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2006 Tax Return(s)

Prepared for NEW YORK DISASTER INTERFAITH SERVICES,
INC.
Client Code: 1250

Account Number 788682
Release Number 2006.08000

Prepared by Owen J Flanagan & Co
60 East 42nd Street
New York, NY
10165

212-682-2783

Processing Date: 01/08/2008
Time: 09:27:53

**Special
Instructions**

Messages

Return Information

INFORMATIONAL

Form: A-4 Sheet: 1 Box: 90

- Schedule A. ** PROJECTION FOR YEAR 2007 **
Page 4, Part IV. The entries to identify excess contributions on Interview Form A-4, Boxes 90 through 119, contained 2 individual(s) whose contributions were not in excess of the amount calculated for line 26a and consequently has/have been excluded from the amount on line 26b. (30135)

Form: B-1 Sheet: 1 Box: 31

- Schedule B, Page 2. Some of the information in the address for AMERICAN RED CROSS is invalid or missing. Please ensure that the Street Address, City, State Code and ZIP code have been properly entered for each contributor. The City and 2-digit State Code must be separated by a space and a comma and the ZIP code must be either a 5 or 10-digit entry. This information is required if the return is being filed electronically. If the address is foreign make the appropriate entry in the EF Code field and follow the instructions in the EF Code field for proper data entry of this information. (30062)

Form: B-1 Sheet: 1 Box: 34

- Schedule B, Page 2. Some of the information in the address for NYAC OF UMC DISASTER is invalid or missing. Please ensure that the Street Address, City, State Code and ZIP code have been properly entered for each contributor. The City and 2-digit State Code must be separated by a space and a comma and the ZIP code must be either a 5 or 10-digit entry. This information is required if the return is being filed electronically. If the address is foreign make the appropriate entry in the EF Code field and follow the instructions in the EF Code field for proper data entry of this information. (30062)

Form: B-1 Sheet: 1 Box: 37

- Schedule B, Page 2. Some of the information in the address for EPISCOPAL RELIEF AND DEVELOPMENT is invalid or missing. Please ensure that the Street Address, City, State Code and ZIP code have been properly entered for each contributor. The City and 2-digit State Code must be separated by a space and a comma and the ZIP code must be either a 5 or 10-digit entry. This information is required if the return is being filed electronically. If the address is foreign make the appropriate entry in the EF Code field and follow the instructions in the EF Code field for proper data entry of this information. (30062)

Return Information

Form: 990 Pg 9

- Form 990. Page 9. The preparer's social security number and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on Interview Form 9, Box 50, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30102)

Form: 990 A Pg 4

- Schedule A. Page 4, Part IV. The confidential large donor supporting statements have been produced in the accountant's and taxpayer's copy of the return. These are collated directly behind Schedule A and can be identified by the notation "Do Not File - Not Open to Public Inspection" that prints in the heading of each statement. Be sure that these confidential statements are not inadvertently included in any copy of the return that is being made available for public inspection. (30146)

Form: 990 Sch A

- Schedule A. Part III, line 4. No entries have been made to answer the questions about donor advised funds on lines 4a through 4g. The assumption has been made that these do not apply to the organization and they have been answered accordingly. This should be reviewed. If the organization does have any reporting requirements for lines 4a through 4g, make the appropriate entries on Interview Form A-2, Boxes 52 through 55 and Interview Form A-3, Boxes 32, 35 and 36. (36016)

Form: Form 990

- Form 990. If the organization is eligible for the federal telephone excise tax refund or credit on Form 8913 it must be claimed on Form 990-T. Use Interview Form T-10 to enter the appropriate information for the estimation method or the actual method. Be sure that an entry has also been made on Interview Form 1, Box 56 to prepare Form 990-T. If Form 990-T is being prepared only for the Form 8913 refund, it will also be necessary to make an entry on Interview Form T-1, Box 60. (36014)

2006 Return Summary

NEW YORK DISASTER INTERFAITH SERVICES,
INC.

