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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning Jul 1 , 2010, and ending Jun 30 , 2011

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

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 addr) Room/suite
1 Water Street 3rd flr

City, town or country State ZIP code + 4
White Plains NY 10601

D Employer Identification Number
13-2960628

E Telephone number
(914) 683-1333

G Gross receipts $ 5,124,234.

F Name and address of principal officer
K. Cheeks-Lomax same as 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)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.mspny.org

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ► **L** Year of Formation 1976 **M** State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities My Sisters' Place provides services and advocacy to victims of domestic violence and human trafficking, and education to the community about domestic violence and human trafficking

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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	94
6	Total number of volunteers (estimate if necessary)	6	300
7a	Total 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	

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Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,916,701.	3,492,117.
9	Program service revenue (Part VIII, line 2g)	1,063,422.	1,058,248.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,866.	2,979.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	426,036.	477,823.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,409,025.	5,031,167.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	209,593.	184,079.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,183,204.	3,542,789.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 329,196.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,033,886.	1,063,479.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,426,683.	4,790,347.
19	Revenue less expenses Subtract line 18 from line 12	-17,658.	240,820.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,075,202.	2,340,531.
21	Total liabilities (Part X, line 26)	475,908.	500,417.
22	Net assets or fund balances Subtract line 21 from line 20	1,599,294.	1,840,114.

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 1/9/12

Karen Cheeks-Lomax — Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ►
Firm's address ►
Firm's EIN ►
Phone no

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

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 03/25/11 Form **990** (2010)

SCANNED JAN 24 2012

20 917

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission

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.

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 ☒ 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 ☒ 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 $ 1,172,884. including grants of $ 0.) (Revenue $ 1,058,934.)

My Sisters' Place offers emergency residential services to victims of domestic violence and their dependent children. During the fiscal year ended June 30, 2011, the shelters provided 11,159 bednights to clients.

4b (Code _____) (Expenses $ 1,648,098. including grants of $ 0.) (Revenue $ 0.)

My Sisters' Place offers non-residential services to victims of domestic violence and human trafficking and their dependent children. Non-residential services include a hotline, counseling, child care, life skills training and transitional housing assistance. These services are provided to more than 4,000 people each year. The agency also offers community education and training on domestic violence and human trafficking, which reach over 10,000 people each year.

4c (Code _____) (Expenses $ 1,062,642. including grants of $ 0.) (Revenue $ 0.)

My Sisters' Place offers legal services in the areas of family law and immigration law to low-income victims of domestic violence. Legal services includes direct representation, legal advice and administrative advocacy. These services are provided to more than 1,000 victims per year.

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

4e Total program service expenses ► 3,883,624.

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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	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*	11b		X
c	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*	11c		X
d	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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e		X
f	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 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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 a	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete 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 (or a family member thereof) 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)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
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

Check if Schedule O contains a response to any question in this Part V ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 20		
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 94		
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* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	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 instructions for 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?	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	X	
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

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.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17		
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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant 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 or 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	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 of 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 ► New York

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 [X] 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

► Corina Ali (ext 122) 1 Water Street White Plains NY 10601 (914) 683-1333

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Terri Simon Chair	2.00	X		X				0.	0.	0.
(2) Leslye Katz Vice Chair	2.00	X		X				0.	0.	0.
(3) Steven Farbman Treasurer	2.00	X		X				0.	0.	0.
(4) Anahaita Kotval Secretary	2.00	X		X				0.	0.	0.
(5) Ellen Ashendorf-ShaSha Director	1.00	X						0.	0.	0.
(6) Janine Daughtry Director	1.00	X						0.	0.	0.
(7) Rebecca Eisenberg Director	1.00	X						0.	0.	0.
(8) Eileen Price Farbman Director	1.00	X						0.	0.	0.
(9) Judy Kaminstein Director	1.00	X						0.	0.	0.
(10) Susan Landolt Director	1.00	X						0.	0.	0.
(11) Sara Gaffney Mahoney Director	1.00	X						0.	0.	0.
(12) Jane Petro Director	1.00	X						0.	0.	0.
(13) Barbara Raho Director	1.00	X						0.	0.	0.
(14) Michael Satow Director	1.00	X						0.	0.	0.
(15) Pam Talgo Director	1.00	X						0.	0.	0.
(16) Carolyn Ullerick Director	1.00	X						0.	0.	0.
(17) Sheree Wen Director	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(c) Position (check all that apply) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) Karen Cheeks-Lomax Executive Director	40.00			X		X		131,546.	0.	1,864.
(19) Elizabeth Ellison Chief Financial Officer	40.00			X				35,670.	0.	30.
(20) Christine Fecko COO & General Counsel	40.00			X				92,875.	0.	10,316.
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total							►	260,091.	0.	12,210.
c Total from continuation sheets to Part VII, Section A							►			
d Total (add lines 1b and 1c)							►	260,091.	0.	12,210.

