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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

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

C Name of organization: MY SISTERS' PLACE, INC

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): ONE WATER STREET

Room/suite: 3RD FL

City or town, state or country, and ZIP + 4: WHITE PLAINS, NY 10601

D Employer identification number: 13-2960628

E Telephone number: 914-683-1333

G Gross receipts $: 4,485,026.

F Name and address of principal officer: KAREN CHEEKS-LOMAX
SAME AS C ABOVE

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

H(b) Are all affiliates included? ☐ Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: X 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MYSISTERSPLACENY.ORG

K Form of organization: X Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1976 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: DOMESTIC VIOLENCE VICTIMS' SERVICES, ADVOCACY AND EDUCATION.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	100
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,646,300.	2,916,701.
9	Program service revenue (Part VIII, line 2g)	1,009,062.	1,063,422.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,899.	2,866.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	528,822.	426,036.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,193,083.	4,409,025.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		209,593.
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)	2,921,529.	3,183,204.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 248,177.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,701,742.	1,033,886.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,623,271.	4,426,683.
19	Revenue less expenses. Subtract line 18 from line 12	-430,188.	-17,658.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,169,406.	2,075,202.
21	Total liabilities (Part X, line 26)	597,782.	475,908.
22	Net assets or fund balances. Subtract line 21 from line 20	1,571,624.	1,599,294.

SCANNED FEB 04 2011

RECEIVED JAN 24 2011 IRS OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 1/14/11

▶ KAREN CHEEKS-LOMAX, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ALAN S. CHALFIN, CPA — Date 1/10/11 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EISMAN, ZUCKER, KLEIN & RUTTENBERG, LLP
120 BLOOMINGDALE RD STE 402
WHITE PLAINS, NY 10605

EIN ▶

Phone no. ▶ 914-428-7733

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes ☐ No

G16

9

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
MY SISTERS' PLACE WORKS TO END VIOLENCE IN INTIMATE RELATIONSHIPS AND COMBAT THE EFFECTS OF DOMESTIC VIOLENCE AND HUMAN TRAFFICKING ON SURVIVORS AND CHILDREN THROUGHOUT WESTCHESTER COUNTY. MY SISTERS' PLACE IS A CUTTING EDGE LEADER AND RESOURCE IN THE FIELD OF DOMESTIC

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 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,210,829. including grants of $) (Revenue $ 1,063,422.)
MY SISTERS' PLACE OFFERS EMERGENCY RESIDENTIAL SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR DEPENDENT CHILDREN. DURING THE FISCAL YEAR ENDED JUNE 30, 2010, THE SHELTERS PROVIDED 12,045 BEDNIGHTS.

4b (Code:) (Expenses $ 1,598,110. including grants of $) (Revenue $)
MY SISTERS' PLACE OFFERS NONRESIDENTIAL SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR DEPENDENT CHILDREN. THE NONRESIDENTIAL SERVICES, WHICH INCLUDE A HOTLINE, VICTIM COUNSELING SERVICES, CHILDREN'S SERVICES, LIFE SKILLS TRAINING AND TRANSITIONAL HOUSING ASSISTANCE, SERVE MORE THAN 4,000 PEOPLE PER YEAR. IN ADDITION MY SISTERS' PLACE OFFERS COMMUNITY EDUCATION AND TRAINING ON DOMESTIC VIOLENCE PREVENTION AND AWARENESS. THE EDUCATION AND TRAINING PROGRAMS REACH OVER 10,000 MEMBERS OF THE COMMUNITY EVERY YEAR.

4c (Code:) (Expenses $ 962,665. including grants of $) (Revenue $)
MY SISTERS' PLACE OFFERS LEGAL SERVICES IN THE AREAS OF FAMILY LAW AND IMMIGRATION LAW TO LOW-INCOME VICTIMS OF DOMESTIC VIOLENCE. THE LEGAL SERVICES PROGRAMS, WHICH INCLUDE DIRECT REPRESENTATION, LEGAL ADVICE AND ADMINISTRATIVE ADVOCACY, SERVE OVER 1,000 VICTIMS PER YEAR.

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 3,771,604.

Part IV 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	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
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		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		X
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		X
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		X
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	X	
	• 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	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		X
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		X
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		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV 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 in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
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	X	
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 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, 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 Schedule L, Part I*	25b		X
26	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	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		X
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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
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		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*	37		X
38	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	38	X	

Part V 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 U.S Information Returns. Enter -0- if not applicable	1a	13		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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	100		
b	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)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 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		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "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 which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	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.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**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	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.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	14		
b	Enter the number of voting members that are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
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		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a		X
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 records of the organization: ▶

MY SISTERS' PLACE, INC - CORINA ALI (EXT 122) - 914-683-1333
ONE WATER STREET 3RD FLOOR, WHITE PLAINS, NY 10601

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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REBECCA EISENBERG DIRECTOR	1.00	X						0.	0.	0.
EILEEN FARBMAN DIRECTOR	1.00	X						0.	0.	0.
STEVEN FARBMAN DIRECTOR	1.00	X						0.	0.	0.
JUDY KAMENSTEIN DIRECTOR	1.00	X						0.	0.	0.
SUSAN LANDOLT DIRECTOR	1.00	X						0.	0.	0.
LESLYE KATZ TREASURER	1.00	X		X				0.	0.	0.
ANAHAITA KOTVAL, ESQ SECRETARY	1.00	X		X				0.	0.	0.
SARA GAFFNEY MAHONEY DIRECTOR	1.00	X						0.	0.	0.
JANE PETRO DIRECTOR	1.00	X						0.	0.	0.
BARBARA RAHO DIRECTOR	1.00	X						0.	0.	0.
TERRI E. SIMON CHAIRPERSON	1.00	X		X				0.	0.	0.
DR. SHEREE WEN DIRECTOR	1.00	X						0.	0.	0.
ELLEN ASCHENDORF SHASHA DIRECTOR	1.00	X						0.	0.	0.
MICHAEL S SATOW DIRECTOR	1.00	X						0.	0.	0.
KAREN CHEEKS-LOMAX EXECUTIVE DIRECTOR	40.00			X		X		133,253.	0.	1,548.
CHRISTINE FECKO GENERAL COUNSEL AND COO	40.00			X				78,774.	0.	5,320.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								212,027.	0.	6,868.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part 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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,154,880.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	761,821.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		2,916,701.			
Program Service Revenue		Business Code				
	2a RESIDENTIAL SHELTER SE	624200	1,063,422.	1,063,422.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,063,422.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,866.			2,866.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a 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)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 500,084.				
	b Less. direct expenses	b 76,001.				
	c Net income or (loss) from fundraising events		424,083.			424,083.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS INCOME	624200	1,953.	1,953.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,953.			
	12 Total revenue. See instructions.		4,409,025.	1,065,375.	0.	426,949.

