </u>	
24 a	Do you have evidend	e to support the bu	siness/investmen	it use claime	d?	<u>.                                    </u>	Yes	No	24b If "	Yes,' is the	evidence	written?		Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost other b	or	(busines	(e) r deprecia ss/investm se only)	tion ent	(f) Recovery period	Me	(g) hthod/ vention	Depre	h) eciation uction	Ele section	cted on 179 ost
25	Special depreci	ation allowance	for qualified l	isted prop	erty pla	iced in se	ervice d	uring th	e tax ye	ar and	25				
26						T		<del></del>						1	
										-				-	
27	Property used 5	00% or less in a	qualified busi	ness use:		 T									
						1		_		1					
28	Add amounts in	column (h) lun	es 25 through	27 Enter	here ar	nd on line	e 21 na	ne 1			. 28				100 m
	Add amounts in	• • •	•				c 21, pc	ige i .			. 20	<u> </u>	. 29		Charles Control
	, rea amounto m		20. 2	Section			on Use	of Veh	icles		<u> </u>				
Com	plete this section	n for vehicles us	sed by a sole ;	oroprietor,	, partnei	r, or othe	er 'more	than 59	% owner	,' or rela	ited pers	on. If yo	ou provid	ded vehi	cles
	our employees, fi														
30	Total business/ during the year commuting mile	(do not include		1 '	a) Icle 1	(t Vehi	•	1	ic) ncle 3		(d) (e) Vehicle 4 Vehic		•	Vehicle 6	
31		•	he year .												
32	Total other pers														
33	Total miles driv lines 30 through						·	<u> </u>				 			
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use	.	ļ										<u> </u>
35	Was the vehicle than 5% owner	e used primarily or related pers	by a more on?												
36	Is another vehi personal use?				<u></u>										
Ans	wer these question	ons to determin	C - Question e if you meet a										o <b>are no</b>	t more t	han
5%	owners or related	d persons (see	instructions).			·		····						Yes	No
37	Do you maintai by your employ		cy statement t	hat prohib	•	ersonal ι ··	use of v	ehicles,	ıncludın	g comm	uting,				
38		n a written police the instruction										•			
39	Do you treat all	use of vehicles	s by employee	s as pers	onal use	7									
40	Do you provide vehicles, and re	more than five etain the inform	vehicles to yo ation received	our employ	yees, ob	taın ınfo	rmation	from yo	our empl	oyees al	bout the	use of t	he		
41	Do you meet th Note: If your ai	ie requirements Inswer to 37, 38,													
Pa	rt.VI⊋ Amort	ization													
	Des	(a) scription of costs		Date a	(b) mortization egins		(c) Amortizat amount		C	(d) lode lotion	Amo per	(e) ortization riod or centage		(f) Amortizatio for this yea	
42	Amortization of	f costs that beg	ıns durıng you	r 2009 tax	year (s	see instru	uctions)	:							
	<del> </del>		·												
	A .			0000								1	<del> </del>		
43 44		of costs that beg ounts in column	•		•	nere to re	port					43	<del> </del>		

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2009

20-4351294

► Keep for your records Tax Year 2009 THE SOUTHERN-TIER TORAH ADVANCEMENT & REVITIZATION FOUNDATION Form 990 - / Form 990EZ

Form 4562

1,130 1,768 Current, Depreciation 1,768 Prior Depreciation Method/ Convention 200DB/HY SI/MM 106,589 27.50 5.00 Life 3, 191 Depreciable Basis 109,780 109,780 Special Depreciation Allowance Section 179 40.00 Business Use % 40.00 29, 608 29,608 29,608 Land 266, 473 7,977 274,450 274,450 Cost (net of land) 09/01/09 09/01/09 Date in Service Code 401 Murray Hill Rd Vestal NY Furnishings 401 Muray Hill Rd SUBTOTAL CURRENT YEAR **Asset Description** DEPRECIATION TOTALS

Code: S = Sold, A = Auto, L = Listed, C = COGS

FDIV3601 07/21/09

Page 1 of 1

62 Alternative Minimum Tax Depreciation Report	THE SOUTHERN-TIER TORAH ADVANCEMENT & REVITIZATION FOUNDATION	0 - / Form 990EZ	Is in our of
Form 4562	THE SOUTHERN-TIER TORAH AL	Form 990 - / Form 990EZ	

2009

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**Depreciation and Amortization Report** 

THE SOUTHERN-TIER TORAH ADVANCEMENT & REVITIZATION FOUNDATION FORM 990-T - 2200 1

Form 4562

20-4351294 Tax Year 2009 ► Keep for your records

ASP-10-stription   Traff   Starting   Cont.   Cont.   Starting   Cont.   Con	Form 990-T - page 1				¥	3ep 10	Keep for your records	gs				20-4	467TC64-07
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09/01/09 7-919 29,608 0.00 164,951 0 0 164,951 0 0 0 164,951 0 0 0 164,951 0 0 0 164,951 0 0 0 0 164,951 0 0 0 0 164,951 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DEPRECIATION												
09/01/09 71-977 60.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Murray Hill Road Vestal NY		09/01/09		29, 608	60.00				27.50	SI/MM		1,699
274,919 29,608 0 0 164,951 0 0 274,919 29,608 0 0 164,951 0 0 0 164,951 0 0 0 164,951 0 0 0 0 164,951 0 0 0 0 164,951 0 0 0 0 164,951 0 0 0 0 0 164,951 0 0 0 0 0 164,951 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	401 Muray Hill Rd furnishings		09/01/09			60.00		i	4,786	5.00	200DB/HY		957
274,919 29,600 0 164,951	SUBTOTAL CURRENT YEAR			274,919	29, 608		0	0	164,951			0	2,656
				010 170	803 00		6	6	164 951			0	2,656
	OTALS			616,912	29,608				100 1207				
									)   				

Code: S = Sold, A = Auto, L = Listed, C = COGS

FDIV3601 07/21/09

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Form 4562 THE SOUTHERN-TIER TORAH ADVANCEMENT & REVITIZATION FOUNDATION	AH ADVANCEMENT &	REVITIZATION E	Altern DUNDATION	ative l	Minimum Tax Y ▼ Keep fo	Alternative Minimum Tax Depreciation Report  ATAX YEAR 2009  Meen for your records	eciation R	eport			20-43	200-4351294
				Business		Special	Ponnorable		Mothod/	Prior	Current	Adjustment
-	771477		,			Ailowance	,		1,0,1,1,0,1	Depreciation	Cupreciation	Preference
DEPRECIATION												
40' Yurray Fill Road V	09/01/09	266,942	29, 608	60.00			160,165		SI/MM		1,699	0.0
40" V.ray Pill Rd furn	09/01/00	7,977		60.00			4,786	2.00	150DB/HY			239.
SUBTOTAL CURRENT YEAR		274,919	29, 608		0	0	164,951			0	2,417	239.
												000
TOTALS		274,919	29, 608		0	0	164,951			0	2,411	239.
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Code: S = Sold, A = Auto, L	vuto, L = Listed,	= Listed, C = COGS, P = I	= Passive	$\rceil$		FDIV3701 07/21/09	07/21/09				Page 1 of 1	