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*		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*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*		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

(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 ►

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	132,248.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,442,915.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	916,954.			
	g Noncash contributions included in lns 1a-1f $					
	h **Total.** Add lines 1a-1f		3,492,117.			
PROGRAM SERVICE REVENUE		Business Code				
	2a Residential Shelter Service	624200	1,058,248.	1,058,248.	0.	0.
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		1,058,248.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		2,979.	0.	0.	2,979.
	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 $ 132,248. of contributions reported on line 1c). See Part IV, line 18	a 564,032.				
	b Less direct expenses	b 93,067.				
	c Net income or (loss) from fundraising events		470,965.		0.	470,965.
	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	6,858.	0.	0.	6,858.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		6,858.			
	12 **Total revenue.** See instructions		5,031,167.	1,058,248.	0.	480,802.

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	184,079.	184,079.		
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	2,990,845.	2,431,665.	338,934.	220,246.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,824.	7,765.	2,107.	952.
9 Other employee benefits	167,646.	142,980.	18,287.	6,379.
10 Payroll taxes	373,474.	304,064.	41,869.	27,541.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	94,665.	22,253.	71,412.	1,000.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	23,167.	11,630.	10,490.	1,047.
12 Advertising and promotion	21,645.	21,645.	0.	0.
13 Office expenses	39,652.	28,038.	5,481.	6,133.
14 Information technology	126,070.	87,166.	27,350.	11,554.
15 Royalties				
16 Occupancy	348,943.	287,299.	37,665.	23,979.
17 Travel	54,492.	45,030.	5,283.	4,179.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,369.	1,159.	107.	103.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,135.	65,507.	2,835.	2,793.
23 Insurance	57,381.	53,028.	2,878.	1,475.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Shelter maintenance & utilities	88,594.	88,594.	0.	0.
b Equipment	53,571.	45,580.	4,986.	3,005.
c Repairs & office maintenance	28,073.	26,568.	766.	739.
d Staff training & recruiting	21,462.	17,710.	3,034.	718.
e Dues & subscriptions	13,639.	9,614.	1,953.	2,072.
f All other expenses	19,621.	2,250.	2,090.	15,281.
25 Total functional expenses. Add lines 1 through 24f	4,790,347.	3,883,624.	577,527.	329,196.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 (ASC 958-720) 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		287,128.	1	43,879.
	2	Savings and temporary cash investments			2	501,066.
	3	Pledges and grants receivable, net			3	25,833.
	4	Accounts receivable, net		808,231.	4	893,565.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		85,758.	9	80,146.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 1,679,744.			
	b	Less accumulated depreciation	10b 883,702.	860,061.	10c	796,042.
	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 assets See Part IV, line 11		34,024.	15	
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		2,075,202.	16	2,340,531.
LIABILITIES	17	Accounts payable and accrued expenses		158,876.	17	297,488.
	18	Grants payable			18	
	19	Deferred revenue		208,492.	19	202,929.
	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		108,540.	25	
	26	**Total liabilities.** Add lines 17 through 25		475,908.	26	500,417.
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		1,524,735.	27	1,772,001.
	28	Temporarily restricted net assets		74,559.	28	68,113.
	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		1,599,294.	33	1,840,114.
	34	Total liabilities and net assets/fund balances		2,075,202.	34	2,340,531.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,031,167.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,790,347.
3	Revenue less expenses. Subtract line 2 from line 1	3	240,820.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,599,294.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,840,114.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated 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

2010

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 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 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?

		Yes	No
(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?	11g (i)	
(ii)	A family member of a person described in (i) above?	11g (ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	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 column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)										
(B)										
(C)										
(D)										
(E)										
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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')	2,849,378.	2,951,051.	2,646,300.	2,916,701.	3,492,117.	14,855,547.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,849,378.	2,951,051.	2,646,300.	2,916,701.	3,492,117.	14,855,547.
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)						98,598.
6 **Public support.** Subtract line 5 from line 4						14,756,949.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,849,378.	2,951,051.	2,646,300.	2,916,701.	3,492,117.	14,855,547.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,226.	19,346.	8,899.	2,866.	2,979.	109,316.
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)	6,725.	46,112.	34,879.	4,819.	6,858.	99,393.
11 **Total support.** Add lines 7 through 10						15,064,256.

12 Gross receipts from related activities, etc (see instructions)	12	2,888,257.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	97.96%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.56%

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the 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 – 2009.** 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 – 2010.** 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 – 2009.** 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lns 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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** 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 – 2009.** 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 ► ☐

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Other Income Part II, Line 10

Description: Other Income

2006: 6725.

2007: 46112.

2008: 34879.

2009: 4819.

2010: 6858.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

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 education)
☐ 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, and not on a historic structure listed in the National Register	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.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 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.	582,234.	566,503.
c Leasehold improvements		193,232.	75,718.	117,514.
d Equipment		301,775.	225,750.	76,025.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	796,042.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990 Part X, column (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column(B), line 15)* ►	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total *(Column (b) must equal Form 990, Part X, column (B) line 25)* ►	

2. FIN 48 (ASC 740) 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 (ASC 740)

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)	5,031,167.
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,790,347.
3	Excess or (deficit) for the year Subtract line 2 from line 1	240,820.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	240,820.

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	5,321,574.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	197,340.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	93,067.		
e	Add lines **2a** through **2d**			2e	290,407.
3	Subtract line **2e** from line **1**			3	5,031,167.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investments 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	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	5,031,167.

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

1	Total expenses and losses per audited financial statements			1	5,080,754.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	197,340.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	93,067.		
e	Add lines **2a** through **2d**			2e	290,407.
3	Subtract line **2e** from line **1**			3	4,790,347.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	4,790,347.