Part IX 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 not include amounts reported on lines 6b, 7b, 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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	209,593.	209,593.		
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				
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	2,714,278.	2,372,431.	184,528.	157,319.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	169,016.	150,927.	15,113.	2,976.
9 Other employee benefits	299,910.	249,994.	31,409.	18,507.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	85,623.	22,483.	61,655.	1,485.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	33,708.	23,857.	5,978.	3,873.
12 Advertising and promotion				
13 Office expenses	35,059.	27,423.	3,954.	3,682.
14 Information technology	64,356.	44,735.	16,430.	3,191.
15 Royalties				
16 Occupancy	310,816.	234,996.	51,089.	24,731.
17 Travel	42,008.	34,383.	3,309.	4,316.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	14,615.	12,759.	994.	862.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	83,320.	75,976.	3,917.	3,427.
23 Insurance	56,315.	52,358.	2,516.	1,441.
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.)				
a UTILITIES	90,823.	84,940.	3,718.	2,165.
b SHELTER MAINTENANCE AND	54,878.	54,878.		
c EQUIPMENT	48,052.	38,531.	6,636.	2,885.
d REPAIRS	22,049.	21,177.	480.	392.
e PUBLICITY	20,611.	20,611.		
f All other expenses	71,653.	39,552.	15,176.	16,925.
25 Total functional expenses. Add lines 1 through 24f	4,426,683.	3,771,604.	406,902.	248,177.
26 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		55,490.	1	287,128.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		701,381.	4	808,231.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		94,408.	9	85,758.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,678,951.			
	b	Less. accumulated depreciation	10b 818,890.	941,187.	10c	860,061.
	11	Investments - publicly traded securities		359,690.	11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		17,250.	15	34,024.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,169,406.	16	2,075,202.
Liabilities	17	Accounts payable and accrued expenses		375,230.	17	158,876.
	18	Grants payable			18	
	19	Deferred revenue		48,930.	19	208,492.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D		173,622.	25	108,540.
	26	**Total liabilities.** Add lines 17 through 25		597,782.	26	475,908.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,494,941.	27	1,524,735.
	28	Temporarily restricted net assets		76,683.	28	74,559.
	29	Permanently restricted net assets			29	
		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	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,571,624.	33	1,599,294.
	34	Total liabilities and net assets/fund balances		2,169,406.	34	2,075,202.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☒ 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		X
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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 ☐ 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	3b	X	

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
MY SISTERS' PLACE, INC	13-2960628

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2631383.	2849378.	2951051.	2646300.	2916701.	13994813.
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	2631383.	2849378.	2951051.	2646300.	2916701.	13994813.
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)						125,195.
6 **Public support.** Subtract line 5 from line 4						13869618.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2631383.	2849378.	2951051.	2646300.	2916701.	13994813.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,829.	75,226.	19,346.	8,899.	2,866.	127,166.
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.)	2,362.	6,725.	46,112.	34,879.	4,819.	94,897.
11 **Total support.** Add lines 7 through 10						14216876.

12 Gross receipts from related activities, etc. (see instructions) 12 2,968,783.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 97.56 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 98.89 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule DS (Form 990)

Department of the Treasury
Internal Revenue Service

upplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MY SISTERS' PLACE, INC

Employer identification number
13-2960628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II 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).
- ☐ Preservation of land for public use (e.g., recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic 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.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research 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:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		36,000.		36,000.
b Buildings		1,148,737.	554,034.	594,703.
c Leasehold improvements		193,232.	56,336.	136,896.
d Equipment		300,982.	208,520.	92,462.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				860,061.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
LINE OF CREDIT	108,540.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	108,540.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,409,025.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,426,683.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-17,658.
4	Net unrealized gains (losses) on investments	4	45,328.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	45,328.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	27,670.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	4,678,211.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	45,328.		
b	Donated services and use of facilities	2b	147,857.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	76,001.		
e	Add lines 2a through 2d			2e	269,186.
3	Subtract line 2e from line 1			3	4,409,025.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	4,409,025.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,650,541.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	147,857.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	76,001.		
e	Add lines 2a through 2d			2e	223,858.
3	Subtract line 2e from line 1			3	4,426,683.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	4,426,683.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 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 to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT COSTS: 76001.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS DIRECT COSTS: 76001.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

MY SISTERS' PLACE, INC

Employer identification number

13-2960628

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [ ] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SPRING EVENT (event type)	(b) Event #2 FALL EVENT (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	444,681.	146,862.	20,406.	611,949.
	2 Less: Charitable contributions	105,000.		6,865.	111,865.
	3 Gross income (line 1 minus line 2)	339,681.	146,862.	13,541.	500,084.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	46,467.	12,145.	2,500.	61,112.
	7 Food and beverages				
	8 Entertainment	5,950.			5,950.
	9 Other direct expenses	354.	3,365.	5,220.	8,939.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(76,001.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	424,083.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7			▶	

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities:			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," explain:			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If "Yes," explain:			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MY SISTERS' PLACE, INC

Employer identification number
13-2960628

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .. .. [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

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 Enter total number of other organizations . .. . . . ▶

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2009**

932101 02-02-10

Part III **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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TRANSITIONAL HOUSING FOR VICTIMS OF DOMESTIC VIOLENCE	9	93,949.	0.		
SHELTER, FOOD AND CLOTHING FOR VICTIMS OF HUMAN TRAFFICKING	5	18,305.	0.		
FOOD, CLOTHING AND SUPPLIES FOR VICTIMS OF DOMESTIC VIOLENCE	200	80,896.	0.		
TRAVEL FOR VICTIMS OF DOMESTIC VIOLENCE	300	13,314.	0.		
LEGAL FEES FOR VICTIMS OF DOMESTIC VIOLENCE	25	3,129.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I - LINE 1 (ELIGIBILITY/SELECTION CRITERIA) - ALTHOUGH "NO" IS CHECKED, IT IS ONLY BECAUSE CLIENTS ARE AUTOMATICALLY ELIGIBLE FOR ASSISTANCE BY VIRTUE OF THEIR CLAIM OF BEING VICTIM TO DOMESTIC VIOLENCE OR HUMAN TRAFFICKING. SELECTION CRITERIA ARE NOT APPLICABLE.

PART I - LINE 2 (MONITORING USE OF GRANT FUNDS) - IN MOST CASES, ASSISTANCE TO INDIVIDUALS IN THE UNITED STATES IS PAID TO VENDORS ON BEHALF OF INDIVIDUALS. FOR INSTANCE, RENT FOR TRANSITIONAL HOUSING CLIENTS IS PAID DIRECTLY TO THE LANDLORD FOR THE DURATION THAT THE CLIENT IS IN TRANSITIONAL HOUSING. BECAUSE OF THIS, THE ORGANIZATION

Part IV Supplemental Information

MAINTAINS FULL VISIBILITY TO THE USE OF THE ASSISTANCE FUNDS.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: MY SISTERS' PLACE, INC

Employer identification number: 13-2960628

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VIOLENCE AND HUMAN TRAFFICKING ADVOCACY, SHELTER, LEGAL SERVICES, EDUCATION AND PREVENTION. MY SISTERS' PLACE BRINGS A HOLISTIC APPROACH TO ADDRESSING THE MANY AND VARIED NEEDS OF DOMESTIC VIOLENCE SURVIVORS AND THE ROOT CAUSES OF FAMILY VIOLENCE, WHICH IS THE USE OR THREAT OF FORCE BY ONE PERSON IN ANY INTIMATE RELATIONSHIP TO DOMINATE AND CONTROL THE OTHER PERSON.