01-0794539

Form 990:

| | |
|----------------------------|------------|
| Total Revenue | 2,177,384. |
| Total Expenses | 2,337,174. |
| Excess <Deficit> | -159,790. |
| Beginning Net Assets | 810,684. |
| Changes in Net Assets | 11,560. |
| Ending Net Assets (Page 1) | 662,454. |

Balance Sheet Analysis

| | |
|---|----------|
| Ending Total Assets | 707,469. |
| Ending Total Liabilities | 45,015. |
| Ending Total Net Assets or Fund Balances (Page 3) | 662,454. |

| | |
|--|----|
| Ending Total Assets Minus Liabilities and Net Assets | 0. |
| Ending Net Assets Difference Between Page 1 and Page 3 | 0. |

1, Sheet #1, Entity 1 Box Cnt 15

30: "NY", 35: "NEW YORK DISASTER INTERFAITH SERVICES,", 36: "INC."
37: "22 CORTLANDT STREET - 20TH FLOOR", 39: "NEW YORK", 40: "NY"
41: "10007-3107", 42: "01-0794539", 44: "(212) 669-6100"
47: "WWW.NYDIS.ORG", 50: 1/ 1/06, 51: 12/31/06, 55: "1", 66: "3"
74: "X"

4, Sheet #1, Entity 1 Box Cnt 3

30: "2", 40: 11/15/07, 45: 11/15/07

6, Sheet #1, Entity 1 Box Cnt 6

30: "Y", 36: "Y", 41: 11/15/07, 46: 11/15/07
64: "MR. PETER GUDAITIS, M. DIV", 65: "DEAR PETER:"

8, Sheet #1, Entity 1 Box Cnt 2

30: "NY", 58: "X"

990-1, Sheet #1, Entity 1 Box Cnt 6

30: "1", 31: 26900, 34: "MEMBERSHIPS & INITIATION FEES", 35: "1"
36: 2113178, 39: "DONATIONS"

990-3, Sheet #1, Entity 1 Box Cnt 1

100: 1168958

990-4, Sheet #1, Entity 1 Box Cnt 48

32: 90079, 33: 28334, 34: 14173, 35: 263102, 36: 82757, 37: 41398
38: 24285, 39: 7639, 40: 3821, 41: 24303, 42: 7678, 43: 3810, 44: 26697
45: 8397, 46: 4201, 51: 28324, 56: 17194, 57: 9781, 58: 4890, 59: 14798
60: 6493, 61: 3247, 65: 72712, 66: 8899, 67: 4449, 71: 35303, 72: 8983
73: 4492, 77: 132849, 78: 28513, 79: 1419, 92: "CONSULTANTS", 94: 55145
95: 10671, 96: 10671, 97: "INSURANCE", 100: 5442
102: "DUES AND MEMBERSHIPS", 105: 2778, 107: "OTHER", 109: 735, 110: 8535
111: 4267, 112: "DATABASE", 114: 40155, 146: 11412, 147: 3590, 148: 1795

990-5, Sheet #1, Entity 1 Box Cnt 8

30: "LONG-TERM 9/11 RECOVERY PROGRAMS, DISTRIBUTION AND MANAGEMENT OF VICTIM
ASSISTANCE FUNDS"
, , 32: 1168958, 33: 1586557
40: "

990-5, Sheet #1, Entity 1 Box Cnt 8
EMPOWER FAITH COMMUNITIES TO RESPOND EFFECTIVELY TO DISASTERS BY FACILITATING
DISASTER PLANNING, PROVIDING CHAPLAINCY TRAINING, VICTIM'S ASSISTANCE PROGRAM,
SPIRITUAL CARE AND COUNSELING"
, , 43: 252709
50: "HURRICANE KATRINA RELIEF"
, , 53: 138461
90: "EMPOWER FAITH COMMUNITIES TO RESPOND EFFECTIVELY TO DISASTERS"
,

990-6, Sheet #1, Entity 1 Box Cnt 32

30: -29810, 31: -13872, 32: 100461, 33: 73856, 34: 1001, 35: 7183
43: 143816, 52: 3934, 53: 3416, 65: "CORPORATE BONDS", 66: "4", 67: "2"
68: 499565, 70: "EQUITY MUTUAL FUNDS", 71: "3", 72: "2", 73: 100000
74: 325000, 75: "ANNUITY CONTRACT", 76: "6", 77: "2", 78: 101584
79: 105802, 95: 75817, 96: 90847, 97: 41588, 98: 58386
105: "LEASE SECURITY DEPOSIT", 106: 27528, 107: 29807
135: "CHANGE IN UNREALIZED APPRECIATION", 137: 11560

990-7, Sheet #1, Entity 1 Box Cnt 7

30: 27808, 31: 45015, 75: "X", 85: 46837, 86: 5546, 87: 763847
88: 656908

990-9, Sheet #1, Entity 1 Box Cnt 4

44: "X", 59: "X", 62: "X", 65: "X"