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

Pt XII Line 2d Fundraising events direct costs

Pt XIII Line 2d Fundraising events direct costs

Part XIV Supplemental Information *(continued)*

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

2010

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

2a 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 ☐ 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 and address 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 column (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			►				

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Spring Gala (event type)	(b) Event #2 Fall Luncheon (event type)	(c) Other events 3 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	497,210.	185,048.	14,022.	696,280.
	2 Less. Charitable contributions	121,948.	10,300.		132,248.
	3 Gross income (line 1 minus line 2)	375,262.	174,748.	14,022.	564,032.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,370.	1,088.		7,458.
	7 Food and beverages	50,817.	15,171.	4,194.	70,182.
	8 Entertainment	1,500.	1,000.		2,500.
	9 Other direct expenses	4,922.	5,387.	2,618.	12,927.
	10 Direct expense summary Add lines 4- through 9 in column (d)			►	93,067.
	11 Net income summary Combine line 3, column (d), and line 10			►	470,965.

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 column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash 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 lines 1, column (d) and line 7			►	

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? ☐ Yes ☐ No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

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? ☐ 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 contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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 ► $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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,' to Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2010

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. Part II can be duplicated 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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

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. Part III can be duplicated 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
1	Transitional housing for domestic violence victims	12	78,095.			
2	Shelter, food and clothing for human trafficking	8	4,813.			
3	Food, clothing and supplies for domestic violenc	225	78,650.			
4	Travel for domestic violence victims	100	13,168.			
5	Legal fees for domestic violence victims	35	9,353.			
6						
7						

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

Pt I Line 2 In most cases, assistance to individuals 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 agency maintains full visibility to the use of assistance funds.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
My Sisters' Place, Inc.

Employer identification number
13-2960628

Pt VI-A, Line 2 There are 2 members of the Board of Directors who are husband and wife.

Pt VI-A, Line 8b It is not the policy of the agency to keep minutes of Committee meetings.

Pt VI-B, Line 11a The agency'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.

Pt VI-B, Line 12c The bylaws of the agency require all interested personss (which includes officers, directors or trustees and key employees as defined for 990 purposes) to disclosure 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 Directors policy guidelines, and they are asked to complete a written disclosure form.

Pt VI-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 non-profits of comparable

Name of the organization: My Sisters' Place, Inc.

Employer identification number: 13-2960628

size, mission and geography.

Pt VI-C, Line 19 The most recent Form 990 and financial statements are available to the public via the organization's website and the NY State Charities Bureau website. Governing documents and the conflict of interest policy are available upon request, and the website states the mechanism for obtaining these documents.

