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## 2009 Tax Return(s)

**Prepared for** NEW YORK STATE INDEPENDENT LIVING  
COUNCIL, INC.  
CLIENT CODE: 3924

**Account Number** 806701  
**Release Number** 2009.05040

**Prepared by** DECHANTS, FUGLEIN & JOHNSON, LLP  
4 AVIS DRIVE  
LATHAM, NY  
12110-2674  
  
518 785-1211

**Processing** Date: 01/31/2011  
Time: 18:10:23

**Special  
Instructions**

**Messages**

## Return Information

### INFORMATIONAL

Form: 2 Sheet: 1 Box: 76

- Form 990-EZ. The gross receipts and total assets thresholds for Form 990-EZ filers will be lowered for tax year 2010. In order to qualify for filing Form 990-EZ for tax year 2010 the gross receipts must be less than \$200,000 and total assets must be less than \$500,000. If this organization will be required to file Form 990 for tax year 2010 an entry should be made on Interview Form 2, Box 76. The 2009 tax information will be proformaed to the appropriate 2010 Form 990 Interview Forms. (34210)

Form: 9 Sheet: 1 Box: 50

- Form 990-EZ. Page 4. 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-EZ 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. (30103)

Form: Form 4562 Entity: 1

- Depreciation. Federal Form 4562 related to Form 990-EZ Page 1, was not printed because there are no current year MACRS acquisitions, listed property assets or amortizable assets. Note that Form 4562 is never required to be filed for Form 990-EZ. However, if desired Form 4562 may be forced to print by making an entry on Interview Form DP-8, Box 37. (30144)

Form: 990-EZ Pg 1

- Form 990-EZ, Part I, Line 12. An entry has been made on Interview Form EZ-6, Box 250 to indicate that the organization is using Option 1 to report compensation of officers, directors, trustees and key employees. All compensation reporting under Option 1 is based on the calendar year ending within the organization's tax year. The compensation from Interview Form EZ-6 in the amount of \$ 103,393 has been included on Form 990-EZ, line 12. This includes contributions to employee benefits plans in the amount of \$ 20,065. This should be reviewed. If appropriate use the Total compensation from officers, directors, trustees and key employees override field to enter the amount that should be included on Form 990-EZ, Line 12. (33001)



## 2009 Return Summary

NEW YORK STATE INDEPENDENT LIVING  
COUNCIL, INC.

14-1783039

FORM 990-EZ:

TOTAL REVENUE	357,937.
TOTAL EXPENSES	343,021.
EXCESS <DEFICIT>	14,916.
BEGINNING NET ASSETS	39,898.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS (PART I)	54,814.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	105,021.
ENDING TOTAL LIABILITIES	50,207.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PART II)	54,814.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PART I AND PART II	0.

DECHANTS, FUGLEIN & JOHNSON, LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
4 AVIS DRIVE  
LATHAM, NY 12110-2650

JANUARY 31, 2011

NEW YORK STATE INDEPENDENT LIVING  
COUNCIL, INC.  
111 WASHINGTON AVENUE NO. 101  
ALBANY, NY 12210

ENCLOSED IS THE ORGANIZATION'S 2009 EXEMPT ORGANIZATION  
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-EZ RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE FEBRUARY 15, 2011.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

DAVID A. JOHNSON, CPA  
PARTNER

DECHANTS, FUGLEIN & JOHNSON, LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
4 AVIS DRIVE  
LATHAM, NY 12110-2650

JANUARY 31, 2011

NEW YORK STATE INDEPENDENT LIVING  
COUNCIL, INC.  
111 WASHINGTON AVENUE NO. 101  
ALBANY, NY 12210

ENCLOSED IS THE ORGANIZATION'S 2009 NEW YORK FORM CHAR500,  
ANNUAL FILING REPORT. THE REPORT SHOULD BE SIGNED, DATED,  
AND MAILED AS INDICATED.

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS:

PLEASE SIGN AND MAIL FORM CHAR500 ON OR BEFORE FEBRUARY 15,  
2011.

MAIL TO - NEW YORK STATE DEPARTMENT OF LAW  
CHARITIES BUREAU - REGISTRATION SECTION  
120 BROADWAY  
NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$75 MADE PAYABLE TO NYS DEPARTMENT OF  
LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S)  
ON THE REMITTANCE.

NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE  
AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY  
OF FEDERAL FORM 990-EZ HAS BEEN PROPERLY SIGNED AND DATED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

DAVID A. JOHNSON, CPA  
PARTNER

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable: C Name of organization NEW YORK STATE INDEPENDENT LIVING COUNCIL, INC. D Employer identification number 14-1783039 E Telephone number (518) 427-1060 F Group Exemption Number

G Accounting method: X Accrual Other (specify) H Check X if the organization is not required to attach Schedule B

I Website: WWW.NYSILC.ORG

J Tax-exempt status (check only one) X 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 357,937.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 357,937. Expenses total: 343,021. Net assets at end of year: 54,814.

Part II Balance Sheets

Table with 7 rows for Balance Sheets. Total assets: 94,922. Total liabilities: 50,207. Net assets: 54,814.



**NEW YORK STATE INDEPENDENT LIVING  
COUNCIL, INC.**

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

			Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .....	<b>33</b>		<b>X</b>
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes .....	<b>34</b>		<b>X</b>
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? .....	<b>35a</b>		<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>35b</b>	<b>N/A</b>	
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N .....	<b>36</b>		<b>X</b>
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. .... <span style="float:right;">▶ <b>37a</b>   <u>0.</u></span>			
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? .....	<b>37b</b>		<b>X</b>
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? .....	<b>38a</b>		<b>X</b>
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved .....	<b>38b</b>	<b>N/A</b>	
<b>39</b>	Section 501(c)(7) organizations. Enter:			
<b>a</b>	Initiation fees and capital contributions included on line 9 .....	<b>39a</b>	<b>N/A</b>	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities .....	<b>39b</b>	<b>N/A</b>	
<b>40a</b>	Section 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>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 .....	<b>40b</b>		<b>X</b>
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....			
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .....			
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T .....	<b>40e</b>		<b>X</b>
<b>41</b>	List the states with which a copy of this return is filed. ▶ <u>NY</u>			
<b>42a</b>	The organization's books are in care of ▶ <u>NYS INDEPENDENT LIVING COUNCIL</u> Telephone no. ▶ <u>(518) 427-1060</u> Located at ▶ <u>111 WASHINGTON AVE., SUITE 101, ALBANY, NY, ALBA</u> ZIP + 4 ▶ <u>12210</u>			
<b>b</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)? .....	<b>42b</b>		<b>X</b>
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....	<b>42c</b>		<b>X</b>
	If "Yes," enter the name of the foreign country: ▶ _____			
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year .....	<b>43</b>	<b>N/A</b>	
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ .....	<b>44</b>		<b>X</b>
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ .....	<b>45</b>		<b>X</b>

NEW YORK STATE INDEPENDENT LIVING  
COUNCIL, INC.

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |   |     | Yes | No |
|---|-----|-----|----|
| 46 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 ..... | 46  |     | X  |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .....   | 47  |     | X  |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....   | 48  |     | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? .....   | 49a |     | X  |
| b If "Yes," was the related organization a section 527 organization? .....  | 49b |     |    |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
NONE				

f Total number of other employees paid over \$100,000 .....

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 .....

**Sign Here** 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.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (See instr.) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 **DECHANTS, FUGLEIN & JOHNSON, LLP**  
**4 AVIS DRIVE**  
**LATHAM, NY 12110-2674**

EIN \_\_\_\_\_  
Phone no. **518 785-1211**

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **NEW YORK STATE INDEPENDENT LIVING COUNCIL, INC.** Employer identification number **14-1783039**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	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? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				550.		550.
<b>2</b> 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	543,532.	633,394.	520,375.	355,659.	357,937.	2410897.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	543,532.	633,394.	520,375.	356,209.	357,937.	2411447.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						2411447.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	543,532.	633,394.	520,375.	356,209.	357,937.	2411447.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			166.			166.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b			166.			166.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)	543,532.	633,394.	520,541.	356,209.	357,937.	2411613.

**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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.99 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	99.99 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.01 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	.01 %

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

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

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

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

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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	JULIET BRAILLE EMBOSSE	09/27/96	SL	5.00	16	4,205.			4,205.	4,205.		0.
2	DUXBURY BRAILLE TRANSLATOR	09/27/96	SL	5.00	16	445.			445.	445.		0.
3	LUCENT TECH	09/30/97	SL	5.00	16	292.			292.	292.		0.
4	FAX MACHINE	06/04/03	SL	5.00	16	1,482.			1,482.	1,482.		0.
5	COMPUTER	07/14/03	SL	5.00	16	760.			760.	760.		0.
6	LAPTOP-BRAD	09/30/04	SL	3.00	16	2,614.		1,307.	1,307.	1,307.		0.
7	DESK	07/30/96	SL	5.00	16	964.			964.	964.		0.
8	CHAIR	09/23/96	SL	5.00	16	165.			165.	165.		0.
9	COAT RACK	09/23/96	SL	5.00	16	215.			215.	215.		0.
10	LATERAL FILE	07/03/96	SL	5.00	16	239.			239.	239.		0.
11	LATERAL FILE	07/03/96	SL	5.00	16	239.			239.	239.		0.
12	STORAGE CABINET	07/03/96	SL	5.00	16	119.			119.	119.		0.
13	SAFE	07/03/96	SL	5.00	16	478.			478.	478.		0.
14	COMPUTER TABLE	07/03/96	SL	5.00	16	99.			99.	99.		0.
15	COMPUTER WORKSTATION	07/03/96	SL	5.00	16	436.			436.	436.		0.
16	OVAL CONFERENCE TABLE	07/03/96	SL	5.00	16	499.			499.	499.		0.
17	10 LEATHER CONFERENCE CHAIRS	07/03/96	SL	5.00	16	1,750.			1,750.	1,750.		0.
18	BOOKCASE	09/18/96	SL	5.00	16	284.			284.	284.		0.

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19	SIDE CONFERENCE TABLE	09/23/96	SL	5.00	16	188.			188.	188.		0.
20	EXECUTIVE CHAIR	07/03/96	SL	5.00	16	389.			389.	389.		0.
21	GUEST CHAIR	07/03/96	SL	5.00	16	260.			260.	260.		0.
22	GUEST CHAIR	07/03/96	SL	5.00	16	260.			260.	260.		0.
23	DESK-EXECUTIVE	07/03/96	SL	5.00	16	1,538.			1,538.	1,538.		0.
24	DESK-OUTREACH	07/03/96	SL	5.00	16	1,926.			1,926.	1,926.		0.
25	CHAIR	09/23/96	SL	5.00	16	165.			165.	165.		0.
26	ADJUSTABLE CLIP CHART	09/19/96	SL	5.00	16	125.			125.	125.		0.
27	TRIPOD	09/19/96	SL	5.00	16	136.			136.	136.		0.
28	MICROWAVE	07/28/96	SL	5.00	16	88.			88.	88.		0.
29	(2) MAGAZINE TABLES	08/12/96	SL	5.00	16	60.			60.	60.		0.
30	ENVIRONCARE	07/30/96	SL	5.00	16	136.			136.	136.		0.
31	AIRCLEANER	07/30/96	SL	5.00	16	76.			76.	76.		0.
32	ERGOCHAIR	07/03/96	SL	5.00	16	240.			240.	240.		0.
33	(4) GRAY CHAIRS	09/30/97	SL	5.00	16	1,225.			1,225.	1,225.		0.
34	TYPEWRITER-BROTHER MC10	09/30/97	SL	5.00	16	181.			181.	181.		0.
35	4 ARM LOOP U-SHAPED	09/30/97	SL	5.00	16	256.			256.	256.		0.
36	WORKSTATION	09/30/97	SL	5.00	16	680.			680.	680.		0.

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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
37	TV UTILITY CART	071197	SL	5.00	16	100.			100.	100.		0.
38	FURNITURE-KIMBERLY SCOTT LEASEHOLD IMPROVEMENTS	093005	SL	5.00	16	1,663.			1,663.	1,330.		333.
39	21" COLOR MONITOR	093003	SL	40.00	16	2,300.			2,300.	345.		57.
40	HP DESKJET PRINTER (D)HP COLOR PRINTER	072596	SL	5.00	16	1,671.			1,671.	1,671.		0.
41	870 CXI (D)MICROSOFT OFFICE SOFTWARE	072696	SL	5.00	16	1,687.			1,687.	1,687.		0.
42	70 CXI (D)ADOBE PAGEMAKER SOFTWARE	072696	SL	5.00	16	471.			471.	471.		0.
43	ADOBE PAGEMAKER SOFTWARE	073096	SL	5.00	16	570.			570.	570.		0.
44	PRINTER-DJ820CXI	073096	SL	5.00	16	569.			569.	569.		0.
45	WHITEBOARD/EASEL MS OFFICE PRO SOFTWARE (D)MCAFEE VIRUS	093097	SL	5.00	16	334.			334.	334.		0.
46	SCAN OPTIPLEX WORKSTATION	020999	SL	5.00	16	129.			129.	129.		0.
47	SOFTWARE (D)WINFAX SOFTWARE SCANNER AND BJ PRINTER	062999	SL	5.00	16	660.			660.	660.		0.
48	SCAN OPTIPLEX WORKSTATION	070899	SL	5.00	16	225.			225.	225.		0.
49	(D)WINFAX SOFTWARE SCANNER AND BJ PRINTER	092799	SL	5.00	16	2,692.			2,692.	2,692.		0.
50	PALM PILOT	092899	SL	5.00	16	111.			111.	111.		0.
51	(D)COMPUTERS (2)	093099	SL	5.00	16	460.			460.	460.		0.
52	(D)SERVER	092801	SL	5.00	16	644.			644.	644.		0.
53	(D)SERVER	070202	SL	5.00	16	3,540.			3,540.	3,540.		0.
54	(D)SERVER	092203	SL	5.00	16	3,695.			3,695.	3,695.		0.

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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
55	(D) XEROX 8200 PRINTER	09/30/03	SL	5.00	16	2,229.			2,229.	2,229.		0.
56	TOSHIBA COMPUTER	09/30/03	SL	5.00	16	1,695.			1,695.	1,695.		0.
57	COMPUTER /PRINTER/ SERVER UPGRADE	07/14/03	SL	5.00	16	3,276.			3,276.	3,276.		0.
58	DUPLEX SCANNER/DIGITAL CAM	09/02/03	SL	5.00	16	1,021.			1,021.	1,021.		0.
59	ROUTER	09/30/03	SL	5.00	16	1,053.			1,053.	1,053.		0.
60	(D) CELL PHONE/ COLOR PRINTER	09/30/03	SL	5.00	16	1,469.			1,469.	1,469.		0.
61	PHONE SYSTEM	09/30/05	SL	5.00	16	3,353.			3,353.	2,682.		671.
62	4 HP DESKTOP COMPUTERS & INSTALL	09/30/05	SL	3.00	16	10,559.			10,559.	10,559.		0.
63	TOSHIBA L505D-S694/ACCESSOR	09/26/09	SL	5.00	16	909.			909.			182.
64	SERVER PLUS INSTALLATION	05/25/10	SL	5.00	16	9,290.			9,290.			619.
65	COMPUTERS (4)	05/25/10	SL	5.00	16	4,059.			4,059.			271.
	* TOTAL 990-EZ PG 1 DEPR					83,648.		1,307.	82,341.	65,124.	0.	2,133.

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION			AMOUNT
MEETINGS			22,656.
NYAIL AND STRATEGIC PROJECTS			27,000.
PUBLIC RELATIONS AND ADVOCACY			3,588.
STAFF TRAVEL			13,134.
OFFICE SUPPLIES AND EXPENSES			7,119.
INSURANCES			6,572.
TELEPHONE			5,211.
PARKING			4,611.
VOTER DATA BASE			4,775.
INTEREST EXPENSE			1,105.
SPONSORSHIPS			2,000.
PAYROLL PROCESSING			1,315.
DUES AND SUBSCRIPTIONS			807.
PAYROLL TAXES			14,489.
ILC TECH ASSESSMENT			359.
TOTAL TO FORM 990-EZ, LINE 16			114,741.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	31,556.	28,393.	
DUE FROM FORMER EMPLOYEE	21,737.	18,637.	
PREPAID EXPENSES	7,204.	8,082.	
OTHER DEPRECIABLE ASSETS	1,911.	13,186.	
TOTAL TO FORM 990-EZ, LINE 24	62,408.	68,298.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	41,012.	35,428.	
DEFERRED REVENUE	1,550.	1,550.	
ACCRUED SIMPLE	577.	561.	
ACCRUED EXPENSES	11,885.	12,668.	
TOTAL TO FORM 990-EZ, LINE 26	55,024.	50,207.	

FORM 990-EZ GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSITION OF ASSESTS NO LONGER IN SERVICE	07/26/96	10/01/09	PURCHASED

  

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	12,879.	0.	12,879.	0.
TO FORM 990-EZ, LINE 5		12,879.	0.	12,879.	0.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	2,133.
OTHER EXPENSES	26,674.
TOTAL TO FORM 990-EZ, LINE 14	28,807.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

PROMOTION OF INDEPENDENT LIVING SKILLS FOR INDIVIDUALS WITH DISABILITIES

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.charitiesnys.com">http://www.charitiesnys.com</a>	<b>2009</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) <b>10/01/2009</b> and ending (mm/dd/yyyy) <b>09/30/2010</b>			
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <b>NEW YORK STATE INDEPENDENT LIVING COUNCIL, INC.</b>		d. Fed. employer ID no. (EIN) <b>14-1783039</b>
	e. NY State registration no. <b>EPTL# 05-62-37,</b>		
	Number and street (or P.O. box if mail not delivered to street address) <b>111 WASHINGTON AVENUE</b>	Room/suite <b>101</b>	f. Telephone number <b>518 427-1060</b>
	City or town, state or country and ZIP + 4 <b>ALBANY, NY 12210</b>		g. Email

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name	Title
			Date
b. Chief Financial Officer or Treas.	Signature	Printed Name	Title
			Date

<b>3. Annual Report Exemption Information</b>	
a. <b>Article 7-A</b> annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <b>and</b> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <b>and</b> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. <b>EPTL</b> annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <b>and</b> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <b>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</b>	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)? ..... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4b.

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee .....	\$ <u>25.</u>
b. EPTL filing fee .....	\$ <u>50.</u>
c. <b>Total fee</b> .....	\$ <u>75.</u>
<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>	

<b>6. Attachments</b> - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments <b>▶▶▶</b>
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