990-10, Sheet #1, Entity 1 Box Cnt 1

58: 14

990-11, Sheet #1, Entity 1 Box Cnt 4

30: "CONFERENCES/WORKSHOPS", 37: 204, 90: "14", 91: 37102

990-12, Sheet #1, Entity 1 Box Cnt 3

30: "WORKSHOPS ON DISASTER RELIEF", 31: "93A", 32: 1

990-13, Sheet #1, Entity 1 Box Cnt 19

30: "PETER B. GUDAITIS", 31: "EXECUTIVE DIRECTOR", 32: 40.00
33: "BOARD MEMBERS - SEE LIST ATTACHED", 34: "SEE ATTACHED", 35: 2.00
50: "22 CORTLANDT STREET", 52: "NEW YORK, NY 10007"
53: "22 CORTLANDT STREET", 55: "NEW YORK, NY 10007", 70: 108462

990-13, Sheet #1, Entity 1 Box Cnt 19

71: 67.94000%, 72: 21.37000%, 73: 10.69000%, 120: 24124, 121: 67.94000%
 122: 21.37000%, 123: 10.69000%, 201: 20

A-1, Sheet #1, Entity 1 Box Cnt 7

30: "MARGARET JARRY", 31: "MODERATOR-ROUNDTABLE", 32: 40.00, 50: 56846
 51: 12644, 52: 0, 77: "BROOKLYN, NY 11221"

A-2, Sheet #1, Entity 1 Box Cnt 2

35: "X", 50: "X"

A-3, Sheet #1, Entity 1 Box Cnt 2

31: "X", 61: "X"

A-4, Sheet #1, Entity 1 Box Cnt 13

30: 1996262, 31: 960338, 32: 1821598, 33: 405593, 45: 37102, 46: 35015
 47: 6438, 48: 642, 90: "CHADBOURNE & PARK", 92: 40506, 94: 43508
 96: "BETTY JONES", 98: 78251

990-15, Sheet #1, Entity 1 Box Cnt 3

30: 2188944, 31: 11560, 60: 2337174

B-1, Sheet #1, Entity 1 Box Cnt 10

30: 1, 31: "AMERICAN RED CROSS", 33: 2, 34: "NYAC OF UMC DISASTER", 36: 3
 37: "EPISCOPAL RELIEF AND DEVELOPMENT", 67: 1630000, 73: 50000, 79: 97465
 138: ""

DP-1, Sheet #1, Entity 1 Attached to 990 Pg 2 Entity 1 Box Cnt 72

30: 1, 31: "FURNITURE", 32: "12/26/03", 33: "MSL", 34: 10.0000, 35: 11894
 36: 2, 37: "DELL COMPUTERS", 38: "10/24/03", 39: "MSL", 40: 3.0000
 41: 14323, 42: 3, 43: "COMPUTER NETWORK", 44: "11/23/03", 45: "MSL"
 46: 3.0000, 47: 4903, 48: 4, 49: "LASER JET PRINTER", 50: "11/06/03"
 51: "MSL", 52: 3.0000, 53: 3644, 54: 5, 55: "TELEPHONE SYSTEM"
 56: "12/31/03", 57: "MSL", 58: 5.0000, 59: 21539, 60: 6
 61: "DELL COMPUTERS", 62: "01/01/04", 63: "MSL", 64: 3.0000, 65: 7171
 66: 7, 67: "PROJECTION DISPLAY", 68: "02/03/04", 69: "MSL", 70: 5.0000
 71: 8491, 72: 8, 73: "DELL COMPUTERS", 74: "11/17/05", 75: "MSL"
 76: 3.0000, 77: 3852, 78: 9, 79: "COMPUTERS, PRINTER & BACK UP"

DP-1, Sheet #1, Entity 1 Attached to 990 Pg 2 Entity 1 Box Cnt 72

80: "03/01/06", 81: "MSL", 82: 3.0000, 83: 11827, 90: 2975, 91: 1190
98: 11935, 99: 2387, 106: 4085, 107: 817, 114: 3038, 115: 607
122: 10769, 123: 4308, 130: 4780, 131: 2390, 138: 3365, 139: 1682
146: 642, 147: 1284, 155: 1972, 268: 4

DP-1, Sheet #2, Entity 1 Attached to 990 Pg 2 Entity 1 Box Cnt 8

30: 10, 31: "FURNITURE", 32: "05/31/06", 33: "MSL", 34: 10.0000, 35: 3203
90: 0, 91: 160

DP-8, Sheet #1, Entity 1 Box Cnt 1

30: "1"

NY1, Sheet #1, Entity 1 Box Cnt 4

31: "3", 32: "20-84-82", 33: "212", 34: "669-6100"

NY2, Sheet #1, Entity 1 Box Cnt 6

40: "2", 45: "LUCINDA MOSHER & ASSOC", 47: "NEW YORK, NY"
49: "GRANT PROPOSAL WRITING AND PROSPECT RESEARCH"
/
50: "HOURLY RATES"
, , 53: 1400