FORM 990 PAGE 10 990

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

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
8	YONKERS LAND IMPROVEMENT	07 01 95	SL	10.00	16	2,150.			2,150.	2,150.		0.
9	SECOND FLOOR BATH	06 30 98	SL	10.00	16	4,771.			4,771.	4,771.		0.
10	BASEMENT DRAIN	06 30 98	SL	20.00	16	6,250.			6,250.	3,751.		313.
11	GENL BLDG RENOVATIONS	06 30 98	SL	10.00	16	41,692.			41,692.	41,692.		0.
12	EMERGENCY LIGHT	06 30 01	SL	10.00	16	325.			325.	293.		32.
13	FENCING	06 30 06	SL	10.00	16	8,501.			8,501.	3,400.		850.
14	ELEC OUTLETS	06 30 06	SL	10.00	16	3,680.			3,680.	1,472.		368.
15	BASEMENT RENOVATION	06 30 07	SL	10.00	16	2,070.			2,070.	621.		207.
16	KITCHEN RENOVATION	06 30 07	SL	10.00	16	12,747.			12,747.	3,824.		1,275.
	* 990 PAGE 10 TOTAL BUILDINGS					149,436.		0.	149,436.	129,224.	0.	3,045.
	OTHER											
280	KITCHEN REMODELING	11 14 07	SL	20.00	16	11,385.			11,385.	1,518.		569.
281	ALARM SYSTEM	11 19 07	SL	10.00	16	6,000.			6,000.	1,550.		600.
	* 990 PAGE 10 TOTAL OTHER					17,385.		0.	17,385.	3,068.	0.	1,169.
	* 990 PAGE 10 TOTAL - YONKERS IMPROVEM					166,821.		0.	166,821.	132,292.	0.	4,214.
	YONKERS EQUIPMENT MACHINERY & EQUIPMENT											
25	FIRE ALARM PANEL	06 30 99	SL	10.00	16	500.			500.	500.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
26	HOT WATER HEATER	06/30/99	SL	10.00	16	645.			645.	645.		0.
27	WASHING MACHINE	06/30/99	SL	5.00	16	320.			320.	320.		0.
28	TTY SUPERPRINT PHONE	06/30/99	SL	5.00	16	449.			449.	449.		0.
29	WASHING MACHINE	06/30/00	SL	5.00	16	280.			280.	280.		0.
30	SECURITY MONITOR	06/30/00	SL	5.00	16	949.			949.	949.		0.
31	INK JET PRINTER	06/30/00	SL	5.00	16	400.			400.	400.		0.
33	2 AC UNITS-435 S. BROADWAY	06/30/00	SL	5.00	16	600.			600.	600.		0.
34	TELEPHONE INSTRUMENT	06/30/01	SL	10.00	16	258.			258.	232.		26.
35	CHEST FREEZER	06/30/01	SL	10.00	16	430.			430.	387.		43.
36	UPRIGHT FREEZER	06/30/01	SL	10.00	16	500.			500.	450.		50.
38	MICROWAVE	06/30/02	SL	5.00	16	80.			80.	80.		0.
39	SECURITY CAMERA	06/30/03	SL	5.00	16	400.			400.	400.		0.
40	GE DISHWASHER	06/30/04	SL	10.00	16	370.			370.	222.		37.
41	TOILET	06/30/04	SL	10.00	16	401.			401.	240.		40.
42	GE REFRIGERATOR	06/30/05	SL	5.00	16	575.			575.	575.		0.
43	UPRIGHT FREEZER	06/30/05	SL	5.00	16	475.			475.	475.		0.
44	WHIRLPOOL GAS DRYER	06/30/05	SL	5.00	16	517.			517.	517.		0.
45	UPRIGHT FREEZER	06/30/05	SL	5.00	16	470.			470.	470.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
47	WIRELESS TELEPHONE	06 30 05	SL	5.00	16	711.			711.	711.		0.
48	CARPET	06 30 05	SL	5.00	16	1,050.			1,050.	1,050.		0.
50	GE WASHERS	06 30 06	SL	5.00	16	780.			780.	624.		156.
51	MATTRESSES	06 30 06	SL	5.00	16	4,692.			4,692.	3,753.		939.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					15,852.		0.	15,852.	14,329.	0.	1,291.
	OTHER											
295	INSTALL USED AC	06 06 08	SL	5.00	16	400.			400.	167.		80.
296	SOFA & LOVE SEAT	01 18 08	SL	5.00	16	2,232.			2,232.	1,078.		446.
	* 990 PAGE 10 TOTAL OTHER					2,632.		0.	2,632.	1,245.	0.	526.
	* 990 PAGE 10 TOTAL - YONKERS EQUIPMEN					18,484.		0.	18,484.	15,574.	0.	1,817.
	MAMARONECK LAND											
	LAND											
52	MAMARONECK LAND	06 30 95	L			32,500.			32,500.			0.
	* 990 PAGE 10 TOTAL LAND					32,500.		0.	32,500.	0.	0.	0.
	* 990 PAGE 10 TOTAL - MAMARONECK LAND					32,500.		0.	32,500.	0.	0.	0.
	MAMARONECK BUILDING											
	BUILDINGS											
53	MAMARONECK BUILDING CONST IN 1994	04 01 98	SL	40.00	16	54,598.			54,598.	16,721.		1,365.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
54	MAMARONECK BUILDING CONST IN 1995	04 01 98	SL	40.00	16	312,625.			312,625.	95,743.		7,816.
55	MAMARONECK BUILDING CONST IN 1996	04 01 98	SL	40.00	16	3,094.			3,094.	946.		77.
56	MAMARONECK BUILDING CONST IN 1997	04 01 98	SL	40.00	16	134,665.			134,665.	41,242.		3,367.
57	MAMARONECK BUILDING OTHER IN 1997	04 01 98	SL	40.00	16	28,741.			28,741.	8,803.		719.
58	MAMARONECK BUILDING CONST IN 1998	04 01 98	SL	40.00	16	184,209.			184,209.	57,343.		4,605.
59	MAMARONECK BUILDING CONST OTHER IN 199	04 01 98	SL	40.00	16	16,215.			16,215.	4,965.		405.
60	MAMARONECK ARCHITECT	04 01 98	SL	40.00	16	10,616.			10,616.	3,248.		265.
	* 990 PAGE 10 TOTAL BUILDINGS					744,763.		0.	744,763.	229,011.	0.	18,619.
	* 990 PAGE 10 TOTAL - MAMARONECK BUILD MAMARONECK IMPROVEMENTS					744,763.		0.	744,763.	229,011.	0.	18,619.
	OTHER											
68	PLAY YARD	06 30 99	SL	13.00	16	4,520.			4,520.	3,825.		348.
69	PLAY YARD COMPLETION	12 31 99	SL	13.00	16	2,500.			2,500.	2,115.		192.
70	FINCING SIDES & REAR	06 30 00	SL	10.00	16	5,901.			5,901.	5,901.		0.
71	BACKWATER VALVE MAIN	06 30 00	SL	20.00	16	2,400.			2,400.	1,200.		120.
72	RELOCATE SMOKE DETECTOR	06 30 01	SL	10.00	16	600.			600.	540.		60.
73	MAGNETIC FIRE DOOR HOLDER	06 30 01	SL	10.00	16	550.			550.	495.		55.
74	WIRE GLASS WINDOW	06 30 01	SL	20.00	16	1,150.			1,150.	518.		58.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
75	ELECTRIC LINE FOR COPIER	063002	SL	20.00	16	611.			611.	245.		31.
76	BATHROOM RENOVATIONS	063003	SL	10.00	16	4,300.			4,300.	3,010.		430.
77	REBUILD STONE WALL	063004	SL	15.00	16	2,700.			2,700.	1,080.		180.
78	UNILOCK PAVER PATIO	063004	SL	20.00	16	6,165.			6,165.	1,849.		308.
79	REPLACE LOCKS	063004	SL	10.00	16	830.			830.	498.		83.
80	ELEC SVCS FOR AC UNITS	063004	SL	20.00	16	5,375.			5,375.	1,613.		269.
81	14 DOUBLE HUNG WINDOWS	063004	SL	20.00	16	3,990.			3,990.	1,197.		200.
82	POWERLINE ALARM	063005	SL	20.00	16	495.			495.	124.		25.
83	18 VINYL WINDOWS	063005	SL	20.00	16	5,000.			5,000.	1,250.		250.
84	19 VINYL STORM WINDOWS	063006	SL	20.00	16	5,320.			5,320.	1,064.		266.
85	STORM DOORS	063006	SL	20.00	16	1,425.			1,425.	284.		71.
86	NEW CONSTRUCTION	063007	SL	10.00	16	13,685.			13,685.	4,106.		1,369.
282	ALARM SYSTEM	112707	SL	10.00	16	10,540.			10,540.	2,723.		1,054.
	* 990 PAGE 10 TOTAL OTHER					78,057.		0.	78,057.	33,637.	0.	5,369.
	* 990 PAGE 10 TOTAL - MAMARONECK IMPRO MAMARONECK EQUIPMENT					78,057.		0.	78,057.	33,637.	0.	5,369.
	MACHINERY & EQUIPMENT											

