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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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 2012 calendar year, or tax year beginning and ending

C. Name of organization

NEW YORK DISASTER INTERFAITH SERVICES, INC.

01-0794539

E. Telephone number

(212) 669-6100

F. Group Exemption Number

G. Accounting Method:

X Accrual

H. Check if the organization is not required to attach Schedule B

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

K. Check if the organization used Schedule O to respond to any question in this Part I

L. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ

$ 65,526.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

X

1 Contributions, gifts, grants, and similar amounts received

2 Program service revenue including government fees and contracts

3 Membership dues and assessments

4 Investment income

5a Gross amount from sale of assets other than inventory

5b Less: cost or other basis and sales expenses

5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Gaming and fundraising events

6a Gross income from gaming (attach Schedule G if greater than $15,000)

6b Gross income from fundraising events (not including $ of contributions

from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)

6c Less: direct expenses from gaming and fundraising events

6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)

7a Gross sales of inventory, less returns and allowances

7b Less: cost of goods sold

7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe in Schedule O)

See Schedule O

8 4,100.

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

9 65,526.

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

See Schedule O

17 Total expenses. Add lines 10 through 16

17 47,281.

18 Excess or (deficit) for the year (Subtract line 9 from line 17)

18 18,245.

19 Net assets or fund balances at beginning of year (from line 27, column (A))

19 1,907.

20 Other changes in net assets or fund balances (explain in Schedule O)

20 0.

21 Net assets or fund balances at end of year. Combine lines 18 through 20

21 20,152.
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

List each one even if not compensated. (see the instructions for Part IV)

Health benefits, contributions to employee benefit plans, and deferred compensation (Forms W-2/1099-MISC)

Reportable compensation (if not paid, enter -0-)

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

See Schedule O

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 See Schedule O

28a (Grants $ ) If this amount includes foreign grants, check here

28b Expense

29 (Grants $ ) If this amount includes foreign grants, check here

29a Expense

30 (Grants $ ) If this amount includes foreign grants, check here

30a Expense

31 Other program services (describe in Schedule O)

31a Expense

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title

(b) Average hours per week devoted to position

(c) Reportable compensation (Forms W-2/1099-MISC)

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

(e) Estimated amount of other compensation

RONALD DREWS
PRESIDENT

RUTH WENGER
EXECUTIVE VICE PRESIDENT

BETTY JONES
VICE PRESIDENT

JUDY CHEN
SECRETARY

ALTAMAT LLYAS
TRASURER

PETER GUDAITIS
CHIEF RESPONSE OFFICER

2012.04020 NEW YORK DISASTER INTERFAIT 1250___1
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 Did the organization engage in any significant activity not previously reported to the IRS? If &quot;Yes,&quot; provide a detailed description of each activity in Schedule O</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>34 Were any significant changes made to the organizing or governing documents? If &quot;Yes,&quot; attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; to line 35a, has the organization filed a Form 990-T for the year? If &quot;No,&quot; provide an explanation</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If &quot;Yes,&quot; complete applicable parts of Schedule N</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>37a Enter amount of political expenditures, direct or indirect, as described in the instructions</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>38b Did the organization file Form 1120-POL for this year?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>39a 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 tax year covered by this return?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>40a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>40b Were any significant changes made to the organizing or governing documents? If &quot;Yes,&quot; attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Form 990-EZ (2012)**

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

**01-0794539**

**Part V Other Information**

(Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V. Check if the organization used Sch. O to respond to any question in this Part V)

---

**Instructions:**

- **33** Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
- **34** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
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- **38b** Did the organization file Form 1120-POL for this year?
- **39a** 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 tax year covered by this return?
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- **40b** Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
- **41** List the states with which a copy of this return is filed.
- **42a** The organization’s books are in care of.
- **42b** If "Yes," enter the name of the foreign country.
- **42c** 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)?
- **43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
- **44a** Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
- **44b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
- **44c** Did the organization receive any payments for indoor tanning services during the year?
- **44d** If "Yes" to line 44c, has the organization filled a Form 720 to report these payments? If "No," provide an explanation.
- **44e** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- **44f** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

---

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

**01-0794539**

**Part V Other Information**

(Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V. Check if the organization used Sch. O to respond to any question in this Part V)

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**Instructions:**

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- **44d** If "Yes" to line 44c, has the organization filled a Form 720 to report these payments? If "No," provide an explanation.
- **44e** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- **44f** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
Yes No  
If "Yes," complete Schedule C, Part I

Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
Yes No

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization?

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."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee paid more than $100,000</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
</tr>
</tbody>
</table>

Total number of other employees paid over $100,000

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."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>NONE</td>
<td>NONE</td>
</tr>
</tbody>
</table>

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

Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

Yes No

May the IRS discuss this return with the preparer shown above? See instructions

Yes No
**SCHEDULE A**
(Form 990 or 990-EZ)

**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.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW YORK DISASTER INTERFAITH SERVICES, INC.</td>
<td>01-0794539</td>
</tr>
</tbody>
</table>

**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).
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).
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).
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)(vii). (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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Type I</td>
</tr>
<tr>
<td>b</td>
<td>Type II</td>
</tr>
<tr>
<td>c</td>
<td>Type III - Functionally integrated</td>
</tr>
<tr>
<td>d</td>
<td>Type III - Non-functionally integrated</td>
</tr>
</tbody>
</table>

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).

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.

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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?

Provide the following information about the supported organization(s).

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

Total

| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. |
|---------------------------------|------------------------------------------|
|                                 | Schedule A (Form 990 or 990-EZ) 2012    |

232021
12-04-12

16061113 788682 1250  2012.04020 NEW YORK DISASTER INTERFAIT 1250 1
NEW YORK DISASTER INTERFAITH SERVICES, INC.

Schedule A (Form 990 or 990-EZ) 2012

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

(Calendar year (or fiscal year beginning in) or (a) (b) (c) (d) (e) (f) Total)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>976,601</td>
<td>61,426</td>
<td>1038027</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>976,601</td>
<td>61,426</td>
<td>1038027</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>139,099</td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>898,928</td>
<td></td>
</tr>
</tbody>
</table>

Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>976,601</td>
<td>61,426</td>
<td>1038027</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>7,006</td>
<td></td>
<td></td>
<td>7,006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1045033</td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>86.02 %</td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2011 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2012. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2012. 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 &quot;facts-and-circumstances&quot; test, check this box and STOP HERE. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2012

NEW YORK DISASTER INTERFAITH SERVICES, INC.

232022
12-04-12

16061113 788682 1250
2012.04020 NEW YORK DISASTER INTERFAIT 1250__1
### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support</strong> (highest line 7c to line 6)</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. (Add lines 9, 10a, 11, and 12.)</strong></td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>14</td>
<td><strong>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.</strong></td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

15 | Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15% |
16 | Public support percentage from 2011 Schedule A, Part III, line 15 | 16% |

### Section D. Computation of Investment Income Percentage

17 | Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17% |
18 | Investment income percentage from 2011 Schedule A, Part III, line 17 | 18% |
19a | **33 1/3% support tests - 2012.** 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 | ... | ... | ... | ... | ... |
19b | **33 1/3% support tests - 2011.** 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 | ... | ... | ... | ... | ... |
Form 990-EZ, Part I, Line 8, Other Revenue:

<table>
<thead>
<tr>
<th>Description of Other Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBLEASE</td>
<td>4,100</td>
</tr>
</tbody>
</table>

Form 990-EZ, Part I, Line 16, Other Expenses:

<table>
<thead>
<tr>
<th>Description of Other Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAVEL &amp; MEETINGS</td>
<td>2,074</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>3,034</td>
</tr>
<tr>
<td>OFFICE SUPPLIES</td>
<td>1,938</td>
</tr>
<tr>
<td>WEBSITE</td>
<td>811</td>
</tr>
<tr>
<td>DATABASE</td>
<td>1,680</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>2,705</td>
</tr>
<tr>
<td>PAYPAL/BANK &amp; MEMBERSHIP FEES</td>
<td>382</td>
</tr>
<tr>
<td>BOARD OF DIRECTORS MEETINGS</td>
<td>953</td>
</tr>
<tr>
<td>MINI STORAGE</td>
<td>188</td>
</tr>
</tbody>
</table>
Total to Form 990-EZ, line 16 13,765.

Form 990-EZ, Part II, Line 24, Other Assets:

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRANTS RECEIVABLE</td>
<td>3,100</td>
<td>5,000</td>
</tr>
<tr>
<td>ACCOUNTS RECEIVABLE</td>
<td>300</td>
<td>0</td>
</tr>
</tbody>
</table>
Total to Form 990-EZ, line 24 3,400. 5,000.

Form 990-EZ, Part II, Line 26, Other Liabilities:

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTS PAYABLE</td>
<td>1,493</td>
<td>121</td>
</tr>
</tbody>
</table>
Form 990-EZ, Part III, Primary Exempt Purpose - TO EMPOWER FAITH COMMUNITIES TO RESPOND EFFECTIVELY TO DISASTERS.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

IT PROVIDED SUPER STORM SANDY RELIEF PROGRAMS. HOSTED OPEN DAILY TELECONFERENCES, CONDUCTED DAILY NETWORKING AND RESOURCE REFERRALS AND CREATED CONGREGATION & NEIGHBORHOOD SERVICES DIRECTORY.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.
1. General Information

- **For the fiscal year beginning (mm/dd/yyyy):** 01/01/2012 and ending (mm/dd/yyyy): 12/31/2012
- **Organization Name:** NEW YORK DISASTER INTERFAITH SERVICES, INC.
- **Address:** 4 WEST 43RD STREET
- **City, State, Zip:** NEW YORK, NY 10036
- **NY State Registration No.:** 20-84-82
- **Telephone Number:** 212 669-6100
- **Email Address:**

2. Certification - Two Signatures Required

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.

- **President or Authorized Officer:** RUTH WENGER
- **Chief Financial Officer or Treas.:**

3. Annual Report Exemption Information

a. **Article 7-A annual report exemption (Article 7-A registrants and dual registrants):**
   - **Check: Yes** if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.
   - **NOTE:** An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed $25,000 or 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. **EPTL annual report exemption (EPTL registrants and dual registrants):**
   - **Check: Yes** if gross receipts did not exceed $25,000 and 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.

**Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.**

4. Article 7-A Schedules

If you did not 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?**
   - **Yes**
   - **No**
   - **If Yes,** complete Schedule 4a.

b. **Did the organization receive government contributions (grants)?**
   - **Yes**
   - **No**
   - **If Yes,** complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.

Indicate the filing fee(s) you are submitting along with this form:

- **Article 7-A filing fee:** $10.00
- **EPTL filing fee:** $25.00
- **Total fee:** $35.00

Submit only one check or money order for the total fee, payable to "NYS Department of Law".

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
5. Fee Instructions

The filing fee depends on the organization’s Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

<table>
<thead>
<tr>
<th>Organization’s Registration Type</th>
<th>Fee Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article 7-A</td>
<td>Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is $0.</td>
</tr>
<tr>
<td>EPTL</td>
<td>Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is $0.</td>
</tr>
<tr>
<td>Dual</td>
<td>Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.</td>
</tr>
</tbody>
</table>

a) Article 7-A filing fee

<table>
<thead>
<tr>
<th>Total Support &amp; Revenue</th>
<th>Article 7-A Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>more than $250,000</td>
<td>$25</td>
</tr>
<tr>
<td>up to $250,000 *</td>
<td>$10</td>
</tr>
</tbody>
</table>

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of $25, regardless of total support and revenue.

b) EPTL filing fee

<table>
<thead>
<tr>
<th>Net Worth at End of Year</th>
<th>EPTL Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $50,000</td>
<td>$25</td>
</tr>
<tr>
<td>$50,000 or more, but less than $250,000</td>
<td>$50</td>
</tr>
<tr>
<td>$250,000 or more, but less than $1,000,000</td>
<td>$100</td>
</tr>
<tr>
<td>$1,000,000 or more, but less than $10,000,000</td>
<td>$250</td>
</tr>
<tr>
<td>$10,000,000 or more, but less than $50,000,000</td>
<td>$750</td>
</tr>
<tr>
<td>$50,000,000 or more</td>
<td>$1500</td>
</tr>
</tbody>
</table>

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

☐ Single check or money order payable to “NYS Department of Law”

Copies of Internal Revenue Service Forms

☐ IRS Form 990
☐ All required schedules (including Schedule B)
☐ IRS Form 990-T
☐ IRS Form 990-EZ
☐ All required schedules (including Schedule B)
☐ IRS Form 990-T
☐ IRS Form 990-PF
☐ All required schedules (including Schedule B)
☐ IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant’s Report

☐ Audit Report (total support & revenue more than $250,000)
☐ Review Report (total support & revenue $100,001 to $250,000)
☒ No Accountant’s Report Required (total support & revenue not more than $100,000)