NY2, Sheet #2, Entity 1 Box Cnt 6

40: "2", 45: "MARY TUFTS", 47: "ROCKAWAY BEACH, NY"
49: "GRANT PROPOSAL WRITING AND PROSPECT RESEARCH"
/
50: "HOURLY RATES"
, , 53: 150

Owen J. Flanagan & Company, CPA's
60 East 42nd Street
New York, NY 10165
212-682-2783

New York Disaster Interfaith Services,
Inc.
22 Cortlandt Street - 20th Floor
New York, NY 10007-3107
Attention: Mr. Peter Gudaitis, M. Div

Dear Peter:

Enclosed is the organization's 2006 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed. These should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 15, 2007.

Mail to - Internal Revenue Service Center
Ogden, UT 84201-0027

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS:

Please sign and mail Form CHAR500 on or before November 15, 2007.

Mail to - New York State Department of Law
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271

Enclose a check for \$125 made payable to NYS Department of Law. Include the organization's state registration number(s) on the remittance.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Yours truly,

Owen J. Flanagan & Company, CPA's

COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2006

| | |
|---|---|
| Prepared for | New York Disaster Interfaith Services, Inc. 22 Cortlandt Street - 20th Floor New York, NY 10007-3107 |
| Prepared by | Owen J Flanagan & CO 60 East 42nd Street New York, NY 10165 |
| Amount due or refund | Not applicable |
| Make check payable to | Not applicable |
| Mail tax return and check (if applicable) to | Internal Revenue Service Center Ogden, UT 84201-0027 |
| Return must be mailed on or before | November 15, 2007 |
| Special Instructions | The return should be signed and dated. |

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning

and ending

| | | | | |
|---|---|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization NEW YORK DISASTER INTERFAITH SERVICES, INC. | | D Employer identification number 01-0794539 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 22 CORTLANDT STREET - 20TH FLOOR | | E Telephone number (212) 669-6100 |
| | | City or town, state or country, and ZIP + 4 NEW YORK, NY 10007-3107 | | F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) |

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: WWW.NYDIS.ORG

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,177,384.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | | | | |
|------------|--|--|------------|------------|--|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received: | | | |
| | a | Contributions to donor advised funds | 1a | | |
| | b | Direct public support (not included on line 1a) | 1b | 2,140,078. | |
| | c | Indirect public support (not included on line 1a) | 1c | | |
| | d | Government contributions (grants) (not included on line 1a) | 1d | | |
| | e | Total (add lines 1a through 1d) (cash \$ 2,140,078. noncash \$) | 1e | 2,140,078. | |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 204. | |
| | 3 | Membership dues and assessments | 3 | | |
| | 4 | Interest on savings and temporary cash investments | 4 | 37,102. | |
| | 5 | Dividends and interest from securities | 5 | | |
| | 6a | Gross rents | 6a | | |
| | 6b | Less: rental expenses | 6b | | |
| 6c | Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | |
| 7 | Other investment income (describe) | 7 | | | |
| 8a | Gross amount from sales of assets other than inventory | (A) Securities | 8a | (B) Other | |
| 8b | Less: cost or other basis and sales expenses | 8b | | | |
| 8c | Gain or (loss) (attach schedule) | 8c | | | |
| 8d | Net gain or (loss). Combine line 8c, columns (A) and (B) | 8d | | | |
| 9 | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| a | Gross revenue (not including \$ of contributions reported on line 1b) | 9a | | | |
| b | Less: direct expenses other than fundraising expenses | 9b | | | |
| 9c | Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | |
| b | Less: cost of goods sold | 10b | | | |
| 10c | Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c | | | |
| 11 | Other revenue (from Part VII, line 103) | 11 | | | |
| 12 | Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | 2,177,384. | | |
| Expenses | 13 | Program services (from line 44, column (B)) | 13 | 1,977,727. | |
| | 14 | Management and general (from line 44, column (C)) | 14 | 256,814. | |
| | 15 | Fundraising (from line 44, column (D)) | 15 | 102,633. | |
| | 16 | Payments to affiliates (attach schedule) | 16 | | |
| | 17 | Total expenses. Add lines 13 and 14, column (A) | 17 | 2,337,174. | |
| Net Assets | 18 | Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | -159,790. | |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 810,684. | |
| | 20 | Other changes in net assets or fund balances (attach explanation) See Statement 1 | 20 | 11,560. | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | 662,454. | |

NEW YORK DISASTER INTERFAITH SERVICES, INC.