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	MAGIC CHEF RANGES	06 30 06	SL	10.00	16	830.			830.	332.		83.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					830.		0.	830.	332.	0.	83.
104	OTHER TTY SUPERPRINT PHONE	06 30 99	SL	5.00	16	449.			449.	449.		0.
105	FREEZER-COMMERCIAL	06 30 99	SL	10.00	16	1,350.			1,350.	1,350.		0.
106	ARCTIC AIR FREEZER R22CW	06 30 00	SL	10.00	16	1,350.			1,350.	1,350.		0.
110	COMPUTER MONITOR	06 30 02	SL	5.00	16	160.			160.	160.		0.
111	WATER HEATER	06 30 02	SL	10.00	16	1,000.			1,000.	800.		100.
113	FAX MACHINE	06 30 03	SL	5.00	16	160.			160.	160.		0.
114	2 STOVE TOP HOODS	06 30 04	SL	5.00	16	158.			158.	158.		0.
116	STORAGE UNIT	06 30 04	SL	10.00	16	130.			130.	78.		13.
117	12 ROOM AC	06 30 04	SL	10.00	16	3,702.			3,702.	2,220.		370.
118	100 GAL HOT WATER HEATER	06 30 05	SL	10.00	16	2,500.			2,500.	1,250.		250.
120	KXT9425 TEL	06 30 05	SL	10.00	16	190.			190.	95.		19.
122	SNOW BLOWER	06 30 06	SL	10.00	16	428.			428.	172.		43.
124	FURNITURE	06 30 06	SL	10.00	16	1,712.			1,712.	684.		171.
125	27" SHARP TV	06 30 07	SL	5.00	16	330.			330.	207.		66.
126	REFRIGERATOR	06 30 07	SL	5.00	16	600.			600.	360.		120.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
127	FIRE PANEL	06 30 07	SL	10.00	16	750.			750.	375.		75.
297	TABLES & CHAIRS-PLAYROOM	07 20 07	SL	5.00	16	485.			485.	283.		97.
299	DISHWASHER	03 30 08	SL	5.00	16	1,064.			1,064.	479.		213.
311	KENMORE FREEZER 28042	08 11 09	SL	10.00	16	829.			829.	83.		83.
315	AIR CONDITIONER	06 30 09	SL	5.00	16	360.			360.	72.		72.
318	FRONT LOAD WASHING MACHINE	12 14 10	SL	5.00	16	700.			700.	70.		82.
	* 990 PAGE 10 TOTAL OTHER					18,407.		0.	18,407.	10,855.	0.	1,774.
	* 990 PAGE 10 TOTAL - MAMARONECK EQUIP					19,237.		0.	19,237.	11,187.	0.	1,857.
	ADMIN EQUIPMENT											
	OTHER											
137	FIREPROOF FILE CABINET	06 30 98	SL	10.00	16	345.			345.	345.		0.
153	MODULAR FURNITURE SYSTEM	06 30 99	SL	10.00	16	4,283.			4,283.	4,283.		0.
162	IOMEGA ZIP DRIVE	06 30 01	SL	5.00	16	162.			162.	162.		0.
163	SONY LAPTOP COMPUTER	06 30 01	SL	5.00	16	1,499.			1,499.	1,499.		0.
164	COMPAQ PC & RELATED	06 30 01	SL	5.00	16	1,136.			1,136.	1,136.		0.
165	NETSCREEN	06 30 01	SL	5.00	16	1,504.			1,504.	1,504.		0.
167	3 ACCESS PENTIUM 1	06 30 02	SL	5.00	16	950.			950.	950.		0.
168	2 FILE CABINET	06 30 02	SL	10.00	16	225.			225.	182.		23.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
169	BOOKCASE	06 30 02	SL	10.00	16	395.			395.	318.		40.
170	VCR	06 30 02	SL	5.00	16	70.			70.	70.		0.
172	COMPUTER MONITOR	06 30 02	SL	5.00	16	110.			110.	110.		0.
173	DISPLAY TELEPHONE	06 30 02	SL	5.00	16	240.			240.	240.		0.
174	COMPAQ PC & RELATED	06 30 02	SL	5.00	16	847.			847.	847.		0.
175	COMPAQ PROLIANT SERVER	06 30 02	SL	5.00	16	7,662.			7,662.	7,662.		0.
176	NETWORK SOFTWARE	06 30 02	SL	5.00	16	1,766.			1,766.	1,766.		0.
177	4 METAL BOOKCASES	06 30 02	SL	10.00	16	776.			776.	622.		78.
179	COMPAQ PC AND RELATED	06 30 02	SL	5.00	16	877.			877.	877.		0.
180	FILE CABINET-LEGAL	06 30 03	SL	10.00	16	200.			200.	140.		20.
182	MULTIFUNCTION CHAIR	06 30 03	SL	10.00	16	232.			232.	162.		23.
183	COMPUTER MONITOR	06 30 03	SL	5.00	16	160.			160.	160.		0.
184	DELL SERVER	06 30 03	SL	5.00	16	4,992.			4,992.	4,992.		0.
185	UPS	06 30 03	SL	5.00	16	624.			624.	624.		0.
186	NETWORK SOFTWARE	06 30 03	SL	5.00	16	1,440.			1,440.	1,440.		0.
189	4 ACER COMP 3 MONITORS	06 30 04	SL	5.00	16	2,310.			2,310.	2,310.		0.
190	5 WYSE TERMINALS	06 30 04	SL	5.00	16	1,467.			1,467.	1,467.		0.
191	8 ACER COMPUTERS	06 30 04	SL	5.00	16	3,668.			3,668.	3,668.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
193	VERITAS BACKUP PROG	06 30 04	SL	5.00	16	614.			614.	614.		0.
194	ALICE CLIENT TRACKING	06 30 04	SL	5.00	16	950.			950.	950.		0.
195	DELL SERVER-ALICE	06 30 04	SL	5.00	16	3,614.			3,614.	3,614.		0.
196	TAPE BACKUP	06 30 04	SL	5.00	16	1,410.			1,410.	1,410.		0.
197	NETWORK UPGRADE	06 30 04	SL	5.00	16	7,969.			7,969.	7,969.		0.
198	EMAIL SERVER RAM	06 30 04	SL	5.00	16	741.			741.	741.		0.
199	OFFICE FURNITURE VARIOUS	06 30 04	SL	10.00	16	5,588.			5,588.	3,353.		559.
200	2 HO 1012 PRINTERS	06 30 05	SL	5.00	16	406.			406.	406.		0.
201	2 HP LJ 4 PRINTERS	06 30 05	SL	5.00	16	715.			715.	715.		0.
202	3 DELL 3000 PC	06 30 05	SL	5.00	16	1,218.			1,218.	1,218.		0.
203	2 DELL LATITUDE LAPTOPS	06 30 05	SL	5.00	16	2,972.			2,972.	2,972.		0.
204	NISCO PAPER SHREDDER	06 30 05	SL	5.00	16	610.			610.	610.		0.
206	PRIVACY SEPARATOR	06 30 05	SL	10.00	16	275.			275.	139.		28.
207	MS OFFICE PRO LICENSES	06 30 05	SL	5.00	16	2,940.			2,940.	2,940.		0.
208	VERITAS REMOTE & EXEC	06 30 05	SL	5.00	16	1,067.			1,067.	1,067.		0.
209	COMPUTER MEMORY UPGRADE	06 30 05	SL	5.00	16	1,964.			1,964.	1,964.		0.
210	6 DELL DIMENSION PC	06 30 05	SL	5.00	16	3,205.			3,205.	3,205.		0.
211	MS EXCHANGE LICENSES	06 30 05	SL	5.00	16	1,950.			1,950.	1,950.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
212	DELL POWEREDGE SERVER	06 30 05	SL	5.00	16	3,327.			3,327.	3,327.		0.
213	NETWORK RESTRUCTURE	06 30 05	SL	5.00	16	9,270.			9,270.	9,270.		0.
214	NETWORK CONFIG	06 30 05	SL	5.00	16	4,005.			4,005.	4,005.		0.
215	EXCHANGE SERVER	06 30 05	SL	5.00	16	4,950.			4,950.	4,950.		0.
216	WEBSITE DEVELOPMENT	06 30 05	SL	5.00	16	10,000.			10,000.	10,000.		0.
218	2 LATERAL FILES	06 30 06	SL	10.00	16	600.			600.	240.		60.
220	DELL DIMENSION 3000 PC	06 30 06	SL	5.00	16	670.			670.	536.		134.
221	KVM SWITCH	06 30 06	SL	5.00	16	256.			256.	204.		52.
222	DELL DIMENSION 1000 PC	06 30 06	SL	5.00	16	664.			664.	530.		134.
223	EXT TAPE DRIVE & PROGRAM	06 30 06	SL	5.00	16	4,615.			4,615.	3,690.		925.
224	FURN FOR NEW OFFICES	06 30 06	SL	10.00	16	11,327.			11,327.	4,532.		1,133.
225	REFRIGERATOR	06 30 06	SL	10.00	16	1,070.			1,070.	428.		107.
226	FOB SYSTEM	06 30 07	SL	10.00	16	4,491.			4,491.	1,347.		449.
227	UPRIGHT VACUUM	06 30 07	SL	5.00	16	216.			216.	129.		43.
228	5 FILE CABINETS	06 30 07	SL	10.00	16	3,679.			3,679.	1,104.		368.
229	17 KEYBOARD TRAYS & KEYBOARDS	06 30 07	SL	5.00	16	2,730.			2,730.	1,638.		546.
230	3 OPTIPLEX & LASER 1710 PRN	06 30 07	SL	5.00	16	3,135.			3,135.	1,881.		627.
231	FURNITURE	06 30 07	SL	10.00	16	1,351.			1,351.	405.		135.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
232	MICROWAVE	06 30 07	SL	5.00	16	80.			80.	48.		16.
233	SECURITY CAMERA	06 30 07	SL	10.00	16	749.			749.	225.		75.
234	EXEC DIR FURNITURE	06 30 07	SL	10.00	16	1,988.			1,988.	597.		199.
235	DELL 1710 PRN & 1907 MONITC	06 30 07	SL	5.00	16	613.			613.	272.		123.
236	IVX 48 KEY PHONE	06 30 07	SL	5.00	16	454.			454.	273.		91.
237	DELL OPTIPLEX TOWER	06 30 07	SL	5.00	16	1,966.			1,966.	1,179.		393.
238	FURNITURE	06 30 07	SL	10.00	16	625.			625.	189.		63.
300	OFFICE FURNITURE	11 21 07	SL	10.00	16	6,387.			6,387.	1,651.		639.
301	COMPUTER EQUIPMENT-NETWORK C	12 14 07	SL	5.00	16	3,385.			3,385.	1,749.		677.
302	SECURITY SYSTEM	03 10 08	SL	10.00	16	2,200.			2,200.	513.		220.
303	1 HP NC2400 LAPTOP	06 30 08	SL	5.00	16	2,000.			2,000.	800.		400.
304	HP LJ CP350N PRINTER	06 30 08	SL	5.00	16	624.			624.	250.		125.
305	CPU,MOUSE & KEY PAD	06 30 08	SL	5.00	16	1,156.			1,156.	462.		231.
306	CPU,MOUSE & KEY PAD	06 30 08	SL	5.00	16	578.			578.	232.		116.
307	UPGRADE PAYROLL PC/ PAYROLL FOR WINDOW	09 21 07	SL	5.00	16	2,840.			2,840.	1,562.		568.
308	SONIC WAL ANTI VIRUS	11 20 07	SL	5.00	16	1,500.			1,500.	775.		300.
309	SYSTEM BACKUP EQUIPMENT	06 30 08	SL	5.00	16	1,620.			1,620.	648.		324.
312	NEW SERVER	05 12 10	SL	5.00	16	1,000.			1,000.	33.		200.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
313	REFURBISHED TERMINAL SERVER	05 19 10	SL	5.00	16	2,000.			2,000.	67.		400.
316	WIRELESS PHONE STATION	06 30 09	SL	5.00	16	596.			596.	238.		119.
319	BARRACUDA BACKUP SERVER	12 15 10	SL	5.00	16	3,048.			3,048.	305.		356.
320	SERVER SWITCH REFURBISHED	02 24 11	SL	3.00	16	1,084.			1,084.	120.		120.
321	HP PROLIANT EXCHANGE SERVER	04 21 11	SL	5.00	16	2,500.			2,500.	83.		83.
	* 990 PAGE 10 TOTAL OTHER					181,497.		0.	181,497.	133,860.	0.	11,322.
	* 990 PAGE 10 TOTAL - ADMIN EQUIPMENT					181,497.		0.	181,497.	133,860.	0.	11,322.
	LUDLOW IMPROVEMENTS											
	* 990 PAGE 10 TOTAL - LUDLOW IMPROVEME S. BROADWAY EQUIPMENT					0.		0.	0.	0.	0.	0.
	OTHER											
239	FURNITURE ETC	06 30 07	SL	7.00	16	3,613.			3,613.	1,548.		516.
241	LUDLOW EQPT	06 30 07	SL	5.00	16	2,849.			2,849.	1,710.		570.
246	FAX	06 30 00	SL	5.00	16	450.			450.	450.		0.
247	OFFICE FURNITURE	06 30 01	SL	10.00	16	6,245.			6,245.	5,622.		623.
248	TELEPHONE SYSTEM	06 30 01	SL	10.00	16	7,790.			7,790.	7,011.		779.
249	CISCO SWITCH-COMPUTER	06 30 01	SL	5.00	16	1,141.			1,141.	1,141.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
250	HP DESKJET PRINTER	06 30 01	SL	5.00	16	303.			303.	303.		0.
251	OFFICE FURNITURE	06 30 02	SL	10.00	16	1,120.			1,120.	896.		112.
252	HP LJET 4	06 30 02	SL	5.00	16	390.			390.	390.		0.
253	HOTPOINT REFRIGERATOR	06 30 02	SL	10.00	16	399.			399.	320.		40.
254	8 ACCESS PC'S LIFE SKILLS	06 30 02	SL	5.00	16	2,560.			2,560.	2,560.		0.
255	TV & VCR	06 30 02	SL	5.00	16	277.			277.	277.		0.
256	SHELVES CHILDRENS ROOM	06 30 02	SL	10.00	16	677.			677.	543.		68.
257	2 ACCESS PCS	06 30 02	SL	5.00	16	650.			650.	650.		0.
258	DIVIDER PANELS	06 30 02	SL	10.00	16	320.			320.	256.		32.
260	CANON FAX	06 30 03	SL	5.00	16	750.			750.	750.		0.
261	VOICE MAIL SYSTEM	06 30 05	SL	10.00	16	1,299.			1,299.	650.		130.
262	NETWORK HARDWARE	06 30 05	SL	5.00	16	1,241.			1,241.	1,241.		0.
263	6 ACER PC	06 30 05	SL	5.00	16	3,066.			3,066.	3,066.		0.
264	2 PC MONITORS	06 30 05	SL	5.00	16	210.			210.	210.		0.
265	TEL INSTRUMENT	06 30 05	SL	10.00	16	203.			203.	101.		20.
266	DIVIDER PANELS	06 30 05	SL	10.00	16	1,829.			1,829.	915.		183.
267	OFFICE FURNITURE	06 30 05	SL	10.00	16	1,649.			1,649.	825.		165.
268	FURNITURE	06 30 07	SL	10.00	16	40,222.			40,222.	12,066.		4,022.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
269	COMPUTER PRINTER	06 30 07	SL	5.00	16	3,997.			3,997.	2,397.		799.
310	SECURITY SYSTEM	06 30 08	SL	10.00	16	3,750.			3,750.	750.		375.
314	DELL COMPUTER	06 30 09	SL	5.00	16	599.			599.	240.		120.
	* 990 PAGE 10 TOTAL OTHER					87,599.		0.	87,599.	46,888.	0.	8,554.
	* 990 PAGE 10 TOTAL - S. BROADWAY EQUI ONE WATER ST IMPROVEMENTS					87,599.		0.	87,599.	46,888.	0.	8,554.
	OTHER											
271	TEL AND LAN WIRING	06 30 06	SL	10.00	16	8,201.			8,201.	3,280.		820.
272	SECURITY ALARM DEP	06 30 06	SL	10.00	16	450.			450.	180.		45.
273	BUILDOUT SPACE	06 30 07	SL	10.00	16	4,660.			4,660.	1,398.		466.
274	DOOR SWIPES	06 30 07	SL	10.00	16	3,430.			3,430.	1,029.		343.
275	MACK-CALI BUILDUP	06 30 07	SL	10.00	16	5,544.			5,544.	1,662.		554.
283	CABLE DROPS-1 WATER STREET	07 29 07	SL	10.00	16	2,579.			2,579.	752.		258.
284	BULLETPROOF GLASS	12 06 07	SL	10.00	16	2,168.			2,168.	560.		217.
	* 990 PAGE 10 TOTAL OTHER					27,032.		0.	27,032.	8,861.	0.	2,703.
	* 990 PAGE 10 TOTAL - ONE WATER ST IMP S. BROADWAY IMPROVEMENTS					27,032.		0.	27,032.	8,861.	0.	2,703.
	OTHER											