FORM 990, PART VI, SECTION A, LINE 2: THERE ARE 2 MEMBERS OF THE BOARD OF DIRECTORS WHO ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 8B: IT IS NOT THE POLICY OF MY SISTERS' PLACE TO KEEP MINUTES OF COMMITTEE MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11: MY SISTERS' PLACE'S MANAGEMENT PREPARED THE 990 IN CONSULTATION WITH ITS AUDITOR. THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED THE 990 AND SUBMITTED IT TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (WHICH HAS THE AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD OF DIRECTORS) FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE BYLAWS OF MY SISTERS' PLACE REQUIRE ALL INTERESTED PERSONS (WHICH DEFINITION INCLUDES OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES AS DEFINED FOR 990 PURPOSES) TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS. TO ENSURE COMPLIANCE, INTERESTED PERSONS ARE PROVIDED ANNUALLY WITH COPIES OF THE RELEVANT CONFLICT POLICIES FROM THE BYLAWS AND THE BOARD OF

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization: MY SISTERS' PLACE, INC

Employer identification number: 13-2960628

DIRECTORS POLICY GUIDELINES AND THEY ARE ASKED TO COMPLETE A WRITTEN DISCLOSURE FORM.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR, WHO IS THE TOP MANAGEMENT OFFICIAL, AND THE EXECUTIVE DIRECTOR DETERMINES THE COMPENSATION FOR ALL OTHER EMPLOYEES. THESE DETERMINATIONS ARE BASED IN PART ON REFERENCE TO SALARY DATA OF NONPROFITS OF COMPARABLE SIZE, MISSION AND GEOGRAPHY.

FORM 990, PART VI, SECTION C, LINE 19: THE MOST RECENT FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE VIA REQUEST, WHICH MECHANISM FOR OBTAINING THESE DOCUMENTS IS STATED ON THE WEBSITE.

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000	HY	16									
	YONKERS LAND														
	LAND														
1	YONKERS LAND	06/30/92	L		HY		3,500.				3,500.			0.	
	* 990 PAGE 10 TOTAL LAND						3,500.				3,500.	0.		0.	0.
	* 990 PAGE 10 TOTAL - YONKERS LAND						3,500.				3,500.	0.		0.	0.
	YONKERS BUILDING														
	BUILDINGS														
2	YONKERS SHELTER BUILDING	06/30/92	SL	44.00	HY	16	159,095.				159,095.	159,095.		0.	159,095.
	* 990 PAGE 10 TOTAL BUILDINGS						159,095.				159,095.	159,095.		0.	159,095.
	* 990 PAGE 10 TOTAL - YONKERS BUILDING						159,095.				159,095.	159,095.		0.	159,095.
	YONKERS IMPROVEMENTS														
	BUILDINGS														
3	YONKERS IMPROVEMENTS	07/01/92	SL	15.00	HY	16	31,731.				31,731.	31,731.		0.	31,731.
4	YONKERS IMPROVEMENTS	07/01/93	SL	14.00	HY	16	18,100.				18,100.	18,100.		0.	18,100.
5	YONKERS ALARM SYSTEM	07/01/94	SL	13.00	HY	16	7,500.				7,500.	7,500.		0.	7,500.
6	YONKERS PLAYGROUND	07/01/94	SL	13.00	HY	16	5,566.				5,566.	5,566.		0.	5,566.
7	YONKERS CARPET	07/01/95	SL	10.00	HY	16	4,353.				4,353.	4,353.		0.	4,353.

928111
04-24-09

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(33.1 intentionally omitted)

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
8	YONKERS LAND IMPROVEMENT	07/01/95	SL	10.00	HY	16	2,150.				2,150.	2,150.		0.	2,150.
9	SECOND FLOOR BATH	06/30/98	SL	10.00	HY	16	4,771.				4,771.	4,771.		0.	4,771.
10	BASEMENT DRAIN	06/30/98	SL	20.00	HY	16	6,250.				6,250.	3,438.		313.	3,751.
11	GENL BLDG RENOVATIONS	06/30/98	SL	10.00	HY	16	41,692.				41,692.	41,692.		0.	41,692.
12	EMERGENCY LIGHT	06/30/01	SL	10.00	HY	16	325.				325.	260.		33.	293.
13	FENCING	06/30/06	SL	10.00	HY	16	8,501.				8,501.	2,550.		850.	3,400.
14	ELEC OUTLETS	06/30/06	SL	10.00	HY	16	3,680.				3,680.	1,104.		368.	1,472.
15	BASEMENT RENOVATION	06/30/07	SL	10.00	HY	16	2,070.				2,070.	414.		207.	621.
16	KITCHEN RENOVATION	06/30/07	SL	10.00	HY	16	12,747.				12,747.	2,549.		1,275.	3,824.
	* 990 PAGE 10 TOTAL BUILDINGS						149,436.				149,436.	126,178.		3,046.	129,224.
	OTHER														
280	KITCHEN REMODELING	11/14/07	SL	20.00	HY	16	11,385.				11,385.	949.		569.	1,518.
281	ALARM SYSTEM	11/19/07	SL	10.00	HY	16	6,000.				6,000.	950.		600.	1,550.
	* 990 PAGE 10 TOTAL OTHER						17,385.				17,385.	1,899.		1,169.	3,068.
	* 990 PAGE 10 TOTAL - YONKERS IMPROVEMENTS						166,821.				166,821.	128,077.		4,215.	132,292.
	YONKERS EQUIPMENT														
	MACHINERY & EQUIPMENT														
17	(D)YONKERS EQUIPMENT	07/01/91	SL	5.00	HY	16	909.				909.	909.		0.	

928111
04-24-09

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	(D)YONKERS EQUIPMENT	06/30/93	SL	5.00	HY	16	585.				585.	585.		0.	
19	(D)YONKERS EQUIPMENT	07/01/93	SL	5.00	HY	16	3,400.				3,400.	3,400.		0.	
20	(D)GE REFRIGERATOR	06/30/97	SL	10.00	HY	16	730.				730.	730.		0.	
21	(D)LUCENT TELEPHONE	06/30/98	SL	5.00	HY	16	222.				222.	222.		0.	
22	(D)SMOKE DET BASEMENT STAIR	06/30/98	SL	10.00	HY	16	403.				403.	403.		0.	
23	(D)SMOKE DET FREEZER	06/30/98	SL	10.00	HY	16	234.				234.	234.		0.	
24	(D)FIREPROOF SAFE	06/30/98	SL	10.00	HY	16	170.				170.	170.		0.	
25	FIRE ALARM PANEL	06/30/99	SL	10.00	HY	16	500.				500.	500.		0.	500.
26	HOT WATER HEATER	06/30/99	SL	10.00	HY	16	645.				645.	645.		0.	645.
27	WASHING MACHINE	06/30/99	SL	5.00	HY	16	320.				320.	320.		0.	320.
28	TTY SUPERPRINT PHONE	06/30/99	SL	5.00	HY	16	449.				449.	449.		0.	449.
29	WASHING MACHINE	06/30/00	SL	5.00	HY	16	280.				280.	280.		0.	280.
30	SECURITY MONITOR	06/30/00	SL	5.00	HY	16	949.				949.	949.		0.	949.
31	INK JET PRINTER	06/30/00	SL	5.00	HY	16	400.				400.	400.		0.	400.
32	(D)GATEWAY 450CS COMPUTER	06/30/00	SL	5.00	HY	16	1,449.				1,449.	1,449.		0.	
33	2 AC UNITS-435 S. BROADWAY	06/30/00	SL	5.00	HY	16	600.				600.	600.		0.	600.
34	TELEPHONE INSTRUMENT	06/30/01	SL	10.00	HY	16	258.				258.	206.		26.	232.
35	CHEST FREEZER	06/30/01	SL	10.00	HY	16	430.				430.	344.		43.	387.

928111
04-24-09

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36	UPRIGHT FREEZER	06/30/01	SL	10.00	HY	16	500.				500.	400.		50.	450.
37	(D)CANON COPIER	06/30/02	SL	5.00	HY	16	1,400.				1,400.	1,400.		0.	
38	MICROWAVE	06/30/02	SL	5.00	HY	16	80.				80.	80.		0.	80.
39	SECURITY CAMERA	06/30/03	SL	5.00	HY	16	400.				400.	400.		0.	400.
40	GE DISHWASHER	06/30/04	SL	10.00	HY	16	370.				370.	185.		37.	222.
41	TOILET	06/30/04	SL	10.00	HY	16	401.				401.	200.		40.	240.
42	GE REFRIGERATOR	06/30/05	SL	5.00	HY	16	575.				575.	460.		115.	575.
43	UPRIGHT FREEZER	06/30/05	SL	5.00	HY	16	475.				475.	380.		95.	475.
44	WHIRLPOOL GAS DRYER	06/30/05	SL	5.00	HY	16	517.				517.	414.		103.	517.
45	UPRIGHT FREEZER	06/30/05	SL	5.00	HY	16	470.				470.	376.		94.	470.
46	(D)OKIDATA B4250 PRINTER	06/30/05	SL	5.00	HY	16	230.				230.	184.		46.	
47	WIRELESS TELEPHONE	06/30/05	SL	5.00	HY	16	711.				711.	569.		142.	711.
48	CARPET	06/30/05	SL	5.00	HY	16	1,050.				1,050.	840.		210.	1,050.
50	GE WASHERS	06/30/06	SL	5.00	HY	16	780.				780.	468.		156.	624.
51	MATTRESSES	06/30/06	SL	5.00	HY	16	4,692.				4,692.	2,815.		938.	3,753.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						25,584.				25,584.	21,966.		2,095.	14,329.
	OTHER														
295	INSTALL USED AC	06/06/08	SL	5.00	HY	16	400.				400.	87.		80.	167.

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296	SOFA & LOVE SEAT	01/18/08	SL	5.00	HY	16	2,232.				2,232.	632.		446.	1,078.
	* 990 PAGE 10 TOTAL OTHER						2,632.				2,632.	719.		526.	1,245.
	* 990 PAGE 10 TOTAL - YONKERS EQUIPMENT						28,216.				28,216.	22,685.		2,621.	15,574.
	MAMARONECK LAND														
	LAND														
52	MAMARONECK LAND	06/30/95	L		HY		32,500.				32,500.			0.	
	* 990 PAGE 10 TOTAL LAND						32,500.				32,500.	0.		0.	0.
	* 990 PAGE 10 TOTAL - MAMARONECK LAND						32,500.				32,500.	0.		0.	0.
	MAMARONECK BUILDING														
	BUILDINGS														
53	MAMARONECK BUILDING CONST IN 1994	04/01/98	SL	40.00	HY	16	54,598.				54,598.	15,356.		1,365.	16,721.
54	MAMARONECK BUILDING CONST IN 1995	04/01/98	SL	40.00	HY	16	312,625.				312,625.	87,927.		7,816.	95,743.
55	MAMARONECK BUILDING CONST IN 1996	04/01/98	SL	40.00	HY	16	3,094.				3,094.	869.		77.	946.
56	MAMARONECK BUILDING CONST IN 1997	04/01/98	SL	40.00	HY	16	134,665.				134,665.	37,875.		3,367.	41,242.
57	MAMARONECK BUILDING OTHER IN 1997	04/01/98	SL	40.00	HY	16	28,741.				28,741.	8,084.		719.	8,803.
58	MAMARONECK BUILDING CONST IN 1998	04/01/98	SL	40.00	HY	16	184,209.				184,209.	52,738.		4,605.	57,343.
59	MAMARONECK BUILDING CONST OTHER IN 1998	04/01/98	SL	40.00	HY	16	16,215.				16,215.	4,560.		405.	4,965.
60	MAMARONECK ARCHITECT	04/01/98	SL	40.00	HY	16	10,616.				10,616.	2,985.		263.	3,248.

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	* 990 PAGE 10 TOTAL BUILDINGS						744,763.				744,763.	210,394.		18,617.	229,011.
	* 990 PAGE 10 TOTAL - MAMARONECK BUILDING						744,763.				744,763.	210,394.		18,617.	229,011.
	MAMARONECK IMPROVEMENTS														
	OTHER														
68	PLAY YARD	06/30/99	SL	13.00	HY	16	4,520.				4,520.	3,478.		347.	3,825.
69	PLAY YARD COMPLETION	12/31/99	SL	13.00	HY	16	2,500.				2,500.	1,923.		192.	2,115.
70	FINCING SIDES & REAR	06/30/00	SL	10.00	HY	16	5,901.				5,901.	5,310.		591.	5,901.
71	BACKWATER VALVE MAIN	06/30/00	SL	20.00	HY	16	2,400.				2,400.	1,080.		120.	1,200.
72	RELOCATE SMOKE DETECTOR	06/30/01	SL	10.00	HY	16	600.				600.	480.		60.	540.
73	MAGNETIC FIRE DOOR HOLDER	06/30/01	SL	10.00	HY	16	550.				550.	440.		55.	495.
74	WIRE GLASS WINDOW	06/30/01	SL	20.00	HY	16	1,150.				1,150.	460.		58.	518.
75	ELECTRIC LINE FOR COPIER	06/30/02	SL	20.00	HY	16	611.				611.	214.		31.	245.
76	BATHROOM RENOVATIONS	06/30/03	SL	10.00	HY	16	4,300.				4,300.	2,580.		430.	3,010.
77	REBUILD STONE WALL	06/30/04	SL	15.00	HY	16	2,700.				2,700.	900.		180.	1,080.
78	UNILOCK PAVER PATIO	06/30/04	SL	20.00	HY	16	6,165.				6,165.	1,541.		308.	1,849.
79	REPLACE LOCKS	06/30/04	SL	10.00	HY	16	830.				830.	415.		83.	498.
80	ELEC SVCS FOR AC UNITS	06/30/04	SL	20.00	HY	16	5,375.				5,375.	1,344.		269.	1,613.
81	14 DOUBLE HUNG WINDOWS	06/30/04	SL	20.00	HY	16	3,990.				3,990.	997.		200.	1,197.

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82	POWERLINE ALARM	06/30/05	SL	20.00	HY	16	495.				495.	99.		25.	124.
83	18 VINYL WINDOWS	06/30/05	SL	20.00	HY	16	5,000.				5,000.	1,000.		250.	1,250.
84	19 VINYL STORM WINDOWS	06/30/06	SL	20.00	HY	16	5,320.				5,320.	798.		266.	1,064.
85	STORM DOORS	06/30/06	SL	20.00	HY	16	1,425.				1,425.	213.		71.	284.
86	NEW CONSTRUCTION	06/30/07	SL	10.00	HY	16	13,685.				13,685.	2,737.		1,369.	4,106.
282	ALARM SYSTEM	11/27/07	SL	10.00	HY	16	10,540.				10,540.	1,669.		1,054.	2,723.
	* 990 PAGE 10 TOTAL OTHER						78,057.				78,057.	27,678.		5,959.	33,637.
	* 990 PAGE 10 TOTAL - MAMARONECK IMPROVEMENTS						78,057.				78,057.	27,678.		5,959.	33,637.
	MAMARONECK EQUIPMENT														
	MACHINERY & EQUIPMENT														
49	MAGIC CHEF RANGES	06/30/06	SL	10.00	HY	16	830.				830.	249.		83.	332.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						830.				830.	249.		83.	332.
	OTHER														
88	(D)TUCKAHOE TELEPHONE	07/01/91	SL	5.00	HY	16	7,147.				7,147.	7,147.		0.	
89	(D)BROTHER FAX MACHINE	06/30/97	SL	5.00	HY	16	374.				374.	374.		0.	
90	(D)ORECK VACUUM	06/30/97	SL	10.00	HY	16	359.				359.	359.		0.	
91	(D)GE DISHWASHER	06/30/98	SL	10.00	HY	16	447.				447.	447.		0.	
92	(D)MAGIC CHEF RANGE	06/30/98	SL	10.00	HY	16	880.				880.	880.		0.	

