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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

<u>A</u>		2009 calendar year, or tax year beginning UUL 01, 2009, and	ending	JUN 30,2010
В	Check if applicable	Please C Name of organization, number and street, city, town, state, and ZIP code	D Employer ic	lentification number
П	Address ch	use IRS ange label or	13-	3842199
П	Name chan	ne printor NEW YORK ST INSTITUTE ON DISABILITY	E Telephone n	umber
П	Initial return	type. See	212	-487-8640
П	Terminated	Specific 75 MORTON STREET ROOM 4A-6	G Gross receipts	\$
Н	Amended r	Inistruc-		group return
Н	Application	F Name and address of principal officer: ELIZABETH SUNSHINE		
ш	pending	75 MORTON ST NEW YORK NY 10014		lates included?
7	Fay over	pt status: X 501(c)(3) ◀ (insert no.) 4947(a)(1) or 527	If "No", att	ach a list
	Website:		(see instru	
_				mption number
	orm of orga		ormation 1994	M State of legal domicile NY
	art I	Summary		
	1	refly describe the organization's mission or most significant activities:		
•	<u>M</u>	EET THE NEEDS OF DISABLED PEOPLE		
Ĕ	_			
Governance	_			
ove.	2 C	neck this box 🕨 🔲 if the organization discontinued its operations or disposed of more that	an 25% of its net a	ssets.
Ğ	3 N	umber of voting members of the governing body (Part VI, line 1a)		3 7
ಹ ೮	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4
ij	5 T	otal number of employees (Part V, line 2a)		5
Activities		otal number of volunteers (estimate if necessary)		6
ĕ	1	otal gross unrelated business revenue from Part VIII, column (C), line 12		7a 10219.
	1	et unrelated business taxable income from Form 990-T, line 34		7b
	+ - ''	The state of the s	Prior Year	Current Year
•	8 C	ontributions and grants (Part VIII, line 1h)	64888	
Revenue	1	ogram service revenue (Part VIII, line 2g)	01000	333.731
ĕ	1		39	-
æ			1831	
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66759	
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
		rants and similar amounts paid (Part IX, column (A), lines 1-3)	34229	8. 360477.
		enefits paid to or for members (Part IX, column (A), line 4)	05016	201005
es	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25016	0. 301825.
SLE		rofessional fundraising fees (Part IX, column (A), line 11e)		
Expenses	b Te	otal fundraising expenses, (Part IX, column (D), line 25)		
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7513	
	18 T	otal expenses - Add lines 13-17 (must equal Part IX, 🕅 📆 🖟 📆 🗎	66759	
	19 R	evenue less expenses. Subtract line 18 from line 12		114213.
5 8		의 NOV 1 6 2010 이	leginning of Curr Year	
ets (20 T	otal assets (Part X, line 16)	4794	
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)	4368	7. 91668.
ž į	22 N	et assets or fund balances. Subtract line 21 from line@GDEN_UT	425	9. 270139.
_	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater	nents, 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
Si	an	Market auskine	09	/10/2010
	ere	Signature of officer	Dat	`
		ELIZABETH SUNSHINE EXECUTIVE		-
		Type or print name and title		
_			Check if	Preparer's identifying number
Pa	id	The state of the s	self-	(see instructions) P00271845
Pre	eparer's	Signature /	employed ▶	11-2849093
Us	e Only	if self-employed).	EIN D	
_		address, and ZIP + 4 475 W MERR VALLEY STREAM NY 115	80 Phone no.▶	
		discuss this return with the preparer shown above? (See instructions)	• •	Yes No
Fo	r Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2009)

Par	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	<u> </u>		
•	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part i	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
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,"			3.7
	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?			v
44	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,	44		Х
	VII, VIII, IX, or X as applicable	11		Λ
•	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 a 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 statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	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		Х
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			٦,
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
20	If "Yes," complete Schedule G, Part III	20		X
LV	Did the diganization operate one of more nospitals. If it es, complete solieutie in	,	1	. **

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 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Х United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 employee's? 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 Х 24b through 24d and complete Schedule K. If "No," go to question 25 24a 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year Х to defease any tax-exempt bonds? 24c 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990EZ? If "Yes," complete Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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? Х 27 If "Yes," complete Schedule L, Part III 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family 28c Х member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and Х Form **990** (2009)

_	art V Statements Regarding Other IRS Filings and Tax Compliance	421	<i>)</i>	rage .
	Statements Regarding Other INS Finings and Tax Compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			1
	U.S. Information Returns Enter -0- if not applicable 1a 0			Ī
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			I
	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			ŧ
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			!
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		Х
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
D	If "Yes," enter the name of the foreign country:			Ī
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
5-	and Financial Accounts Was the arranization a party to a prohibited tay shelter transaction at any time during the tay year?	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		$\frac{x}{x}$
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			- ^
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	;	ļ
	If "Yes," indicate the number of Forms 8282 filed during the year			I
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	,		ŧ
	benefit contract?	7e 7f		
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			 -
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u> </u>
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,			Ī
	have excess business holdings at any time during the year?	8		Ī
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а		9a		Ť
b		9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			1
11	Section 501(c)(12) organizations. Enter:			
а				1
Ь				1
	against amounts due or received from them.)			Ŧ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1

Form **990** (2009)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

. 12ь

Form 990 (2009) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

مدوع	response to line oa, ob, or fob below, describe the circumstances, processes, or changes in schedule O. See instruction A. Governing Reduced Management	0115.	Vee	No.
Ject	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			
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		Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a				
	of the governing body?	7a		Х
Ь	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			
а	The governing body?	8a		Х
ь	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		Х
Sect	on 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
	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		Х
11	Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form?	11	Х	
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	Х	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	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?			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
þ	Other officers or key employees of the organization?	15Ь		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
Ь	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		<u> X</u>
	on C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filled NY	<u>.</u>		
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.			
	Own website U Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes it 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: ▶ELIZABETH SUNS 75 MORTON NEW YORK NY 10014 212-224-	207	3	
	organization: ▶ELIZABETH SUNS 75 MORTON NEW YORK NY 10014 212-224-	341	<u> </u>	

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 co	ompensate (B)	any cu	iny current officer, director, or (C)				, or	trustee.	(E)	(F)
Name and Title	Average	l Positi	on (ct	• •	•	nat ani	olv)	Reportable	Reportable	Estimated
-	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARIBEL SANSON PRESIDENT				X				0	0	0
JON DELGIORNO	 			^					0	0
TREASURER	1			X				0	o	0
JOSHUA RIVERA SECTRY				X				0	0	0
ELIZABETH SUNS	 			Λ_			-	0	0	<u> </u>
DIRECTOR		х						135000.	0	0
RACHEL BERK	ļ							_		
BOARD MEMBER ADA BLAKELY		Х		<u> </u>			_	0	0	0
BOARD MEMBER	<u> </u> 	x						О	0	0
JANE LYONS										
BOARD MEMBER	<u></u>	X						0	0	0
JIM SENATORE	_									
BOARD MEMBER		Х		-				0	0	0
	 									

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continue									(=)				
(A)	(B)	Boodi	on /oh	C)	•	hat an	als A	(D)	(E)		(F)	<u>م</u>	
Name and title	Average hours per						$\overline{}$	Reportable compensation	Reportable compensation	Estimated amount of			
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related		other	**	
		S E	uto	뽁	퓕	est	₫	the	organizations	com	pensat	tion	
		일	na 1		١٥	e on		organization	(W-2/1099-MISC)	fr	om the	ı	
		Iste	rus	İ	₩	pen		(W-2/1099-MISC)		org	anizati	on	
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1b Total		those	listed				<u> </u>			nensati	<u>-</u>		
from the organization	ot ill tilled to	J 11036	113160	abc	, v e,	WIIO IE	,0014	rea more than \$100,0	oo iii reportabio com	JOI 13411	011		
nom the organization											Yes	No	
3 Did the organization list any former officer,	director or	r truste	e, key	em	oloy	ee, or	high	est compensated				!	
employee on line 1a? If "Yes," complete So	hedule J fo	or such	ındıvi	idual						. 3	<u> </u>	X	
4 For any individual listed on line 1a, is the si	ım of repor	rtable c	ompe	nsat	ion a	and ot	her c	compensation from				Ī	
the organization and related organizations	greater tha	n \$150	,000?	If "Y	'es,"	comp	lete	Schedule J for such					
ındıvidual			• • •							. 4	<u> </u>	X	
5 Did any person listed on line 1a receive or										_		₩	
services rendered to the organization? If "Y	es," comp	lete Sc	hedul	e J f	or su	uch pe	rsor	1	•••	. 5	1	X	
Section B. Independent Contractors		l indon			-t	-too +b		secured more than \$					
 Complete this table for your five highest co compensation from the organization. 	mpensated	ındep	enaen	II COI	wac	JOIS II	iatr	eceived more trian \$	100,000 01				
(A)							П	(B)			(c)		
Name and busines	s address							Description of	services		ensatic	n	
							1.						
							_						
							<u>Ļ</u>						
2 Total number of independent contractors (i		ut not li	mited	to th	ose	listed	abo	ve) who received mo	re tnan				

			DIGINGTEEL			TOO Faye 3
Par	VIII	Statement of Revenue	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
				function revenue	revenue	under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants 1e 883778 . All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f ▶	883778.			***************************************
Program Service Revenue	2a _ b _ c	Business Code				
Servi	d _					
ram	e_	All all		-		
Prog	f g	All other program service revenue Total. Add lines 2a-2f				
<u></u>	3	Investment income (including dividends, interest, and other similar amounts)				
	5	Royalties ▶				
	6a b	(i) Real (ii) Personal Gross Rents 9459 . Less rental expenses Rental income				,
	q	Net rental income or (loss)	9459.		9459.	
	7a b	sales of assets other than inventory Less cost or other basis and sales expenses				
	d	Gain or (foss)	İ			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
Je F	ь	Less: direct expenses b				
₽	С	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities. See Part IV, line 19 .a				
	b	Less: direct expensesb Net income or (loss) from gaming activities				
	1	Gross sales of inventory, less returns and allowances a Less. cost of goods soldb				
	С	Net income or (loss) from sales of inventory ▶				
	11a	Miscellaneous Revenue Business Code INTEREST	760.		760.	
	ь					
	С					
	d	All other revenue	760.			
	12	Total. Add lines 11a-11d▶ Total revenue.	/60.			
	"	See instructions	893997.		10219.	

Part IX Statement of Functional Expenses

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

must complete column (A) but are not required to complete columns (B).

	All other organizations must complete of include amounts reported on lines 6b, lb, 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		CAPCINICS	general expenses	ехрепаса
	organizations in the U.S See Part IV, line 21				
	Grants and other assistance to individuals in				·····
	the U.S See Part IV, line 22	360477.	360477.		
	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members			······································	iiii illaaltaallalaasia
	Compensation of current officers, directors,				
	trustees, and key employees	135000.		135000.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	75541.	75541.		
	Other salaries and wages				
	Pension plan contributions (include section 401(k)			-	
	and section 403(b) employer contributions)				
	Other employee benefits	7367.		7367.	
)	Payroll taxes	83917.	83917.		
	Fees for services (non-employees):				
a	Management			1	
Ь	Legal				
c	Accounting	21600.		21600.	
d	Lobbying			=====	
 B	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses	2474.		2474.	
1	Information technology	300.	300.		
5	Royalties				
5	Occupancy	6105.		6105.	·
7	Travel	5584.	5584.		
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
3	Conferences, conventions, and meetings	5535.	5535.		
)	Interest				<u>-</u>
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	918.		918.	
3	Insurance	7.0.		710.	
, 1	Other expenses. Itemize expenses not	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
-	covered above. (Expenses grouped together		1	1	
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)			1	
a	MEMBERSSHIP	1530.	1530.	<u> </u>	
b	INSURANCE	7366.	7366.		
c	AUTO EXPENSES	8025.	8025.		
d	PROFESSIONAL FEES	20635.	7235.	13400.	
e	SUPPLIES	11454.	11454.		
f	All other expenses	25956.	25956.		
	Total functional expenses. Add lines 1 through 24f	779784.	592920.	186864.	
5 5	Joint costs Check here I If following	117104.	372920.	100004.	
•	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
<u> </u>					Form QQA

Pa	rt X	Balance Sheet	-		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	183595.
	2	Savings and temporary cash investments	10037.	2	86544.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10075.	4	91668.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Sch	. 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	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		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 service One Book By Iven 44		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	47946.	16	361807.
	17	Accounts payable and accrued expenses	43687.	17	81593.
	18	Grants payable		18	10075.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Francisco de de la constituta de la Partir d		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
و		employees, highest compensated employees, and disqualified			
Ξ.		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		25	
	26	Total liabilities. Add lines 17 through 25	42697	26	91668.
		Organizations that follow SFAS 117, check here ▶ X and			, , , , , , , , , , , , , , , , , , ,
s		complete lines 27 through 29, and lines 33 and 34.	[
ဦ	27	Unrestricted net assets		27	86544.
<u>aa</u>	28	Temporarily restricted net assets	122598.	28	183595.
Ö	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117, check here ▶			
Ĕ		and complete lines 30 through 34.	Ē		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	122598.	33	270139.
	34	Total liabilities and not assets//wind belonges	166285.	34	361807.
	1 57	Town mashing and not appointed salahoos		57	5 000 (2222)

Form **990** (2009)

Fal	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			I
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	Į		Ī
	Schedule O.			Ī
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	1
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	İ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selected process during the tax year, explain in			!
	Schedule O			1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			Ī
	issued on a consolidated basis, separate basis, or both:			Ī
	Separate basis Consolidated basis Both consolidated and separate basis			1
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	ŀ	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
		Form	990	(2009

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations 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

NEW YORK ST INSTITUTE ON DISABILITY

Employer identification number 13-3842199

;	art	Reason fo	r Public Charity	Status (All organizations	must cor	nplete th	is part.)	See inst	ructions.				
The	e org	anization is not a privat	e foundation becaus	e it is: (For lines 1 through 11, o	heck on	y one bo	ox)					•	•
1	$\prod_{i=1}^{n}$	A church, convention	of churches, or assoc	ciation of churches described in	section	170(ь)(1)(A)(i).						
2	П			(ii). (Attach Schedule E.)									
3	П			organization described in sect	ion 170(b)(1)(A)((iii).						
4	П		•	n conjunction with a hospital de				(1)(A)(ii	i). Enter	the hose	oital's na	me.	
	ш	city, and state:	9						.,.			,	
5	П	· · · —	ted for the benefit of	a college or university owned or	r operate	d by a o	overnme	ntal unit	describe	d in sec	tion		
		170(b)(1)(A)(iv). (Com		,		, 3							
6	П	•		rernmental unit described in sec	tion 170	(ь)(1)(д)(v).						
7	X		-	ibstantial part of its support fron				om the	neneral r	uhlic			
•		described in section 1		• • • • • • • • • • • • • • • • • • • •	. a govo.	1111011021	unit of it	om are ;	gonorar p	, dD.10			
8	П		·	0(b)(1)(A)(vi). (Complete Part I	11								
9	Н	= = = = = = = = = = = = = = = = = = =		more than 33 1/3 % of its suppo		ontributi	one mer	nhershir	n fees ai	nd arnee			
•	ш	=		t functions - subject to certain e				-		-			
		•	•	unrelated business taxable inc	•		•						
				1975. See section 509(a)(2). (-			,	201110000	•			
10	П			clusively to test for public safet	•		´						
11	Н			clusively for the benefit of, to pe				to carry	out the				
•••	ш			forganizations described in sec						action			
				type of supporting organization									
		a Type I	b Type II	c Type III - Fu				a F	1	II - Othe	r		
e	П	□ "		nization is not controlled directly				nre disa		01.0	•		
•	Ц	=	-	nd other than one or more public				-		ection			
		509(a)(1) or section 50		id outor diarrono or moro publi	ory outpo	ontou ong	a, iizatioi	4555.		00011			
f			. , . ,	nination from the IRS that it is a	Type I	Type II o	r Type III	suppor	tina				
•		organization, check th			1 900 1,	. , po o	. Type III	очррог	y				
g		•		n accepted any gift or contribut	on from	anv of th	 ie followii	na nersa	ກຊາ		• ••	• •	L
3				rols, either alone or together wi								Yes	No
				ne supported organization?	ш. ролоо.			,			11g(i)		
		(ii) A family member of								• •	11g(ii)		
			-	scribed in (i) or (ii) above?						•	11g(iii)		
h				supported organization(s).			•••		•••	•••	[··· J (,		Ь
<u> </u>	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is	he organ-	(v) D	id vou	(vi)	s the	(vii)	Amour	nt of
	(-,	organization	(,	(described on lines 1-9	ızatıor			y the		ation in		upport	
		organization		above or IRC section	(i) listed			ation in	col			арроп	
			ł	(see instructions))	1	ming	col (i)			nized			
				(oco mon conono))	I	ment?	1	or your	in the				
					Yes	No	Yes	No	Yes	No			
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_													
			i .	\$	f	Ŧ	+	+	t	+	4		

Schedule A (Form 990 or 990-EZ) 2009 NEW YORK ST INSTITUTE ON DISABILITY 13-3842199 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Public support percentage from 2008 Schedule A, Part II, line 14 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		(Complete only if you checked the bo	x on line 5, 7, or	8 of Part I)							
1 Griffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 turnished by a governmental unit to the organization without charge 1 Total. Add lines 1 through 3 34 0637. 561864. 658652. 648889 2210042 3 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) 2 Public support. Subtract line 5 from line 4. Section B. Total Support 2 Caleadar year (of fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Caleadar year (of fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Caleadar year (of fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Section B. Total Support 2 Amounts from line 4. Gross nacome from interest, dividends, payments received on securities loans, rents, royalties and noome from similar sources 9 Net income from interest dividends, payments received on societies loans, rents, royalties and noome from similar sources 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 8008 for the organization of dividend by line 11, column (f) 11 14 Public support percentage for 2009 (fine 6, column) (f) divided by line 11, column (f) 12 13 173% support percentage for 2009 (fine 6, column) (f) divided by line 11, column (f) 15 14 United Support test - 2008. If the organization of dividence is a publicly supported organization on line 13 and line 14 is 33 173% or more, check this box and stop here. The organization qualifies as a publicly supported organization in Pat IV how the organization meets the "facts-and-circums				(.)				T (a)			
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netude any "unusual grants")	1	_									
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 turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 3 40 63 7. 561864. 658652. 648889. 2210042 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). 8 Public support. Subtract line 5 from line 4. 2210042 Section B. Total Support Calendar year (or fiscal year beginning in.) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 340637. 561864. 658652. 648889. 2210042 Gross income from interest, dividends, payments received on securities loans, rents, royalise and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 100 Other income. Do not include gain or loss from the sale of capital assets (Explan in Part IV.) Total support. Add lines 7 through 10. 2210042 Gross receipts from related activities, etc. (see instructions) Total support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 12 (2000 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 (100.00) Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 (100.00) Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 (100.00) A 33 173% support test - 2009. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 3 100 0.00 10 10 10 10 10 10 10 10 10 10 10 10 1			240625					0010010			
benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 34 0 63 7 . 56 1 8 6 4 . 65 8 6 5 2 . 64 8 8 8 9 . 22 1 0 0 4 2 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) Public support. Subtract line 5 from line 4. 22 1 0 0 4 2 Section B. Total Support Amounts from line 4	_		340637.	561864.	658652.	648889.		2210042.			
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organization without charge 4 Total. Add lines 1 through 3	3		•								
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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	18										
instructions								▶ ∏			
Schedule A (Form 990 or 990-EZ) 20								or 990-EZ) 2009			

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. 2009

OMB No 1545-0047

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization **Employer identification number** NEW YORK ST INSTITUTE ON DISABILITY 13-3842199 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants ь Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 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? 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 (ii) Activity (iii) Did fund-(iv) Gross receipts (V) Amount paid to (or (vi) Amount paid to raiser have or entity (fundraiser) retained by) fundraiser from activity (or retained by) custody or listed in col. (i) organization control of contributions? Yes No Total 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.

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ŝ (h) Purpose of grant or assistance Yes 13-3842199 X Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **▲** : non-cash assistance (g) Description of 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 : : (book, FMV, appraisal, (f) Method of valuation 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 other) (e) Amount of non-cash assistance : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed General Information on Grants and Assistance ıf applicable Enter total number of section 501(c)(3) and government organizations (e) IRC section NEW YORK ST INSTITUTE ON DISABILITY (P) EIN Enter total number of other organizations used to award the grants or assistance? organization or government 1 (a) Name and address of Name of the organization Part I

Schedule I (Form 990) 2009

Schedule I (F	Schedule I (Form 990) 2009	NEW	NEW YORK ST	ST	INSTI	'UTE	NO	N DISABILITY	INSTITUTE ON DISABILITY 13-3842199		
Part III	Grants and Other Assistance to	er Assistan	ce to Indiv	Jdividr	als in th	ne Unit	sg St	tates. Complete if th	ıe organizatıon answered "Ү	riduals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
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	recipients	grant	non-cash	(book, FMV, appraisal,	
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			•		
	:				
Part IV Supplemental Information. Complete	this part to provide the in	Complete this part to provide the information required in Part I, line 2, and any other additional information.	I, line 2, and any other a	dditional information.	
					Schedule I (Form 990) 2009

2009 ASSET DETAIL REPORT

	Date		Bus.	Bus. 179+			Rec.		Prior	Prior Current	Next	Prior	Current	Gain/	Sales	Date
Description	Acqd Cost	Cost	Use	Use Spec.	Basis	Basis Method Per. Cv	Per.	CV	Depr.	Depr. Depr.	Year	AMT	AMT Price	Price	Price	Sold
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Rental Property: N/A	erty: N	I/A														
Depreciation Class: Office equipment	on Clas	s: Offi	ice equ	11pment												
In Service Year: 2006	e Year:	2006														
computers	90//0	7967	7967 100		1967	7967 MACRS	5.0 HY	НУ	5672	918	918	4649	1327			
		1 1 1	ı		! !				! ! !	!!!	1 1	1 1 1	1			
Form Totals:		1961	7		1967				5672	918	918	4649	1327			

10	
1-1	

Regulatory Explanations

2009

NAME: NEW YORK ST INSTITUTE ON DISABILITY FUNDING STREAM WAS DELAYED DUE TO FISCAL RESTRICTIONS. PAYMENTS TO AGENCY WAS REVIEWED IN JUNE 2010

RESULTING IN THE SURPLUS AT THE FISCAL YEAR END.

25,956.

Name: NEW YORK ST INSTITUTE ON DISABILITY

ID: 13-3842199

	Туре	Amount
ORKERS COMP		4,874 3,885 4,091 11,454 1,652
OSTAGE		3,885
ELEPHONE		4,091
UPPLIES		11,454
QUIP		1,652
		
		
		
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Total ...

Form **4562**

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172 2009

Attachment

Inte	mal Revenue Service (99)	► See s	eparate instructions.	► Attach to yo	our tax return	i	Sequence No. 67
	me(s) shown on return		1 ''	ctivity to which th	is form relates		Identifying number
_	EW YORK ST INSTI	TUTE ON D	ISABNON-PROF	TIT			13-3842199
E	art Election To Expens	e Certain Propert	y Under Section 179				
			omplete Part V before y		<u>t. </u>		
1	Maximum amount. See the inst	•				1	
	Total cost of section 179 proper		,		• • •	2	
_	Threshold cost of section 179 p		•	<u>=</u>		3	800,000.
4	Reduction in limitation. Subtract				•• •• •••	4	
5			•			5	
-6	filing separately, see instruction (a) Description of pro-			iness use only)	(a) Flor	ted cost	
<u> </u>	(a) Description of pro	operty	(b) Cost (bus	illess use only)	(C) Elec	ieu cosi	1
							1
7	Listed property. Enter the amou	unt from line 29			7		1
				es 6 and 7 .		8	
	Tentative deduction. Enter the		, , ,			9	
10	Carryover of disallowed deducti	on from line 13 of				10	
11	Business income limitation. En	ter the smaller of b	usiness income (not less	s than zero) or line	e 5 (see instruc	ctions) 11	
12	Section 179 expense deduction	Add lines 9 and	10, but do not enter more	e than line 11 .		12	
13	Carryover of disallowed deducti	on to 2010. Add III	nes 9 and 10, less line 1	2▶ 1	3		
No	te: Do not use Part II or Part III I	pelow for listed pro	perty. Instead, use Part	٧.			
Р	art II Special Depreciatio	n Allowance and	Other Depreciation (D	o not include liste	ed property.) (S	ee instruction:	s)
14	Special depreciation allowance	for qualified proper	ty (other than listed prop	perty) placed in se	ervice		
	during the tax year (see instruct	tions)			•••••	. 14	
	Property subject to section 168					15	
	Other depreciation (including At		<u> </u>		··· · · · · · · · · · · · · · · · · ·	16	
F	art III MACRS Depreciation	n (Do not include	listed property.) (See in				
17	MACDC deductions for seasts	alaad in aaniaa in	Section /		<u> </u>	17	918.
	MACRS deductions for assets p If you are electing to group any						910.
10	into one or more general asset	-				\blacksquare	
_			ervice During 2009 Tax		General Dep	reciation Sys	tem
_		(b) Month and	(c) Basis for depr.	(d) Recovery	(e)		(g) Depreciation
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)	period	Convention	(f) Method	deduction
19:	3-year property		, , , , , , , , , , , , , , , , , , ,			-	
\neg	b 5-year property	1					
_	7-year property	7					
_	d 10-year property	7					
\Box	e 15-year property						
_	20-year property	_[
_	g 25-year property			25 yrs.		S/L	
ı	h Residential rental			27 5 yrs	ММ	S/L	
	property			27.5 yrs.	MM	S/L	
i	Nonresidential real			39 yrs.	MM	S/L	
_	property	1		1	MM	S/L	
_		ets Placed in Se	rvice During 2009 Tax	Year Using the A	Alternative De		stem
20:		_[ļ		S/L	
_	b 12-year			12 yrs.		S/L	
	c 40-year art IV Summary (See instri			40 yrs.	MM	S/L	1
							T
21 22			ah 17 Junes 10 and 00 in		 lino 21	21	
	Enter here and on the approp		-			s 22	918.

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