Form 990 (2006)

01-0794539 Page 2

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| <i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i> | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 Specific assistance to individuals (attach schedule) <u>Statement 3</u> | 1,168,958. | 1,168,958. | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <u>Stmnt 2</u> | 132,586. | 90,079. | 28,334. | 14,173. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 0. | 0. | 0. | 0. |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 387,257. | 263,102. | 82,757. | 41,398. |
| 27 Pension plan contributions not included on lines 25a, b, and c | 35,745. | 24,285. | 7,639. | 3,821. |
| 28 Employee benefits not included on lines 25a - 27 | 35,791. | 24,303. | 7,678. | 3,810. |
| 29 Payroll taxes | 39,295. | 26,697. | 8,397. | 4,201. |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | 28,324. | | 28,324. | |
| 32 Legal fees | | | | |
| 33 Supplies | 31,865. | 17,194. | 9,781. | 4,890. |
| 34 Telephone | 24,538. | 14,798. | 6,493. | 3,247. |
| 35 Postage and shipping | | | | |
| 36 Occupancy | 86,060. | 72,712. | 8,899. | 4,449. |
| 37 Equipment rental and maintenance | | | | |
| 38 Printing and publications | 48,778. | 35,303. | 8,983. | 4,492. |
| 39 Travel | | | | |
| 40 Conferences, conventions, and meetings | 162,781. | 132,849. | 28,513. | 1,419. |
| 41 Interest | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | 16,797. | 11,412. | 3,590. | 1,795. |
| 43 Other expenses not covered above (itemize): | | | | |
| a <u>CONSULTANTS</u> | 76,487. | 55,145. | 10,671. | 10,671. |
| b <u>INSURANCE</u> | 5,442. | | 5,442. | |
| c <u>DUES AND MEMBERSHIPS</u> | 2,778. | | 2,778. | |
| d <u>OTHER</u> | 13,537. | 735. | 8,535. | 4,267. |
| e <u>DATABASE</u> | 40,155. | 40,155. | | |
| f | | | | |
| g | | | | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 2,337,174. | 1,977,727. | 256,814. | 102,633. |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

623011
01-23-07

Form 990 (2006)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| What is the organization's primary exempt purpose? ▶ EMPOWER FAITH COMMUNITIES TO RESPOND EFFECTIVELY TO DISASTERS | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|---|--|
| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | |
| a LONG-TERM 9/11 RECOVERY PROGRAMS, DISTRIBUTION AND MANAGEMENT OF VICTIM ASSISTANCE FUNDS | |
| (Grants and allocations \$ <u>1,168,958.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 1,586,557. |
| b EMPOWER FAITH COMMUNITIES TO RESPOND EFFECTIVELY TO DISASTERS BY FACILITATING DISASTER PLANNING, PROVIDING CHAPLAINCY TRAINING, VICTIM'S ASSISTANCE PROGRAM, SPIRITUAL CARE AND COUNSELING | |
| (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 252,709. |
| c HURRICANE KATRINA RELIEF | |
| (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 138,461. |
| d | |
| (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | |
| e Other program services (attach schedule) | |
| (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ | 1,977,727. |

**NEW YORK DISASTER INTERFAITH SERVICES,
INC.**

Form 990 (2006)

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year | |
|--|--|--------------------------|--------|--------------------|----------|
| Assets | 45 Cash - non-interest-bearing | -29,810. | 45 | -13,872. | |
| | 46 Savings and temporary cash investments | 100,461. | 46 | 73,856. | |
| | 47 a Accounts receivable | 7,183. | | | |
| | b Less: allowance for doubtful accounts | | 1,001. | 47c | 7,183. |
| | 48 a Pledges receivable | | | | |
| | b Less: allowance for doubtful accounts | | | 48c | |
| | 49 Grants receivable | | | 49 | 143,816. |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | 50b | |
| | 51 a Other notes and loans receivable | | | | |
| | b Less: allowance for doubtful accounts | | | 51c | |
| | 52 Inventories for sale or use | | | 52 | |
| | 53 Prepaid expenses and deferred charges | 3,934. | 53 | | 3,416. |
| | 54 a Investments - publicly-traded securities Stmt 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 599,565. | 54a | | 325,000. |
| | b Investments - other securities Stmt 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 101,584. | 54b | | 105,802. |
| | 55 a Investments - land, buildings, and equipment: basis | | | | |
| | b Less: accumulated depreciation | | | 55c | |
| | 56 Investments - other | 0. | 56 | | 0. |
| | 57 a Land, buildings, and equipment: basis | 90,847. | | | |
| b Less: accumulated depreciation Stmt 4 | 58,386. | 34,229. | 57c | 32,461. | |
| 58 Other assets, including program-related investments (describe LEASE SECURITY DEPOSIT) | 27,528. | 58 | | 29,807. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 838,492. | 59 | | 707,469. | |
| Liabilities | 60 Accounts payable and accrued expenses | 27,808. | 60 | 45,015. | |
| | 61 Grants payable | | 61 | | |
| | 62 Deferred revenue | | 62 | | |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | | |
| | 64 a Tax-exempt bond liabilities | | 64a | | |
| | b Mortgages and other notes payable | | 64b | | |
| | 65 Other liabilities (describe | | 65 | | |
| 66 Total liabilities. Add lines 60 through 65 | 27,808. | 66 | | 45,015. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | |
| | 67 Unrestricted | 46,837. | 67 | 5,546. | |
| | 68 Temporarily restricted | 763,847. | 68 | 656,908. | |
| | 69 Permanently restricted | | 69 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | | |
| | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 810,684. | 73 | | 662,454. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 838,492. | 74 | | 707,469. |

Form 990 (2006)

**NEW YORK DISASTER INTERFAITH SERVICES,
INC.**

Form 990 (2006)

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| Part VI Other Information <i>(continued)</i> | | Yes | No |
|---|--|------------|-----------|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | |
| | 82b | | N/A |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | | N/A |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | N/A |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | N/A |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | | N/A |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | N/A |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| c | Dues, assessments, and similar amounts from members | 85c | N/A |
| d | Section 162(e) lobbying and political expenditures | 85d | N/A |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | N/A |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | N/A |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders | 87a | N/A |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | N/A |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | X |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u> | | |
| b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0. |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | 0. |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | X |
| f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | X |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | X |
| 90 a | List the states with which a copy of this return is filed ▶ NY | | |
| b | Number of employees employed in the pay period that includes March 12, 2006 | 90b | 14 |
| 91 a | The books are in care of ▶ The Organization Telephone no. ▶ (212) 669-6100 Located at ▶ 22 CORTLANDT STREET - 20TH FLOOR, NEW YORK, NY ZIP + 4 ▶ 10007-3107 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 91b | X |
| | If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts. | | |

Form **990** (2006)

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a CONFERENCES / WORKSHOPS | | | | | 204. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 37,102. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 37,102. | 204. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 37,306. |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| 93A | WORKSHOPS ON DISASTER RELIEF |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | |
|------------|-----------|
| Yes | No |
| | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- ----- | | | |
| b | ----- ----- ----- | | | |
| c | ----- ----- ----- | | | |
| Totals | | | | |

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | |
|------------|-----------|
| Yes | No |
| | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- ----- ----- | | | |
| b | ----- ----- ----- | | | |
| c | ----- ----- ----- | | | |
| Totals | | | | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

| | |
|------------|-----------|
| Yes | No |
| | |

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.

| | | | | |
|---------------------------------|--|------|---|--|
| Please Sign Here | Signature of officer _____ Date _____ Type or print name and title _____ | | | |
| Paid Preparer's Use Only | Preparer's signature ▶ Owen J Flanagan & Co Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ 60 East 42nd Street New York, NY 10165 | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) EIN ▶ Phone no. ▶ 212-682-2783 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization **NEW YORK DISASTER INTERFAITH SERVICES, INC.** Employer identification number **01 0794539**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| MARGARET JARRY BROOKLYN, NY 11221 | MODERATOR-ROUNDTABLE 40.00 | 56,846. | 12,644. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 | 0 | | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | 0 | |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services | 0 | |

Part III Statements About Activities (See page 2 of the instructions.)

| | | Yes | No |
|-----|--|-----|----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | X |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a | Sale, exchange, or leasing of property? | 2a | X |
| b | Lending of money or other extension of credit? | 2b | X |
| c | Furnishing of goods, services, or facilities? | 2c | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990 | 2d | X |
| e | Transfer of any part of its income or assets? | 2e | X |
| 3 a | Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | 3a | X |
| b | Did the organization have a section 403(b) annuity plan for its employees? | 3b | X |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | 3c | X |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | X |
| 4 a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | 4a | X |
| b | Did the organization make any taxable distributions under section 4966? | 4b | X |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? | 4c | X |
| d | Enter the total number of donor advised funds owned at the end of the tax year | | 0 |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | | 0. |
| f | Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | | 0. |
| g | Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year | | 0. |

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | ▶ |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