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
277	LAWLESS & MANGIONE	06 30 07	SL	10.00	16	9,874.			9,874.	2,961.		987.
278	MARLITE CONSTRUCTION	06 30 07	SL	10.00	16	22,000.			22,000.	6,600.		2,200.
279	CITY OF YONKERS	06 30 07	SL	5.00	16	580.			580.	348.		116.
285	LOBBY DOMECAMERA	03 10 08	SL	10.00	16	1,000.			1,000.	233.		100.
286	SECURITY LOCKS	08 17 08	SL	10.00	16	890.			890.	178.		89.
287	MARLITE CONSTRUCTION	08 31 07	SL	10.00	16	95,856.			95,856.	27,160.		9,586.
288	LAWLESS&MANGIONE CONSTRUCTION	08 24 07	SL	10.00	16	2,690.			2,690.	762.		269.
289	CABLE INSTAL-487 BRDY	07 29 07	SL	10.00	16	13,496.			13,496.	3,937.		1,350.
290	CARPETING	08 07 07	SL	10.00	16	12,891.			12,891.	3,760.		1,289.
291	IMP TO HEATING UNIT	12 06 07	SL	10.00	16	1,580.			1,580.	408.		158.
292	IMP TO A/C UNIT	06 25 08	SL	10.00	16	1,785.			1,785.	358.		179.
293	INSTALL WIRING FOR HEATER	02 20 08	SL	10.00	16	450.			450.	105.		45.
294	RELOCATE WATER HEATER	04 04 08	SL	10.00	16	1,750.			1,750.	394.		175.
317	REPLAC FAN MOTOR WHEEL	06 30 09	SL	10.00	16	1,361.			1,361.	362.		136.
	* 990 PAGE 10 TOTAL OTHER					166,203.		0.	166,203.	47,566.	0.	16,679.
	* 990 PAGE 10 TOTAL - S. BROADWAY IMPR					166,203.		0.	166,203.	47,566.	0.	16,679.
	* GRAND TOTAL 990 PAGE 10 DEPR					1684788.		0.	1684788.	817,971.	0.	71,134.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction