

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 1545-0047

2008

Open to Public Inspection

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 2008 calendar year, or tax year beginning JUN 1, 2008 **and ending** MAY 31, 2009

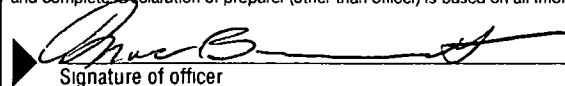
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type C Name of organization NYSARC, INC. Doing Business As	D Employer identification number 13-5678837
	See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite 393 DELAWARE AVENUE	E Telephone number (518) 439-8311
	City or town, state or country, and ZIP + 4 DELMAR, NY 12054	G Gross receipts \$ 5,402,402.
	F Name and address of principal officer MARC N. BRANDT SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 1256
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NYSARC.ORG		
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1949 M State of legal domicile NY

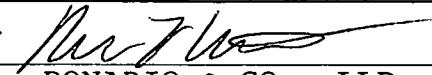
Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 127
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 127
	5	Total number of employees (Part V, line 2a)	5 55
	6	Total number of volunteers (estimate if necessary)	6 127
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 6,829. Current Year 113,077.
	9	Program service revenue (Part VIII, line 2g)	4,739,072. 5,251,397.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,752. 37,928.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,412.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,800,065. 5,402,402.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,977. 40,436.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,217,354. 3,861,860.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,739,478. 1,569,056.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,993,809. 5,471,352.
	19	Revenue less expenses. Subtract line 18 from line 12	<193,744.> <68,950.>
	20	Total assets (Part X, line 16)	Beginning of Year 3,105,453. End of Year 11,040,141.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	1,489,562. 9,664,492.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,615,891. 1,375,649.

Part II Signature Block

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

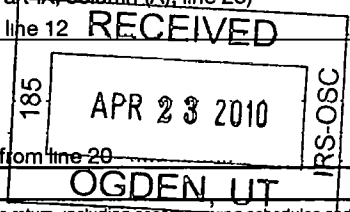
Sign Here:  Signature of officer Date: 4/15/10
 MARC N. BRANDT, EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 4/14/10 Check if self-employed: Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: BONADIO & CO., LLP 171 SULLY'S TRAIL, SUITE 201 PITTSFORD, NEW YORK 14534
 EIN: Phone no: ▶

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED MAY 21 2008



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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: A FAMILY BASED ORGANIZATION WORKING WITH AND FOR PEOPLE WHO HAVE INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes", describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 703,979. including grants of \$ 1,000.) (Revenue \$ 35,480.) THE PROVISION OF EDUCATION, TRAINING, REHABILITATION AND RESEARCH FOR INDIVIDUALS WITH INTELLECTUAL AND OTHER DISABILITIES. AS A LEADING ADVOCATE FOR PERSONS WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES, THE ORGANIZATION PROVIDES SUPPORT, INFORMATION, DIRECTION AND OTHER SERVICES.

4b (Code:) (Expenses \$ 363,504. including grants of \$ 39,436.) (Revenue \$ 100,000.) THE ORGANIZATION PROVIDES TRAINING, FINANCIAL SUPPORT AND TECHNICAL LEGAL ASSISTANCE THROUGH A STATEWIDE GUARDIANSHIP PROGRAM. THE PROGRAM IS ADMINISTERED THROUGH NYSARCS STATE OFFICE AND SERVES INDIVIDUALS WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES.

4c (Code:) (Expenses \$ 114,728. including grants of \$) (Revenue \$) LEGISLATIVE ADVOCACY FOR THOSE WITH INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES.

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

4e Total program service expenses ▶ \$ 1,182,211. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
JOHN SHERMAN - (518) 439-8311
393 DELAWARE AVENUE, DELMAR, NY 12054

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATHERINE WILSON CONROY PRESIDENT	1.00	X		X			0.	0.	0.	
MARY SKILLAN VICE PRESIDENT, NORTHEAS	1.00	X					0.	0.	0.	
ROBERT BOENING VICE PRESIDENT, SOUTHEAS	1.00	X		X			0.	0.	0.	
JOHN E. BECKER, II EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
MARYANN BRYANT-BRUNER SENIOR V.P./V.P. CENTRAL	1.00	X		X			0.	0.	0.	
ERIC STICKELS TREASURER	1.00	X		X			0.	0.	0.	
JOSEPH BOGNANNO ASSISTANT TREASURER	1.00	X		X			0.	0.	0.	
LAURA KENNEDY SECRETARY	1.00	X		X			0.	0.	0.	
ANNE MARIE LOCKHART EXECUTIVE COMMITTEE	1.00	X		X			0.	0.	0.	
DR. JOHN KOWALCZYK EXECUTIVE COMMITTEE	1.00	X					0.	0.	0.	
DR. IRVING CAMINSKY EXECUTIVE COMMITTEE	1.00	X					0.	0.	0.	
DIAN CIFUNI EXECUTIVE COMMITTEE	1.00	X					0.	0.	0.	
ARTHUR STILWELL EXECUTIVE COMMITTEE	1.00	X					0.	0.	0.	
MARY ELLEN MURPHY EXECUTIVE COMMITTEE	1.00	X					0.	0.	0.	
THOMAS F. MOORE EXECUTIVE COMMITTEE	1.00	X					0.	0.	0.	
MILTON KAPLAN BOARD MEMBER	1.00	X					0.	0.	0.	
NICHOLAS LANZA BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN GILDNER BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS J. TALBETT, JR. BOARD MEMBER	1.00	X						0.	0.	0.
JERRY ISAACS BOARD MEMBER	1.00	X						0.	0.	0.
AL TURK BOARD MEMBER	1.00	X						0.	0.	0.
IDA RIOS BOARD MEMBER	1.00	X						0.	0.	0.
VINCENT FIACCO BOARD MEMBER	1.00	X						0.	0.	0.
DENIS WHICKHAM BOARD MEMBER	1.00	X						0.	0.	0.
RAPHAEL SMITH BOARD MEMBER	1.00	X						0.	0.	0.
BETTY BUTZ BOARD MEMBER	1.00	X						0.	0.	0.
SUE CUNNINGHAM BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								857,011.	0.	217,031.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 5

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NIXON PEABODY, OMNI PLAZA, 30 SOUTH PEARL ST., ALBANY, NY 12207	LEGAL	490,104.
BRYAN CAVE, 1290 AVENUE OF THE AMERICAS, NEW YORK, NY 10104	LEGAL	217,572.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 2

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 113,077.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		113,077.			
	Program Service Revenue	2 a ADMINISTRATIVE CHARGES	Business Code 900099	2798976.	2798976.	
b FIDUCIARY FEES		900099	2303781.	2303781.		
c OTHER REVENUE		900099	116,995.	116,995.		
d PUBLICATION AND REGIST		900099	31,645.	31,645.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			5251397.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		37,928.		37,928.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			5402402.	5251397.	0. 37,928.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	40,436.	40,436.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	431,921.		431,921.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,602,828.	737,307.	1,865,521.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	219,040.	81,346.	137,694.	
9 Other employee benefits	257,828.	100,837.	156,991.	
10 Payroll taxes	350,243.	61,704.	288,539.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	487,419.	3,824.	483,595.	
12 Advertising and promotion	98,611.	24,983.	73,628.	
13 Office expenses	162,377.	13,884.	148,493.	
14 Information technology				
15 Royalties				
16 Occupancy	195,626.	13,769.	181,857.	
17 Travel	61,002.	16,350.	44,652.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	88,433.	25,218.	63,215.	
20 Interest	3,426.	145.	3,281.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,150.	17,104.	73,046.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a COMMITTEES, BOARD OF GO	199,934.		199,934.	
b EQUIPMENT, RENT AND MAI	68,334.	19,053.	49,281.	
c POSTAGE	61,238.	19,063.	42,175.	
d TELEPHONE	39,659.	5,538.	34,121.	
e MEMBERSHIP DUES	6,277.	1,650.	4,627.	
f All other expenses	6,570.		6,570.	
25 Total functional expenses. Add lines 1 through 24f	5,471,352.	1,182,211.	4,289,141.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	200.	1	200.
	2 Savings and temporary cash investments	26,637.	2	10,246.
	3 Pledges and grants receivable, net	1,667.	3	
	4 Accounts receivable, net	256,184.	4	357,261.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,536.	9	52,792.
	10a Land, buildings, and equipment - cost basis	10a 1,843,529.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,513,713.	10c	329,816.
	11 Investments - publicly traded securities	1,313,478.	11	1,003,498.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,154,149.	15	9,286,328.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,105,453.	16	11,040,141.	
Liabilities	17 Accounts payable and accrued expenses	491,944.	17	389,973.
	18 Grants payable		18	
	19 Deferred revenue	231,166.	19	582,991.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	20,656.	23	74,376.
	24 Unsecured notes and loans payable		24	7,855,000.
	25 Other liabilities. Complete Part X of Schedule D	745,796.	25	762,152.
	26 Total liabilities. Add lines 17 through 25	1,489,562.	26	9,664,492.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,591,921.	27	1,351,679.
	28 Temporarily restricted net assets	23,970.	28	23,970.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,615,891.	33	1,375,649.
	34 Total liabilities and net assets/fund balances	3,105,453.	34	11,040,141.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,810.	7,403.	2,275.	6,829.	113,077.	134,394.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,925,948.	3,356,472.	4,073,696.	4,739,072.	5,251,397.	20,346,585.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	2,930,758.	3,363,875.	4,075,971.	4,745,901.	5,364,474.	20,480,979.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						20,480,979.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	2,930,758.	3,363,875.	4,075,971.	4,745,901.	5,364,474.	20,480,979.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,571.	59,839.	60,078.	52,752.	37,928.	274,168.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	63,571.	59,839.	60,078.	52,752.	37,928.	274,168.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						20,755,147.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.68 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.32 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **NYSARC, INC.** Employer identification number **13-5678837**

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

- A Check if the filing organization belongs to an affiliated group
 B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
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.		
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		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		74,573.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	X		40,155.
i Other activities? If "Yes," describe in Part IV		X	
j Total lines 1c through 1i			114,728.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization **NYSARC, INC.** Employer identification number **13-5678837**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		39,169.		39,169.
b Buildings		565,088.	512,905.	52,183.
c Leasehold improvements				
d Equipment		1,130,646.	920,524.	210,122.
e Other		108,626.	80,284.	28,342.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				329,816.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,402,402.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,471,352.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<68,950.>
4	Net unrealized gains (losses) on investments	4	<171,292.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	<171,292.>
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<240,242.>

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

1	Total revenue, gains, and other support per audited financial statements	1	5,231,110.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<171,292.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<171,292.>
3	Subtract line 2e from line 1	3	5,402,402.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,402,402.

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

1	Total expenses and losses per audited financial statements	1	5,471,352.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,471,352.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	5,471,352.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109, ACCOUNTING FOR INCOME TAXES (FIN 48). FIN 48 REQUIRES ENTITIES TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITION. FOR TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY, SINCE EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR TAX-EXEMPT STATUS. NYSARC IMPLEMENTED FIN 48 IN 2009. NYSARC HAS NOT

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	15	25,500.	0.		

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

SCHEDULE I, PART I, LINE 2: VARIOUS SCHOLARSHIPS ARE AWARDED TO STUDENTS ENROLLED FULL-TIME IN ANY YEAR OF THEIR COLLEGE, TRAINING IN A FIELD RELATED TO INTELLECTUAL AND OTHER DEVELOPMENTAL DISABILITIES IN NEW YORK STATE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

NYSARC, INC.

Employer identification number

13-5678837

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the Organization

NYSARC, INC.

Employer Identification number

13-5678837

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. JAMES ASHE BOARD MEMBER	1.00	X						0.	0.	0.
JANET CALKINS BOARD MEMBER	1.00	X						0.	0.	0.
ANNE CORDICK BOARD MEMBER	1.00	X						0.	0.	0.
GILBERT DUKEN BOARD MEMBER	1.00	X						0.	0.	0.
MERRILEE HAMLIN BOARD MEMBER	1.00	X						0.	0.	0.
EDNA KNABBE BOARD MEMBER	1.00	X						0.	0.	0.
LENORE WHITBECK BOARD MEMBER	1.00	X						0.	0.	0.
ROSE MARY CELLA BOARD MEMBER	1.00	X						0.	0.	0.
DONALD GEER BOARD MEMBER	1.00	X						0.	0.	0.
LUELLA ROGERS BOARD MEMBER	1.00	X						0.	0.	0.
RUTH VITALE BOARD MEMBER	1.00	X						0.	0.	0.
RONALD COLE BOARD MEMBER	1.00	X						0.	0.	0.
MARK METZGER, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
DONNA L. BURDEN, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
RONALD SMITH BOARD MEMBER	1.00	X						0.	0.	0.
GERALD EDWARDS BOARD MEMBER	1.00	X						0.	0.	0.
MARLA RODRIGUEZ BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT KLEPPANG BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL NORTHROP BOARD MEMBER	1.00	X						0.	0.	0.
JUDY SCHELLE BOARD MEMBER	1.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

NYSARC, INC.

Employer Identification number

13-5678837

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANE MEIER BOARD MEMBER	1.00	X						0.	0.	0.
THELMA MONTREAL BOARD MEMBER	1.00	X						0.	0.	0.
RONALD GEORGE BOARD MEMBER	1.00	X						0.	0.	0.
GARY RUFF BOARD MEMBER	1.00	X						0.	0.	0.
BETTY BRESLER BOARD MEMBER	1.00	X						0.	0.	0.
DEBORAH A. VINK BOARD MEMBER	1.00	X						0.	0.	0.
CHERYL ENGLERT BOARD MEMBER	1.00	X						0.	0.	0.
MARCY VANZANDT BOARD MEMBER	1.00	X						0.	0.	0.
RANDY SCHAAL, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
MAYTHORNE WINTERKORN BOARD MEMBER	1.00	X						0.	0.	0.
MARY BETH WUNSCH BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT FETTERLY BOARD MEMBER	1.00	X						0.	0.	0.
JOEL KAPLAN BOARD MEMBER	1.00	X						0.	0.	0.
RADY BRUELL BOARD MEMBER	1.00	X						0.	0.	0.
BLANCHE FIERSTEIN BOARD MEMBER	1.00	X						0.	0.	0.
JACK GAROFALO BOARD MEMBER	1.00	X						0.	0.	0.
SAUNDRA M. GUMEROVE BOARD MEMBER	1.00	X						0.	0.	0.
DOROTHY LENOWICZ BOARD MEMBER	1.00	X						0.	0.	0.
HARRIET TRAVERSA BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES KING BOARD MEMBER	1.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

NYSARC, INC.

Employer Identification number

13-5678837

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EDITH NIEDERT BOARD MEMBER	1.00	X						0.	0.	0.
GENEVIEVE O'NEIL BOARD MEMBER	1.00	X						0.	0.	0.
ARLENE PEDONE BOARD MEMBER	1.00	X						0.	0.	0.
MARILYN JAFFE-RUIZ BOARD MEMBER	1.00	X						0.	0.	0.
MARIE-THERESE FRIERI BOARD MEMBER	1.00	X						0.	0.	0.
DONALD SMITH BOARD MEMBER	1.00	X						0.	0.	0.
RUTH RIDGWAY BOARD MEMBER	1.00	X						0.	0.	0.
JOYCE CARMEN BOARD MEMBER	1.00	X						0.	0.	0.
GORDON EYER BOARD MEMBER	1.00	X						0.	0.	0.
JOHN SCHUPPENHAUER, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
JOANNE GRANT BOARD MEMBER	1.00	X						0.	0.	0.
GEORGIA SULLIVAN BOARD MEMBER	1.00	X						0.	0.	0.
REV. KEVIN DEGNAN BOARD MEMBER	1.00	X						0.	0.	0.
MARLENE HILL BOARD MEMBER	1.00	X						0.	0.	0.
MARY ANN BARBARINO BOARD MEMBER	1.00	X						0.	0.	0.
LEONARD KELLOGG BOARD MEMBER	1.00	X						0.	0.	0.
WALTER HOGAN BOARD MEMBER	1.00	X						0.	0.	0.
LAURA DODGE BOARD MEMBER	1.00	X						0.	0.	0.
HEATHER STRICKLAND BOARD MEMBER	1.00	X						0.	0.	0.
ANNA MAY WIEDE BOARD MEMBER	1.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

NYSARC, INC.

Employer Identification number

13-5678837

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EDIE HALL BOARD MEMBER	1.00	X						0.	0.	0.
HENRIETTA MESSIER BOARD MEMBER	1.00	X						0.	0.	0.
ARNOLD BOTWINICK BOARD MEMBER	1.00	X						0.	0.	0.
SONIA CRANNAGE, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN CONKLIN BOARD MEMBER	1.00	X						0.	0.	0.
GISELA SCHMIDT BOARD MEMBER	1.00	X						0.	0.	0.
AUDREY TARANTINO BOARD MEMBER	1.00	X						0.	0.	0.
MARGARET ABBOTT BOARD MEMBER	1.00	X						0.	0.	0.
PATRICIA CAMPANELLA BOARD MEMBER	1.00	X						0.	0.	0.
CAROLYN SMITH BOARD MEMBER	1.00	X						0.	0.	0.
MARY ELIZABETH CORREA BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT DESIO BOARD MEMBER	1.00	X						0.	0.	0.
PATRICIA ROSS BOARD MEMBER	1.00	X						0.	0.	0.
BELLA STUART BOARD MEMBER	1.00	X						0.	0.	0.
ROBERTA BROOKS BOARD MEMBER	1.00	X						0.	0.	0.
DENYEA WILMS BOARD MEMBER	1.00	X						0.	0.	0.
HAROLD HOFFMEIER, JR. BOARD MEMBER	1.00	X						0.	0.	0.
MARCIA KASPRZYK BOARD MEMBER	1.00	X						0.	0.	0.
ROSE PALMIERI BOARD MEMBER	1.00	X						0.	0.	0.
PAUL GREENFIELD BOARD MEMBER	1.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization

NYSARC, INC.

Employer Identification number

13-5678837

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH DEL BROCCOLO BOARD MEMBER	1.00	X						0.	0.	0.
JAMES MCENEANEY BOARD MEMBER	1.00	X						0.	0.	0.
FRED K. SALZBERG BOARD MEMBER	1.00	X						0.	0.	0.
KENNETH WALKER BOARD MEMBER	1.00	X						0.	0.	0.
BERNITA N. KIMBLE BOARD MEMBER	1.00	X						0.	0.	0.
STEVEN DROBYSH BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS HITCHCOCK BOARD MEMBER	1.00	X						0.	0.	0.
SCOTT HARTUNG BOARD MEMBER	1.00	X						0.	0.	0.
CAROL KENYON BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH VANHAELST BOARD MEMBER	1.00	X						0.	0.	0.
NELVA TUREK BOARD MEMBER	1.00	X						0.	0.	0.
ANNE MAJSAK BOARD MEMBER	1.00	X						0.	0.	0.
MOHAN MEHRA BOARD MEMBER	1.00	X						0.	0.	0.
SARAH E. PHELAN, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY SULLIVAN BOARD MEMBER	1.00	X						0.	0.	0.
ELLEN OWENS BOARD MEMBER	1.00	X						0.	0.	0.
GREG BOOTH BOARD MEMBER	1.00	X						0.	0.	0.
ANGELA ARCIDIACONO BOARD MEMBER	1.00	X						0.	0.	0.
MARC BRANDT EXECUTIVE DIRECTOR	40.00			X				199,284.	0.	64,376.
JOHN SHERMAN CHIEF FINANCIAL OFFICER	40.00			X				129,042.	0.	39,220.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

NYSARC, INC.

Employer identification number

13-5678837

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

TO IMPROVE THE QUALITY OF LIFE FOR PERSONS WITH DEVELOPMENTAL
DISABILITIES IN EVERY MANNER POSSIBLE.

FORM 990, PART VI, SECTION A, LINE 6: NYSARC, INC. IS A UNITARY
CORPORATION CONSISTING OF ITS 55 CHAPTERS. THE CORPORATION AND CHAPTER'S
GOVERNING BODY IS THE BOARD OF GOVERNORS REPRESENTING THE INDIVIDUAL
MEMBERSHIP IN EACH CHAPTER'S JURISDICTION. EACH CHAPTER HAS FROM 1-6
GOVERNORS BASED ON MEMBERSHIP. THE CORPORATION THROUGH ARTICLE VI SECTION
3 OF ITS BYLAWS DELEGATES DAY-TO-DAY OPERATING AUTHORITY TO THE CHAPTER'S
BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS (SEE
PART VI, LINE 7A BELOW) COMPRISES THE CORPORATION'S ELECTED OFFICERS AND
EXERCISES ALL POWERS OF THE BOARD OF GOVERNORS BETWEEN PLENARY MEETINGS OF
THE GOVERNORS.

FORM 990, PART VI, SECTION A, LINE 7A: THE DELEGATE ASSEMBLY, WHICH
REPRESENTS NYSARC'S 70,000 MEMBERS, ELECTS THE CORPORATION PRESIDENT,
SECRETARY, TREASURER AND ASSISTANT TREASURER TO 1-YEAR TERMS. DELEGATES
ELECT REGIONAL VICE PRESIDENTS TO 1-YEAR TERMS FROM THEIR RESPECTIVE
REGIONS. THE BOARD OF GOVERNORS ELECTS ONE VICE-PRESIDENT SENIOR
VICE-PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 7B: CHAPTER BYLAW AMENDMENTS ARE
SUBJECT TO BOARD OF GOVERNOR APPROVAL. ANY ACTION OF THE BOARD OF GOVERNORS
MAY BE REVIEWED AT THE SUCCEEDING DELEGATE ASSEMBLY. NO ACTION OF THE
GOVERNORS THAT AFFECTS THE IRREVOCABLE RIGHTS OF THIRD PARTIES MAY BE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

NYSARC, INC.

Employer identification number

13-5678837

RESCINDED. CORPORATE BYLAW AMENDMENTS ARE SUBJECT TO APPROVAL BY A MAJORITY OF CHAPTERS.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD OF GOVERNORS DOES NOT REVIEW CHAPTERS' FORM 990S BEFORE THEY ARE FILED. EACH INDIVIDUAL CHAPTER SUBMITS A COPY OF ITS FORM 990 TO THE CORPORATION'S BOARD OF GOVERNORS WHEN THE FORM IS FILED BY THE CHAPTER. NYSARC'S 990 IS REVIEWED BY MEMBERS OF THE EXECUTIVE COMMITTEE AND COPIES ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE CORPORATE COMPLIANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15: ANNUAL BUDGET IS REVIEWED AND RECOMMENDED BY BUDGET AND FINANCE COMMITTEE, THEN SUBMITTED TO BOARD OF GOVERNORS. ALL EXECUTIVE STAFF SALARIES ARE LISTED AND APPROVED BY FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19: BY WRITTEN REQUEST.

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDINGS							
3	BUILDING							
	VARIABLES	VAR	20.00	16	79,368.		66,288.	2,646.
4	BUILDING IMPROVEMENTS							
	VARIABLES	VAR	20.00	16	485,720.		436,666.	7,305.
	* 990 PAGE 10 TOTAL BUILDINGS							
					565,088.	0.	502,954.	9,951.
	MACHINERY & EQUIPMENT							
2	EQUIPMENT							
	VARIABLES	VAR	7.00	16	1,130,646.		843,621.	76,903.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT							
					1,130,646.	0.	843,621.	76,903.
	LAND							
1	LAND							
	VARIABLES	L			39,169.			0.
	* 990 PAGE 10 TOTAL LAND							
					39,169.	0.	0.	0.
	OTHER							
5	VEHICLES							
	VARIABLES	VAR	5.00	16	108,626.		76,988.	3,296.
	* 990 PAGE 10 TOTAL OTHER							
					108,626.	0.	76,988.	3,296.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					1,843,529.	0.	1423563.	90,150.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization NYSARC, INC.	Employer identification number 13-5678837
	Number, street, and room or suite no. If a P.O. box, see instructions. 393 DELAWARE AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DELMAR, NY 12054	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JOHN SHERMAN

• The books are in the care of **▶ 393 DELAWARE AVENUE, DELMAR, NY - 12054**
 Telephone No. **▶ (518) 439-8311** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **APRIL 15, 2010**.
- 5 For calendar year **_____**, or other tax year beginning **JUN 1, 2008**, and ending **MAY 31, 2009**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶ Melissa P Slater** Title **▶ CPA** Date **▶ 1-15-10**