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93	(D)GE REFRIG FREEZER	06/30/98	SL	10.00	HY	16	900.				900.	900.		0.	
94	(D)FIRE EXTINGUISHERS	06/30/98	SL	5.00	HY	16	533.				533.	533.		0.	
95	(D)COMMERCIAL WASHER	06/30/98	SL	10.00	HY	16	9,000.				9,000.	9,000.		0.	
96	(D)WINDOW SHADES	06/30/98	SL	10.00	HY	16	1,270.				1,270.	1,270.		0.	
97	(D)BED FRAMES AND SPRINGS	06/30/98	SL	10.00	HY	16	790.				790.	790.		0.	
98	(D)3TV CAMERAS OUTSIDE	06/30/98	SL	10.00	HY	16	4,150.				4,150.	4,150.		0.	
99	(D)2 FEDDERS AC UNITS	06/30/98	SL	10.00	HY	16	1,139.				1,139.	1,139.		0.	
100	(D)FIREPRROF SAFE	06/30/98	SL	10.00	HY	16	170.				170.	170.		0.	
101	(D)3 STORAGE CABINETS	06/30/98	SL	10.00	HY	16	459.				459.	459.		0.	
102	(D)3 SHELF STORAGE UNITS	06/30/98	SL	10.00	HY	16	150.				150.	150.		0.	
103	(D)CORDLESS TELEPHONE	06/30/99	SL	5.00	HY	16	129.				129.	129.		0.	
104	TTY SUPERPRINT PHONE	06/30/99	SL	5.00	HY	16	449.				449.	449.		0.	449.
105	FREEZER-COMMERCIAL	06/30/99	SL	10.00	HY	16	1,350.				1,350.	1,350.		0.	1,350.
106	ARCTIC AIR FREEZER R22CW	06/30/00	SL	10.00	HY	16	1,350.				1,350.	1,215.		135.	1,350.
107	(D)INK JET PRINTER	06/30/00	SL	5.00	HY	16	400.				400.	400.		0.	
108	(D)GATEWAY 450CS COMPUTER	06/30/00	SL	5.00	HY	16	1,449.				1,449.	1,449.		0.	
109	(D)DISPLAY TELEPHONE	06/30/01	SL	10.00	HY	16	250.				250.	200.		25.	
110	COMPUTER MONITOR	06/30/02	SL	5.00	HY	16	160.				160.	160.		0.	160.

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111	WATER HEATER	06/30/02	SL	10.00	HY	16	1,000.				1,000.	700.		100.	800.
112	FIRE EXTINGUISHER	06/30/03	SL	5.00	HY	16	120.				120.	120.		0.	120.
113	FAX MACHINE	06/30/03	SL	5.00	HY	16	160.				160.	160.		0.	160.
114	2 STOVE TOP HOODS	06/30/04	SL	5.00	HY	16	158.				158.	158.		0.	158.
115	(D)ACER APSV COMPUTER	06/30/04	SL	5.00	HY	16	469.				469.	469.		0.	
116	STORAGE UNIT	06/30/04	SL	10.00	HY	16	130.				130.	65.		13.	78.
117	12 ROOM AC	06/30/04	SL	10.00	HY	16	3,702.				3,702.	1,816.		404.	2,220.
118	100 GAL HOT WATER HEATER	06/30/05	SL	10.00	HY	16	2,500.				2,500.	1,000.		250.	1,250.
119	(D)OKIDATA B4250 PRINTER	06/30/05	SL	5.00	HY	16	230.				230.	184.		46.	
120	KXT9425 TEL	06/30/05	SL	10.00	HY	16	190.				190.	76.		19.	95.
121	(D)OKI B4250 PRINTER	06/30/06	SL	5.00	HY	16	206.				206.	123.		41.	
122	SNOW BLOWER	06/30/06	SL	10.00	HY	16	428.				428.	129.		43.	172.
123	(D)DISHWASHER	06/30/06	SL	5.00	HY	16	496.				496.	297.		99.	
124	FURNITURE	06/30/06	SL	10.00	HY	16	1,712.				1,712.	513.		171.	684.
125	27" SHARP TV	06/30/07	SL	5.00	HY	16	330.				330.	141.		66.	207.
126	REFRIGERATOR	06/30/07	SL	5.00	HY	16	600.				600.	240.		120.	360.
127	FIRE PANEL	06/30/07	SL	10.00	HY	16	750.				750.	225.		150.	375.
297	TABLES & CHAIRS-PLAYROOM	07/20/07	SL	5.00	HY	16	485.				485.	186.		97.	283.

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298	(D)FURNITURE-COUCH	07/26/08	SL	5.00	HY	16	890.				890.	178.		178.	
299	DISHWASHER	03/30/08	SL	5.00	HY	16	1,064.				1,064.	266.		213.	479.
311	KENMORE FREEZER 28042	08/11/09	SL	10.00	HY	16	829.				829.			83.	83.
314	DELL COMPUTER	06/30/09	SL	5.00	HY	16	599.				599.	72.		168.	240.
315	AIR CONDITIONER	06/30/09	SL	5.00	HY	16	360.				360.			72.	72.
	* 990 PAGE 10 TOTAL OTHER						50,713.				50,713.	40,238.		2,493.	11,145.
	* 990 PAGE 10 TOTAL - MAMARONECK EQUIPMENT						51,543.				51,543.	40,487.		2,576.	11,477.
	ADMIN EQUIPMENT														
	OTHER														
129	(D)MACINTOSH COMPUTER	07/01/94	SL	5.00	HY	16	3,213.				3,213.	3,213.		0.	
130	(D)TUCKAHOE EQUIPMENT	03/20/96	SL	5.00	HY	16	1,378.				1,378.	1,378.		0.	
131	(D)GATEWAY 2000 COMPUTER	03/22/96	SL	5.00	HY	16	2,742.				2,742.	2,742.		0.	
132	(D)PANASONIC TELEPHONE SYSTEM	07/01/96	SL	10.00	HY	16	11,140.				11,140.	11,140.		0.	
133	(D)COMPUTER NETWORK	06/30/97	SL	5.00	HY	16	19,883.				19,883.	19,883.		0.	
134	(D)SCANNER	06/30/97	SL	5.00	HY	16	750.				750.	750.		0.	
135	(D)GE REFRIGERATOR	07/01/96	SL	10.00	HY	16	600.				600.	600.		0.	
136	(D)NEWTON MESSAGE PAD	06/30/98	SL	5.00	HY	16	2,184.				2,184.	2,184.		0.	
137	FIREPROOF FILE CABINET	06/30/98	SL	10.00	HY	16	345.				345.	345.		0.	345.

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138	(D)2 NEXAR COMPUTERS	06/30/98	SL	5.00	HY	16	2,800.				2,800.	2,800.		0.	
139	(D)2 COMPUTER TABLES	06/30/98	SL	10.00	HY	16	295.				295.	295.		0.	
140	(D)3 ACER COMPUTERS	06/30/98	SL	5.00	HY	16	5,245.				5,245.	5,245.		0.	
141	(D)3 TELEPHONE SETS	06/30/98	SL	10.00	HY	16	635.				635.	635.		0.	
142	(D)CANON FAX MACHINE	06/30/98	SL	5.00	HY	16	2,300.				2,300.	2,300.		0.	
143	(D)PAGER	06/30/98	SL	5.00	HY	16	139.				139.	139.		0.	
144	(D)HP LJET 3100	06/30/99	SL	5.00	HY	16	700.				700.	700.		0.	
145	(D)128MJB RAM FILE SERVER	06/30/99	SL	5.00	HY	16	489.				489.	489.		0.	
146	(D)ROUTER	06/30/99	SL	5.00	HY	16	2,375.				2,375.	2,375.		0.	
147	(D)HPLJET5	06/30/99	SL	5.00	HY	16	840.				840.	840.		0.	
148	(D)MICRON PC	06/30/99	SL	5.00	HY	16	1,753.				1,753.	1,753.		0.	
149	(D)MICRON TREK LAPTOP	06/30/99	SL	5.00	HY	16	2,615.				2,615.	2,615.		0.	
150	(D)SHARP NOTEVISION PROJECT	06/30/99	SL	5.00	HY	16	5,156.				5,156.	5,156.		0.	
151	(D)TEL LINES/INSTRUMENTS	06/30/99	SL	5.00	HY	16	900.				900.	900.		0.	
152	(D)TTY SUPERPRINT PHONE	06/30/99	SL	5.00	HY	16	449.				449.	449.		0.	
153	MODULAR FURNITURE SYSTEM	06/30/99	SL	10.00	HY	16	4,283.				4,283.	4,283.		0.	4,283.
154	(D)2 TELEPHONE INSTRUMENTS	06/30/00	SL	5.00	HY	16	400.				400.	400.		0.	
155	(D)COMPUTER WORKSTATION	06/30/00	SL	10.00	HY	16	149.				149.	134.		15.	

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156	(D)HP LASERJET II	06/30/00	SL	5.00	HY	16	280.				280.	280.		0.	
157	(D)COMPAQ PRESARIO WITH MONITOR	06/30/00	SL	5.00	HY	16	987.				987.	987.		0.	
158	(D)COMPAQ PROLIANT EMAIL	06/30/00	SL	5.00	HY	16	8,274.				8,274.	8,274.		0.	
159	(D)4 BEEPERS	06/30/00	SL	5.00	HY	16	400.				400.	400.		0.	
160	(D)3 COMPAQ PRESARIO WITH MONITORS	06/30/00	SL	5.00	HY	16	2,686.				2,686.	2,686.		0.	
161	(D)SONY LAPTOP COMPUTER	06/30/00	SL	5.00	HY	16	1,979.				1,979.	1,979.		0.	
162	IOMEGA ZIP DRIVE	06/30/01	SL	5.00	HY	16	162.				162.	162.		0.	162.
163	SONY LAPTOP COMPUTER	06/30/01	SL	5.00	HY	16	1,499.				1,499.	1,499.		0.	1,499.
164	COMPAQ PC & RELATED	06/30/01	SL	5.00	HY	16	1,136.				1,136.	1,136.		0.	1,136.
165	NETSCREEN	06/30/01	SL	5.00	HY	16	1,504.				1,504.	1,504.		0.	1,504.
166	(D)CRYSTAL WARE SOFTWARE	06/30/02	SL	5.00	HY	16	214.				214.	214.		0.	
167	3 ACCESS PENTIUM 1	06/30/02	SL	5.00	HY	16	950.				950.	950.		0.	950.
168	2 FILE CABINET	06/30/02	SL	10.00	HY	16	225.				225.	159.		23.	182.
169	BOOKCASE	06/30/02	SL	10.00	HY	16	395.				395.	278.		40.	318.
170	VCR	06/30/02	SL	5.00	HY	16	70.				70.	70.		0.	70.
171	(D)HP LJET III	06/30/02	SL	5.00	HY	16	300.				300.	300.		0.	
172	COMPUTER MONITOR	06/30/02	SL	5.00	HY	16	110.				110.	110.		0.	110.
173	DISPLAY TELEPHONE	06/30/02	SL	5.00	HY	16	240.				240.	240.		0.	240.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
174	COMPAQ PC & RELATED	06/30/02	SL	5.00	HY	16	847.				847.	847.		0.	847.
175	COMPAQ PROLIANT SERVER	06/30/02	SL	5.00	HY	16	7,662.				7,662.	7,662.		0.	7,662.
176	NETWORK SOFTWARE	06/30/02	SL	5.00	HY	16	1,766.				1,766.	1,766.		0.	1,766.
177	4 METAL BOOKCASES	06/30/02	SL	10.00	HY	16	776.				776.	544.		78.	622.
178	(D)ADLER TYPEWRITER	06/30/02	SL	5.00	HY	16	456.				456.	456.		0.	
179	COMPAQ PC AND RELATED	06/30/02	SL	5.00	HY	16	877.				877.	877.		0.	877.
180	FILE CABINET-LEGAL	06/30/03	SL	10.00	HY	16	200.				200.	120.		20.	140.
181	(D)PANASONIC TELEPHONE	06/30/03	SL	10.00	HY	16	200.				200.	120.		20.	
182	MULTIFUNCTION CHAIR	06/30/03	SL	10.00	HY	16	232.				232.	139.		23.	162.
183	COMPUTER MONITOR	06/30/03	SL	5.00	HY	16	160.				160.	160.		0.	160.
184	DELL SERVER	06/30/03	SL	5.00	HY	16	4,992.				4,992.	4,992.		0.	4,992.
185	UPS	06/30/03	SL	5.00	HY	16	624.				624.	624.		0.	624.
186	NETWORK SOFTWARE	06/30/03	SL	5.00	HY	16	1,440.				1,440.	1,440.		0.	1,440.
187	(D)LESERJET III	06/30/03	SL	5.00	HY	16	300.				300.	300.		0.	
188	(D)PANASONIC TELEPHONE	06/30/03	SL	10.00	HY	16	190.				190.	114.		19.	
189	4 ACER COMP 3 MONITORS	06/30/04	SL	5.00	HY	16	2,310.				2,310.	2,310.		0.	2,310.
190	5 WYSE TERMINALS	06/30/04	SL	5.00	HY	16	1,467.				1,467.	1,467.		0.	1,467.
191	8 ACER COMPUTERS	06/30/04	SL	5.00	HY	16	3,668.				3,668.	3,668.		0.	3,668.

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(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
192	(D)HP COLOR PRINTER	06/30/04	SL	5.00	HY	16	928.				928.	928.		0.	
193	VERITAS BACKUP PROG	06/30/04	SL	5.00	HY	16	614.				614.	614.		0.	614.
194	ALICE CLIENT TRACKING	06/30/04	SL	5.00	HY	16	950.				950.	950.		0.	950.
195	DELL SERVER-ALICE	06/30/04	SL	5.00	HY	16	3,614.				3,614.	3,614.		0.	3,614.
196	TAPE BACKUP	06/30/04	SL	5.00	HY	16	1,410.				1,410.	1,410.		0.	1,410.
197	NETWORK UPGRADE	06/30/04	SL	5.00	HY	16	7,969.				7,969.	7,969.		0.	7,969.
198	EMAIL SERVER RAM	06/30/04	SL	5.00	HY	16	741.				741.	741.		0.	741.
199	OFFICE FURNITURE VARIOUS	06/30/04	SL	10.00	HY	16	5,588.				5,588.	2,794.		559.	3,353.
200	2 HO 1012 PRINTERS	06/30/05	SL	5.00	HY	16	406.				406.	324.		82.	406.
201	2 HP LJ 4 PRINTERS	06/30/05	SL	5.00	HY	16	715.				715.	572.		143.	715.
202	3 DELL 3000 PC	06/30/05	SL	5.00	HY	16	1,218.				1,218.	975.		243.	1,218.
203	2 DELL LATITUDE LAPTOPS	06/30/05	SL	5.00	HY	16	2,972.				2,972.	2,377.		595.	2,972.
204	NISCO PAPER SHREDDER	06/30/05	SL	5.00	HY	16	610.				610.	488.		122.	610.
205	(D)CANON DIGITAL CAMERA	06/30/05	SL	5.00	HY	16	458.				458.	367.		91.	
206	PRIVACY SEPARATOR	06/30/05	SL	10.00	HY	16	275.				275.	111.		28.	139.
207	MS OFFICE PRO LICENSES	06/30/05	SL	5.00	HY	16	2,940.				2,940.	2,352.		588.	2,940.
208	VERITAS REMOTE & EXEC	06/30/05	SL	5.00	HY	16	1,067.				1,067.	853.		214.	1,067.
209	COMPUTER MEMORY UPGRADE	06/30/05	SL	5.00	HY	16	1,964.				1,964.	1,572.		392.	1,964.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
210	6 DELL DIMENSION PC	06/30/05	SL	5.00	HY	16	3,205.				3,205.	2,564.		641.	3,205.
211	MS EXCHANGE LICENSES	06/30/05	SL	5.00	HY	16	1,950.				1,950.	1,560.		390.	1,950.
212	DELL POWEREDGE SERVER	06/30/05	SL	5.00	HY	16	3,327.				3,327.	2,661.		666.	3,327.
213	NETWORK RESTRUCTURE	06/30/05	SL	5.00	HY	16	9,270.				9,270.	7,416.		1,854.	9,270.
214	NETWORK CONFIG	06/30/05	SL	5.00	HY	16	4,005.				4,005.	3,204.		801.	4,005.
215	EXCHANGE SERVER	06/30/05	SL	5.00	HY	16	4,950.				4,950.	3,960.		990.	4,950.
216	WEBSITE DEVELOPMENT	06/30/05	SL	5.00	HY	16	10,000.				10,000.	8,000.		2,000.	10,000.
217	(D)PANASONIC MICROWAVE OVEN	06/30/06	SL	5.00	HY	16	130.				130.	78.		26.	
218	2 LATERAL FILES	06/30/06	SL	10.00	HY	16	600.				600.	180.		60.	240.
219	(D)DELL LATITUDE D510	06/30/06	SL	5.00	HY	16	1,379.				1,379.	828.		276.	
220	DELL DIMENSION 3000 PC	06/30/06	SL	5.00	HY	16	670.				670.	402.		134.	536.
221	KVM SWITCH	06/30/06	SL	5.00	HY	16	256.				256.	153.		51.	204.
222	DELL DIMENSION 1000 PC	06/30/06	SL	5.00	HY	16	664.				664.	397.		133.	530.
223	EXT TAPE DRIVE & PROGRAM	06/30/06	SL	5.00	HY	16	4,615.				4,615.	2,769.		923.	3,692.
224	FURN FOR NEW OFFICES	06/30/06	SL	10.00	HY	16	11,327.				11,327.	3,399.		1,133.	4,532.
225	REFRIGERATOR	06/30/06	SL	10.00	HY	16	1,070.				1,070.	321.		107.	428.
226	FOB SYSTEM	06/30/07	SL	10.00	HY	16	4,491.				4,491.	898.		449.	1,347.
227	UPRIGHT VACUUM	06/30/07	SL	5.00	HY	16	216.				216.	86.		43.	129.

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228	5 FILE CABINETS	06/30/07	SL	10.00	HY	16	3,679.				3,679.	736.		368.	1,104.
229	17 KEYBOARD TRAYS & KEYBOARDS	06/30/07	SL	5.00	HY	16	2,730.				2,730.	1,092.		546.	1,638.
230	3 OPTIPLEX & LASER 1710 PRN	06/30/07	SL	5.00	HY	16	3,135.				3,135.	1,254.		627.	1,881.
231	FURNITURE	06/30/07	SL	10.00	HY	16	1,351.				1,351.	270.		135.	405.
232	MICROWAVE	06/30/07	SL	5.00	HY	16	80.				80.	32.		16.	48.
233	SECURITY CAMERA	06/30/07	SL	10.00	HY	16	749.				749.	150.		75.	225.
234	EXEC DIR FURNITURE	06/30/07	SL	10.00	HY	16	1,988.				1,988.	398.		199.	597.
235	DELL 1710 PRN & 1907 MONITC	06/30/07	SL	5.00	HY	16	613.				613.	149.		123.	272.
236	IVX 48 KEY PHONE	06/30/07	SL	5.00	HY	16	454.				454.	182.		91.	273.
237	DELL OPTIPLEX TOWER	06/30/07	SL	5.00	HY	16	1,966.				1,966.	786.		393.	1,179.
238	FURNITURE	06/30/07	SL	10.00	HY	16	625.				625.	126.		63.	189.
240	(D)FUNDED BY 3305	06/30/07	SL	5.00	HY	16	475.				475.	190.		95.	
300	OFFICE FURNITURE	11/21/07	SL	10.00	HY	16	6,387.				6,387.	1,012.		639.	1,651.
301	COMPUTER EQUIPMENT-NETWORK CRAZY	12/14/07	SL	5.00	HY	16	3,385.				3,385.	1,072.		677.	1,749.
302	SECURITY SYSTEM	03/10/08	SL	10.00	HY	16	2,200.				2,200.	293.		220.	513.
303	1 HP NC2400 LAPTOP	06/30/08	SL	5.00	HY	16	2,000.				2,000.	400.		400.	800.
304	HP LJ CP350N PRINTER	06/30/08	SL	5.00	HY	16	624.				624.	125.		125.	250.
305	CPU,MOUSE & KEY PAD	06/30/08	SL	5.00	HY	16	1,156.				1,156.	231.		231.	462.

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306	CPU,MOUSE & KEY PAD	06/30/08	SL	5.00	HY	16	578.				578.	116.		116.	232.
307	UPGRADE PAYROLL PC/ PAYROLL FOR WINDOWS	09/21/07	SL	5.00	HY	16	2,840.				2,840.	994.		568.	1,562.
308	SONIC WAL ANTI VIRUS	11/20/07	SL	5.00	HY	16	1,500.				1,500.	475.		300.	775.
309	SYSTEM BACKUP EQUIPMENT	06/30/08	SL	5.00	HY	16	1,620.				1,620.	324.		324.	648.
312	NEW SERVER	05/12/10	SL	5.00	HY	16	1,000.				1,000.			33.	33.
313	REFURBISHED TERMINAL SERVER	05/19/10	SL	5.00	HY	16	2,000.				2,000.			67.	67.
316	WIRELESS PHONE STATION	06/30/09	SL	5.00	HY	16	596.				596.	119.		119.	238.
	* 990 PAGE 10 TOTAL OTHER						263,631.				263,631.	200,990.		20,522.	133,354.
	* 990 PAGE 10 TOTAL - ADMIN EQUIPMENT						263,631.				263,631.	200,990.		20,522.	133,354.
	LUDLOW IMPROVEMENTS														
	* 990 PAGE 10 TOTAL - LUDLOW IMPROVEMENTS						0.				0.	0.		0.	0.
	S. BROADWAY EQUIPMENT														
	OTHER														
239	FURNITURE ETC	06/30/07	SL	7.00	HY	16	3,613.				3,613.	1,032.		516.	1,548.
241	LUDLOW EQPT	06/30/07	SL	5.00	HY	16	2,849.				2,849.	1,140.		570.	1,710.
246	FAX	06/30/00	SL	5.00	HY	16	450.				450.	450.		0.	450.
247	OFFICE FURNITURE	06/30/01	SL	10.00	HY	16	6,245.				6,245.	4,997.		625.	5,622.
248	TELEPHONE SYSTEM	06/30/01	SL	10.00	HY	16	7,790.				7,790.	6,232.		779.	7,011.

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249	CISCO SWITCH-COMPUTER	06/30/01	SL	5.00	HY	16	1,141.				1,141.	1,141.		0.	1,141.
250	HP DESKJET PRINTER	06/30/01	SL	5.00	HY	16	303.				303.	303.		0.	303.
251	OFFICE FURNITURE	06/30/02	SL	10.00	HY	16	1,120.				1,120.	784.		112.	896.
252	HP LJET 4	06/30/02	SL	5.00	HY	16	390.				390.	390.		0.	390.
253	HOTPOINT REFRIGERATOR	06/30/02	SL	10.00	HY	16	399.				399.	280.		40.	320.
254	8 ACCESS PC'S LIFE SKILLS	06/30/02	SL	5.00	HY	16	2,560.				2,560.	2,560.		0.	2,560.
255	TV & VCR	06/30/02	SL	5.00	HY	16	277.				277.	277.		0.	277.
256	SHELVES CHILDRENS ROOM	06/30/02	SL	10.00	HY	16	677.				677.	475.		68.	543.
257	2 ACCESS PCS	06/30/02	SL	5.00	HY	16	650.				650.	650.		0.	650.
258	DIVIDER PANELS	06/30/02	SL	10.00	HY	16	320.				320.	224.		32.	256.
259	MICRON PC	06/30/03	SL	5.00	HY	16	1,375.				1,375.	1,375.		0.	1,375.
260	CANON FAX	06/30/03	SL	5.00	HY	16	750.				750.	750.		0.	750.
261	VOICE MAIL SYSTEM	06/30/05	SL	10.00	HY	16	1,299.				1,299.	520.		130.	650.
262	NETWORK HARDWARE	06/30/05	SL	5.00	HY	16	1,241.				1,241.	992.		249.	1,241.
263	6 ACER PC	06/30/05	SL	5.00	HY	16	3,066.				3,066.	2,453.		613.	3,066.
264	2 PC MONITORS	06/30/05	SL	5.00	HY	16	210.				210.	168.		42.	210.
265	TEL INSTRUMENT	06/30/05	SL	10.00	HY	16	203.				203.	81.		20.	101.
266	DIVIDER PANELS	06/30/05	SL	10.00	HY	16	1,829.				1,829.	732.		183.	915.

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267	OFFICE FURNITURE	06/30/05	SL	10.00	HY	16	1,649.				1,649.	660.		165.	825.
268	FURNITURE	06/30/07	SL	10.00	HY	16	40,222.				40,222.	8,044.		4,022.	12,066.
269	COMPUTER PRINTER	06/30/07	SL	5.00	HY	16	3,997.				3,997.	1,598.		799.	2,397.
310	SECURITY SYSTEM	06/30/08	SL	10.00	HY	16	3,750.				3,750.	375.		375.	750.
	* 990 PAGE 10 TOTAL OTHER						88,375.				88,375.	38,683.		9,340.	48,023.
	* 990 PAGE 10 TOTAL - S. BROADWAY EQUIPMENT						88,375.				88,375.	38,683.		9,340.	48,023.
	ONE WATER ST IMPROVEMENTS														
	OTHER														
271	TEL AND LAN WIRING	06/30/06	SL	10.00	HY	16	8,201.				8,201.	2,460.		820.	3,280.
272	SECURITY ALARM DEP	06/30/06	SL	10.00	HY	16	450.				450.	135.		45.	180.
273	BUILDOUT SPACE	06/30/07	SL	10.00	HY	16	4,660.				4,660.	932.		466.	1,398.
274	DOOR SWIPES	06/30/07	SL	10.00	HY	16	3,430.				3,430.	686.		343.	1,029.
275	MACK-CALI BUILDUP	06/30/07	SL	10.00	HY	16	5,544.				5,544.	1,108.		554.	1,662.
283	CABLE DROPS-1 WATER STREET	07/29/07	SL	10.00	HY	16	2,579.				2,579.	494.		258.	752.
284	BULLETPROOF GLASS	12/06/07	SL	10.00	HY	16	2,168.				2,168.	343.		217.	560.
	* 990 PAGE 10 TOTAL OTHER						27,032.				27,032.	6,158.		2,703.	8,861.
	* 990 PAGE 10 TOTAL - ONE WATER ST IMPROVEMENTS						27,032.				27,032.	6,158.		2,703.	8,861.
	S. BROADWAY IMPROVEMENTS														

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	OTHER														
277	LAWLESS & MANGIONE	06/30/07	SL	10.00	HY	16	9,874.				9,874.	1,974.		987.	2,961.
278	MARLITE CONSTRUCTION	06/30/07	SL	10.00	HY	16	22,000.				22,000.	4,400.		2,200.	6,600.
279	CITY OF YONKERS	06/30/07	SL	5.00	HY	16	580.				580.	232.		116.	348.
285	LOBBY DOMECAMERA	03/10/08	SL	10.00	HY	16	1,000.				1,000.	133.		100.	233.
286	SECURITY LOCKS	08/17/08	SL	10.00	HY	16	890.				890.	89.		89.	178.
287	MARLITE CONSTRUCTION	08/31/07	SL	10.00	HY	16	95,856.				95,856.	17,574.		9,586.	27,160.
288	LAWLESS&MANGIONE CONSTRUCTION	08/24/07	SL	10.00	HY	16	2,690.				2,690.	493.		269.	762.
289	CABLE INSTAL-487 BRDY	07/29/07	SL	10.00	HY	16	13,496.				13,496.	2,587.		1,350.	3,937.
290	CARPETING	08/07/07	SL	10.00	HY	16	12,891.				12,891.	2,471.		1,289.	3,760.
291	IMP TO HEATING UNIT	12/06/07	SL	10.00	HY	16	1,580.				1,580.	250.		158.	408.
292	IMP TO A/C UNIT	06/25/08	SL	10.00	HY	16	1,785.				1,785.	179.		179.	358.
293	INSTALL WIRING FOR HEATER	02/20/08	SL	10.00	HY	16	450.				450.	60.		45.	105.
294	RELOCATE WATER HEATER	04/04/08	SL	10.00	HY	16	1,750.				1,750.	219.		175.	394.
317	REPLAC FAN MOTOR WHEEL	06/30/09	SL	10.00	HY	16	1,361.				1,361.	226.		136.	362.
	* 990 PAGE 10 TOTAL OTHER						166,203.				166,203.	30,887.		16,679.	47,566.
	* 990 PAGE 10 TOTAL - S. BROADWAY IMPROVEMENTS						166,203.				166,203.	30,887.		16,679.	47,566.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,809,736.				1,809,736.	865,134.		83,232.	818,890.

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