NEW YORK DISASTER INTERFAITH SERVICES,

Schedule A (Form 990 or 990-EZ) 2006 **INC.**

01-0794539 Page 4

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
|---|----------|------------|----------|----------|-----------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 960,338. | 1,821,598. | 405,593. | | 3,187,529. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 35,015. | 6,438. | 642. | | 42,095. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 995,353. | 1,828,036. | 406,235. | 0. | 3,229,624. |
| 24 Line 23 minus line 17 | 995,353. | 1,828,036. | 406,235. | | 3,229,624. |
| 25 Enter 1% of line 23 | 9,954. | 18,280. | 4,062. | | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 64,592. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 33,081. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 3,229,624. |
| d Add: Amounts from column (e) for lines: 18 <u>42,095.</u> 19 _____ 22 _____ 26b <u>33,081.</u> | | | | | 26d 75,176. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 3,154,448. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 97.6723% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____ | | | | | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____ | | | | | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | 27c N/A |
| d Add: Line 27a total _____ and line 27b total _____ | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) | | | | | 27e N/A |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A | | | | | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h N/A % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

None

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|---|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | | |
| If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| _____ | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | 33a | |
| b | Admissions policies? | 33b | |
| c | Employment of faculty or administrative staff? | 33c | |
| d | Scholarships or other financial assistance? | 33d | |
| e | Educational policies? | 33e | |
| f | Use of facilities? | 33f | |
| g | Athletic programs? | 33g | |
| h | Other extracurricular activities? | 33h | |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| _____ | | | |
| _____ | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | |
| If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|---|-----------------------------------|--|
| | | N/A | |
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 Other exempt purpose expenditures | 39 | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | | | |
| If the amount on line 40 is - | The lobbying nontaxable amount is - | | |
| Not over \$500,000 | 20% of the amount on line 40 | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | 41 | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000,000 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | 0. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 0. |
| 47 Total lobbying expenditures | | | | | 0. |
| 48 Grassroots nontaxable amount | | | | | 0. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 0. |
| 50 Grassroots lobbying expenditures | | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-----|----|--------|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications, or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (Add lines c through h.) | | | 0. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

NEW YORK DISASTER INTERFAITH SERVICES,
INC.

Employer identification number

01-0794539

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization
NEW YORK DISASTER INTERFAITH SERVICES, INC.

Employer identification number

01-0794539

Part I Contributors (See Specific Instructions.)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 1 | AMERICAN RED CROSS | \$ 1,630,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | NYAC OF UMC DISASTER | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | EPISCOPAL RELIEF AND DEVELOPMENT | \$ 97,465. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

2006 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

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 |
|-----------|---------------------------------|---------------|--------|-------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| 1 | FURNITURE | 122603 | SL | 10.00 | 17 | 11,894. | | | 11,894. | 2,975. | | 1,190. |
| 2 | DELL COMPUTERS | 102403 | SL | 3.00 | 17 | 14,323. | | | 14,323. | 11,935. | | 2,387. |
| 3 | COMPUTER NETWORK | 112303 | SL | 3.00 | 17 | 4,903. | | | 4,903. | 4,085. | | 817. |
| 4 | LASER JET PRINTER | 110603 | SL | 3.00 | 17 | 3,644. | | | 3,644. | 3,038. | | 607. |
| 5 | TELEPHONE SYSTEM | 123103 | SL | 5.00 | 17 | 21,539. | | | 21,539. | 10,769. | | 4,308. |
| 6 | DELL COMPUTERS | 010104 | SL | 3.00 | 17 | 7,171. | | | 7,171. | 4,780. | | 2,390. |
| 7 | PROJECTION DISPLAY | 020304 | SL | 5.00 | 17 | 8,491. | | | 8,491. | 3,365. | | 1,682. |
| 8 | DELL COMPUTERS | 111705 | SL | 3.00 | 17 | 3,852. | | | 3,852. | 642. | | 1,284. |
| 9 | COMPUTERS, PRINTER & BACK UP | 030106 | SL | 3.00 | 19A | 11,827. | | | 11,827. | | | 1,972. |
| 10 | FURNITURE | 053106 | SL | 10.00 | 19D | 3,203. | | | 3,203. | | | 160. |
| | * Total 990 Page 2 Depr | | | | | 90,847. | | 0. | 90,847. | 41,589. | 0. | 16,797. |

| Form 990 | Other Changes in Net Assets or Fund Balances | Statement | 1 |
|----------|--|-----------|---|
|----------|--|-----------|---|

| Description | Amount |
|------------------------------------|---------|
| CHANGE IN UNREALIZED APPRECIATION | 11,560. |
| Total to Form 990, Part I, line 20 | 11,560. |

COPY

| | | |
|----------|--|-------------|
| Form 990 | Officer Compensation Allocation Part II, Line 25a | Statement 2 |
|----------|--|-------------|

| Name of Officer, etc. | Compensation | Employee Ben. Plans | Expense Accounts | Totals |
|---------------------------|--------------|------------------------|---------------------|----------|
| PETER B. GUDAITIS | 108,462. | 24,124. | | 132,586. |
| A. Program Services | 73,689. | 16,390. | | 90,079. |
| B. Management and General | 23,178. | 5,155. | | 28,333. |
| C. Fundraising | 11,595. | 2,579. | | 14,174. |

| | |
|---|----------|
| Total Program Services | 90,079. |
| Total Management and General | 28,333. |
| Total Fundraising | 14,174. |
| Total Officer, etc., Compensation Included on Part II, Line 25a | 132,586. |

| | | |
|----------|------------------------------------|-------------|
| Form 990 | Specific Assistance to Individuals | Statement 3 |
|----------|------------------------------------|-------------|

| Description | Amount |
|--|------------|
| Food, shelter and clothing for indigents, etc. | 1,168,958. |
| Total to Form 990, Part II, line 23 | 1,168,958. |

| | | |
|----------|--|-------------|
| Form 990 | Depreciation of Assets Not Held for Investment | Statement 4 |
|----------|--|-------------|

| Description | Cost or Other Basis | Accumulated Depreciation | Book Value |
|--------------------|------------------------|-----------------------------|------------|
| FURNITURE | 11,894. | 4,165. | 7,729. |
| DELL COMPUTERS | 14,323. | 14,322. | 1. |
| COMPUTER NETWORK | 4,903. | 4,902. | 1. |
| LASER JET PRINTER | 3,644. | 3,645. | -1. |
| TELEPHONE SYSTEM | 21,539. | 15,077. | 6,462. |
| DELL COMPUTERS | 7,171. | 7,170. | 1. |
| PROJECTION DISPLAY | 8,491. | 5,047. | 3,444. |

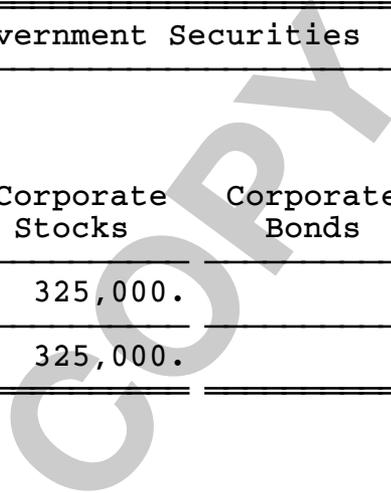
| | | | |
|-----------------------------------|---------|---------|---------|
| DELL COMPUTERS | 3,852. | 1,926. | 1,926. |
| COMPUTERS, PRINTER & BACK UP | 11,827. | 1,972. | 9,855. |
| FURNITURE | 3,203. | 160. | 3,043. |
| Total to Form 990, Part IV, ln 57 | 90,847. | 58,386. | 32,461. |

Form 990 Other Securities Statement 5

| Security Description | Cost/FMV | Other Securities |
|------------------------------|----------|------------------|
| ANNUITY CONTRACT | FMV | 105,802. |
| To Form 990, line 54b, Col B | | 105,802. |

Form 990 Non-Government Securities Statement 6

| Security Description | Cost/FMV | Corporate Stocks | Corporate Bonds | Other Publicly Traded Securities | Total Non-Gov't Securities |
|------------------------------|----------|------------------|-----------------|----------------------------------|----------------------------|
| EQUITY MUTUAL FUNDS | FMV | 325,000. | | | 325,000. |
| To Form 990, line 54a, Col B | | 325,000. | | | 325,000. |



Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

NEW YORK DISASTER INTERFAITH SERVICES, INC.

Form 990 Page 2

01-0794539

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|--|------------------------------|------------------|
| 1 Maximum amount. See the instructions for a higher limit for certain businesses | 1 | 108,000. |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation | 3 | 430,000. |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | |
| | | |
| | | |
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | |
|---|-----------|--|
| 14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | |
|---|--------------------------|----------------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2006 | 17 | 14,665. |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | 11,827. | 3 Yrs. | HY | SL | 1,972. |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | 3,203. | 10 Yrs. | HY | SL | 160. |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | / | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------------|---|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | / | | 40 yrs. | MM | S/L | |

Part IV Summary (see instructions)

| | | |
|---|-----------|----------------|
| 21 Listed property. Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 16,797. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
|--|-------------------------------|--|-------------------------------|---|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
| 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | : | : | % | | | | | |
| | : | : | % | | | | | |
| | : | : | % | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | : | : | % | | | S/L - | | |
| | : | : | % | | | S/L - | | |
| | : | : | % | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

| | | |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2006 tax year: | | | | | |
| | : | : | | | |
| | : | : | | | |
| 43 Amortization of costs that began before your 2006 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |