Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2007**

**Open to Public Inspection**

**A** For the 2007 calendar year, or tax year beginning 10/01 , 2007, and ending 9/30 , 2008

**B** Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific Instructions.

**C**
CATSKILL CENTER FOR INDEPENDENCE, INC.
P.O. BOX 1247
ONEONTA, NY 13820

**D** Employer Identification Number: 16-1326969

**E** Telephone number: 607-432-8000

**F** Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ►

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

*H and I are not applicable to section 527 organizations.*

**H (a)** Is this a group return for affiliates? [ ] Yes [X] No

**H (b)** If 'Yes,' enter number of affiliates ►

**H (c)** Are all affiliates included? [ ] Yes [ ] No
(If 'No,' attach a list. See instructions.)

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

**G** Web site: ► WWW.CCFI.US

**J** Organization type (check only one) ► [X] 501(c) 3 ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

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

**I** Group Exemption Number. . . ►

**M** Check ► [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 . . ► 582,225.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

| | | | | | | |
|---|---|---|---|---|---|---|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received: | | | | |
| | a | Contributions to donor advised funds | 1a | | | |
| | b | Direct public support (not included on line 1a) | 1b | | | |
| | c | Indirect public support (not included on line 1a) | 1c | | | |
| | d | Government contributions (grants) (not included on line 1a) | 1d | 523,364. | | |
| | e | Total (add lines 1a through 1d) (cash $ 523,364. noncash $ ) | | | 1e | 523,364. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | | | 2 | |
| | 3 | Membership dues and assessments | | | 3 | 50. |
| | 4 | Interest on savings and temporary cash investments | | | 4 | 2,446. |
| | 5 | Dividends and interest from securities | | | 5 | |
| | 6a | Gross rents | 6a | | | |
| | b | Less: rental expenses | 6b | | | |
| | c | Net rental income or (loss). Subtract line 6b from line 6a | | | 6c | |
| | 7 | Other investment income (describe ► ) | | | 7 | |

| | | (A) Securities | | (B) Other | | |
|---|---|---|---|---|---|---|
| 8a | Gross amount from sales of assets other than inventory | | 8a | | | |
| b | Less: cost or other basis and sales expenses | | 8b | | | |
| c | Gain or (loss) (attach schedule) | | 8c | | | |
| d | Net gain or (loss). Combine line 8c, columns (A) and (B) | | | | 8d | |

| | | | | | | |
|---|---|---|---|---|---|---|
| REVENUE | 9 | Special events and activities (attach schedule). If any amount is from **gaming,** check here ► [ ] | | | | |
| | a | Gross revenue (not including $ of contributions reported on line 1b) | 9a | | | |
| | b | Less: direct expenses other than fundraising expenses | 9b | | | |
| | c | Net income or (loss) from special events. Subtract line 9b from line 9a | | | 9c | |
| | 10a | Gross sales of inventory, less returns and allowances | 10a | | | |
| | b | Less: cost of goods sold | 10b | | | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | | | 10c | |
| | 11 | Other revenue (from Part VII, line 103) | | | 11 | 56,365. |
| | 12 | **Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | | | 12 | 582,225. |
| EXPENSES | 13 | Program services (from line 44, column (B)) | | | 13 | 441,225. |
| | 14 | Management and general (from line 44, column (C)) | | | 14 | 38,081. |
| | 15 | Fundraising (from line 44, column (D)) | | | 15 | |
| | 16 | Payments to affiliates (attach schedule) | | | 16 | |
| | 17 | **Total expenses.** Add lines 16 and 44, column (A) | | | 17 | 479,306. |
| NET ASSETS | 18 | Excess or (deficit) for the year. Subtract line 17 from line 12 | | | 18 | 102,919. |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | 299,754. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | | | 21 | 402,673. |

**Part II** **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (*See instruct.*)

| *Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.* | | **(A) Total** | **(B)** Program services | **(C)** Management and general | **(D)** Fundraising |
|---|---|---|---|---|---|
| **22a** Grants paid from donor advised funds (attach sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ▶ ☐ | **22a** | | | | |
| **22b** Other grants and allocations (att sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ▶ ☐ | **22b** | | | | |
| **23** Specific assistance to individuals (attach schedule) | **23** | | | | |
| **24** Benefits paid to or for members (attach schedule) | **24** | | | | |
| **25a** Compensation of current officers, directors, key employees, etc. listed in Part V-A | **25a** | 58,199. | 46,559. | 11,640. | 0. |
| **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B | **25b** | 0. | 0. | 0. | 0. |
| **c** Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | **25c** | 0. | 0. | 0. | 0. |
| **26** Salaries and wages of employees not included on lines 25a, b, and c | **26** | 244,406. | 236,469. | 7,937. | |
| **27** Pension plan contributions not included on lines 25a, b, and c | **27** | 4,345. | 4,067. | 278. | |
| **28** Employee benefits not included on lines 25a - 27 | **28** | 36,625. | 34,281. | 2,344. | |
| **29** Payroll taxes | **29** | 23,133. | 21,651. | 1,482. | |
| **30** Professional fundraising fees | **30** | | | | |
| **31** Accounting fees | **31** | 4,300. | | 4,300. | |
| **32** Legal fees | **32** | | | | |
| **33** Supplies | **33** | 19,149. | 18,367. | 782. | |
| **34** Telephone | **34** | 5,092. | 3,788. | 1,304. | |
| **35** Postage and shipping | **35** | 3,335. | 3,335. | | |
| **36** Occupancy | **36** | 5,822. | 5,346. | 476. | |
| **37** Equipment rental and maintenance | **37** | 2,569. | 2,306. | 263. | |
| **38** Printing and publications | **38** | 749. | 749. | | |
| **39** Travel | **39** | 22,166. | 19,828. | 2,338. | |
| **40** Conferences, conventions, and meetings | **40** | 6,370. | 5,744. | 626. | |
| **41** Interest | **41** | 7,738. | 7,105. | 633. | |
| **42** Depreciation, depletion, etc (attach schedule) | **42** | 10,844. | 9,982. | 862. | |
| **43** Other expenses not covered above (itemize): | | | | | |
| a CONTRACTUAL SERVICES | **43a** | 10,299. | 10,299. | | |
| b DUES & SUBSCRIPTIONS | **43b** | 4,377. | 3,905. | 472. | |
| c INSURANCE | **43c** | 8,292. | 7,444. | 848. | |
| d MISCELLANEOUS | **43d** | 1,496. | | 1,496. | |
| e | **43e** | | | | |
| f | **43f** | | | | |
| g | **43g** | | | | |
| **44** **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) | **44** | 479,306. | 441,225. | 38,081. | 0. |

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ________; **(ii)** the amount allocated to Program services $ ________; **(iii)** the amount allocated to Management and general $ ________; and **(iv)** the amount allocated to Fundraising $ ________.

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

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

| What is the organization's primary exempt purpose? ► SEE STATEMENT 1<br>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | **Program Service Expenses** (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.) |
|---|---|
| a SEE STATEMENT 2<br>(Grants and allocations $ ) If this amount includes foreign grants, check here . . ► ☐ | 441,225. |
| b<br>(Grants and allocations $ ) If this amount includes foreign grants, check here . . ► ☐ | |
| c<br>(Grants and allocations $ ) If this amount includes foreign grants, check here . . ► ☐ | |
| d<br>(Grants and allocations $ ) If this amount includes foreign grants, check here . . ► ☐ | |
| e Other program services . . . . . . . . . . . . . . . . . . . . . . . . . . . . .<br>(Grants and allocations $ ) If this amount includes foreign grants, check here . . ► ☐ | |
| f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . . . . . . . . . . . . . . . . . ► | 441,225. |

## Part IV Balance Sheets *(See the instructions.)*

| Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.* | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| **ASSETS** 45 Cash — non-interest-bearing | | | 108,470. | 45 | 48,951. |
| 46 Savings and temporary cash investments | | | | 46 | 179,274. |
| 47a Accounts receivable | 47a | | | | |
| b Less: allowance for doubtful accounts | 47b | | | 47c | |
| 48a Pledges receivable | 48a | | | | |
| b Less: allowance for doubtful accounts | 48b | | | 48c | |
| 49 Grants receivable | | | 77,122. | 49 | 46,552. |
| 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | | | 50a | |
| b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | | | 50b | |
| 51a Other notes and loans receivable (attach schedule) | 51a | | | | |
| b Less: allowance for doubtful accounts | 51b | | | 51c | |
| 52 Inventories for sale or use | | | | 52 | |
| 53 Prepaid expenses and deferred charges | | | 8,771. | 53 | 9,029. |
| 54a Investments — publicly-traded securities ► ☐ Cost ☐ FMV | | | | 54a | |
| b Investments — other securities (attach sch) ► ☐ Cost ☐ FMV | | | | 54b | |
| 55a Investments — land, buildings, & equipment: basis | 55a | | | | |
| b Less: accumulated depreciation (attach schedule) | 55b | | | 55c | |
| 56 Investments — other (attach schedule) | | | | 56 | |
| 57a Land, buildings, and equipment: basis | 57a | 406,875. | | | |
| b Less: accumulated depreciation (attach schedule) STATEMENT 3 | 57b | 138,453. | 269,287. | 57c | 268,422. |
| 58 Other assets, including program-related investments (describe ► ) | | | | 58 | |
| 59 **Total assets** (must equal line 74). Add lines 45 through 58 | | | 463,650. | 59 | 552,228. |
| **LIABILITIES** 60 Accounts payable and accrued expenses | | | 17,542. | 60 | 16,995. |
| 61 Grants payable | | | | 61 | |
| 62 Deferred revenue | | | | 62 | |
| 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | | | 63 | |
| 64a Tax-exempt bond liabilities (attach schedule) | | | | 64a | |
| b Mortgages and other notes payable (attach schedule) SEE STATEMENT 4 | | | 146,354. | 64b | 132,560. |
| 65 Other liabilities (describe ► ) | | | | 65 | |
| 66 **Total liabilities.** Add lines 60 through 65 | | | 163,896. | 66 | 149,555. |
| **NET ASSETS OR FUND BALANCES** **Organizations that follow SFAS 117, check here** ► [X] and complete lines 67 through 69 and lines 73 and 74. | | | | | |
| 67 Unrestricted | | | 299,754. | 67 | 402,673. |
| 68 Temporarily restricted | | | | 68 | |
| 69 Permanently restricted | | | | 69 | |
| **Organizations that do not follow SFAS 117, check here** ► ☐ and complete lines 70 through 74. | | | | | |
| 70 Capital stock, trust principal, or current funds | | | | 70 | |
| 71 Paid-in or capital surplus, or land, building, and equipment fund | | | | 71 | |
| 72 Retained earnings, endowment, accumulated income, or other funds | | | | 72 | |
| 73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21) | | | 299,754. | 73 | 402,673. |
| 74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73 | | | 463,650. | 74 | 552,228. |

## Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

| | | | | | |
|---|---|---|---|---|---|
| a | Total revenue, gains, and other support per audited financial statements | | | a | 582,225. |
| b | Amounts included on line **a** but not on Part I, line 12: | | | | |
| | 1 Net unrealized gains on investments | b1 | | | |
| | 2 Donated services and use of facilities | b2 | | | |
| | 3 Recoveries of prior year grants | b3 | | | |
| | 4 Other (specify): | b4 | | | |
| | Add lines **b1** through **b4** | | | b | |
| c | Subtract line **b** from line **a** | | | c | 582,225. |
| d | Amounts included on Part I, line 12, but not on line **a:** | | | | |
| | 1 Investment expenses not included on Part I, line 6b | d1 | | | |
| | 2 Other (specify): | d2 | | | |
| | Add lines **d1** and **d2** | | | d | |
| e | **Total revenue** (Part I, line 12). Add lines **c** and **d** ► | | | e | 582,225. |

## Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| a | Total expenses and losses per audited financial statements | | | a | 479,306. |
| b | Amounts included on line **a** but not on Part I, line 17: | | | | |
| | 1 Donated services and use of facilities | b1 | | | |
| | 2 Prior year adjustments reported on Part I, line 20 | b2 | | | |
| | 3 Losses reported on Part I, line 20 | b3 | | | |
| | 4 Other (specify): | b4 | | | |
| | Add lines **b1** through **b4** | | | b | |
| c | Subtract line **b** from line **a** | | | c | 479,306. |
| d | Amounts included on Part I, line 17, but not on line **a:** | | | | |
| | 1 Investment expenses not included on Part I, line 6b | d1 | | | |
| | 2 Other (specify): | d2 | | | |
| | Add lines **d1** and **d2** | | | d | |
| e | **Total expenses** (Part I, line 17). Add lines **c** and **d** ► | | | e | 479,306. |

## Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation plans | (E) Expense account and other allowances |
|---|---|---|---|---|
| SEE STATEMENT 5 | | 58,199. | 4,745. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V-A Current Officers, Directors, Trustees, and Key Employees** *(continued)*

| | | Yes | No |
|---|---|---|---|
| **75 a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 8 | | | |
| **b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) | 75b | | X |
| **c** Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ► | 75c | | X |
| If 'Yes,' attach a statement that includes the information described in the instructions. | | | |
| **d** Does the organization have a written conflict of interest policy? | 75d | X | |

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| **(A)** Name and address | **(B)** Loans and Advances | **(C)** Compensation (if not paid, enter -0-) | **(D)** Contributions to employee benefit plans and deferred compensation plans | **(E)** Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part VI Other Information** *(See the instructions.)*

| | | Yes | No |
|---|---|---|---|
| **76** Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change | 76 | | X |
| **77** Were any changes made in the organizing or governing documents but not reported to the IRS? | 77 | | X |
| If 'Yes,' attach a conformed copy of the changes. | | | |
| **78 a** Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | 78a | | X |
| **b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year? | 78b | N/A | |
| **79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement | 79 | | X |
| **80 a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? | 80a | | X |
| **b** If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt. | | | |
| **81 a** Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0. | | | |
| **b** Did the organization file **Form 1120-POL** for this year? | 81b | | X |

**Part VI Other Information** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| **82 a** Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | 82a | | X |
| **b** If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b N/A | | | |
| **83 a** Did the organization comply with the public inspection requirements for returns and exemption applications? | | 83a | X | |
| **b** Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions? | | 83b | X | |
| **84 a** Did the organization solicit any contributions or gifts that were not tax deductible? | | 84a | | X |
| **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 84b | N/A | |
| **85 a** *501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members? | | 85a | N/A | |
| **b** Did the organization make only in-house lobbying expenditures of $2,000 or less? | | 85b | N/A | |
| If 'Yes' was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | | | |
| **c** Dues, assessments, and similar amounts from members | 85c N/A | | | |
| **d** Section 162(e) lobbying and political expenditures | 85d N/A | | | |
| **e** Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e N/A | | | |
| **f** Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f N/A | | | |
| **g** Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | 85g | N/A | |
| **h** If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | 85h | N/A | |
| **86** *501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 | 86a N/A | | | |
| **b** Gross receipts, included on line 12, for public use of club facilities | 86b N/A | | | |
| **87** *501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders | 87a N/A | | | |
| **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b N/A | | | |
| **88 a** At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | | 88a | | X |
| **b** At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI ► | | 88b | | X |
| **89 a** *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0. | | | | |
| **b** *501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | | 89b | | X |
| **c** Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► | 0. | | | |
| **d** Enter: Amount of tax on line 89c, above, reimbursed by the organization ► | 0. | | | |
| **e** *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | 89e | | X |
| **f** *All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | 89f | | X |
| **g** *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | 89g | | X |

**90 a** List the states with which a copy of this return is filed ► NY

**b** Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) — 90b: 9

**91 a** The books are in care of ► CHRIS ZACHMEYER Telephone number ► 607-432-8000

Located at ► PO BOX 1247 ONEONTA NY ZIP + 4 ► 13820

| | | Yes | No |
|---|---|---|---|
| **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 91b | | X |
| If 'Yes,' enter the name of the foreign country ► | | | |
| See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts. | | | |

## Part VI Other Information *(continued)*

| | | Yes | No |
|---|---|---|---|
| **c** At any time during the calendar year, did the organization maintain an office outside of the United States? | 91 c | | X |
| If 'Yes,' enter the name of the foreign country ► | | | |

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

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

| **Note:** *Enter gross amounts unless otherwise indicated.* | Unrelated business income | | Excluded by section 512, 513, or 514 | | |
|---|---|---|---|---|---|
| | **(A)** Business code | **(B)** Amount | **(C)** Exclusion code | **(D)** Amount | **(E)** Related or exempt function income |
| **93** Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| **94** Membership dues and assessments | | | | | 50. |
| **95** Interest on savings & temporary cash invmnts | | | 14 | 2,446. | |
| **96** Dividends & interest from securities | | | | | |
| **97** Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| **98** Net rental income or (loss) from pers prop | | | | | |
| **99** Other investment income | | | | | |
| **100** Gain or (loss) from sales of assets other than inventory | | | | | |
| **101** Net income or (loss) from special events | | | | | |
| **102** Gross profit or (loss) from sales of inventory | | | | | |
| **103** Other revenue: a | | | | | |
| b FAST TRACT INCOME | | | | | 47,984. |
| c MISC INCOME | | | | | 2,658. |
| d PURCHASED SERVICES | | | | | 3,485. |
| e TRAINING | | | | | 2,238. |
| **104** Subtotal (add columns (B), (D), and (E)) | | | | 2,446. | 56,415. |
| **105** **Total** (add line 104, columns (B), (D), and (E)) ► | | | | | 58,861. |

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

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

| Line No. ▼ | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|---|---|
| | SEE STATEMENT 6 |
| | |
| | |
| | |

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

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

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

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

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

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

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

| | Yes | No |
|---|---|---|
| **106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity | | X |

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

| | Yes | No |
|---|---|---|
| **107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity | | X |

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

| | Yes | No |
|---|---|---|
| **108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? | | X |

**Please Sign Here**

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

► Signature of officer | Date

► Type or print name and title.

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ► DEBORAH L MOSTERT | Date 12/08/08 | Check if self-employed ► ☐ | Preparer's SSN or PTIN (See General Instruction X) N/A |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ► GRUVER, ZWEIFEL & SCOTT, LLP<br>4 ASSOCIATE DR<br>ONEONTA, NY 13820 | | EIN ► N/A<br>Phone no. ► (607) 432-8700 | |

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

Department of the Treasury
Internal Revenue Service

# Organization Exempt Under Section 501(c)(3)

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

**Supplementary Information — (See separate instructions.)**

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

**2007**

Name of the organization: CATSKILL CENTER FOR INDEPENDENCE, INC.

**Employer identification number**: 16-1326969

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

(See instructions. List each one. If there are none, enter 'None.')

| **(a)** Name and address of each employee paid more than $50,000 | **(b)** Title and average hours per week devoted to position | **(c)** Compensation | **(d)** Contributions to employee benefit plans and deferred compensation | **(e)** Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over $50,000 ► | 0 | | | |

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

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

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

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

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

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

**Part III** **Statements About Activities** (See instructions.)

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

## Part IV Reason for Non-Private Foundation Status (See instructions.)

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

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11 a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11 b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|---|---|---|---|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total ► | | | | | 0. |

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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

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

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|---|---|---|---|---|---|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 507,208. | 441,909. | 362,993. | 314,643. | 1,626,753. |
| 16 Membership fees received | 70. | 50. | 50. | 110. | 280. |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose | 24,869. | 4,381. | | | 29,250. |
| 18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organzation after June 30, 1975 | | | | | 0. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | 0. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | 0. |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | 0. |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 7 | 7,115. | 6,699. | 1,674. | 505. | 15,993. |
| 23 Total of lines 15 through 22 | 539,262. | 453,039. | 364,717. | 315,258. | 1,672,276. |
| 24 Line 23 minus line 17 | 514,393. | 448,658. | 364,717. | 315,258. | 1,643,026. |
| 25 Enter 1% of line 23 | 5,393. | 4,530. | 3,647. | 3,153. | |

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ► 26a 32,861.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► 26c 1,643,026.

d Add: Amounts from column (e) for lines: 18 ______ 19 ______ 22 15,993. 26b ______ 26d 15,993.

e Public support (line 26c minus line 26d total) ► 26e 1,627,033.

**f Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► 26f 99.03 %

**27 Organizations described on line 12:** N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) ______ (2005) ______ (2004) ______ (2003) ______

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ 27c

d Add: Line 27a total ______ and line 27b total ______ 27d

e Public support (line 27c total minus line 27d total) ► 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► 27f

**g Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► 27g %

**h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► 27h %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

**Part V** **Private School Questionnaire** (See instructions.)
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)** N/A

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

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

N/A

Check ► a [ ] if the organization belongs to an affiliated group. Check ► b [ ] if you checked 'a' and 'limited control' provisions apply.

| Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.) | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|---|---|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 Other exempt purpose expenditures | 39 | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table — | 41 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | | |

| If the amount on line 40 is — | The lobbying nontaxable amount is — |
|---|---|
| Not over $500,000 | 20% of the amount on line 40 |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| 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 |

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

### 4 -Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

| Calendar year (or fiscal year beginning in) ► | Lobbying Expenditures During 4 -Year Averaging Period (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
|---|---|---|---|---|---|
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots non-taxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

## Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

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

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

**Part VII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

| | | Yes | No |
|---|---|---|---|
| **a** Transfers from the reporting organization to a noncharitable exempt organization of: | | | |
| **(i)** Cash | 51 a (i) | | X |
| **(ii)** Other assets | a (ii) | | X |
| **b** Other transactions: | | | |
| **(i)** Sales or exchanges of assets with a noncharitable exempt organization | b (i) | | X |
| **(ii)** Purchases of assets from a noncharitable exempt organization | b (ii) | | X |
| **(iii)** Rental of facilities, equipment, or other assets | b (iii) | | X |
| **(iv)** Reimbursement arrangements | b (iv) | | X |
| **(v)** Loans or loan guarantees | b (v) | | X |
| **(vi)** Performance of services or membership or fundraising solicitations | b (vi) | | X |
| **c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | | X |

**d** If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
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**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ► ☐ Yes ☒ No

**b** If 'Yes,' complete the following schedule:

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| N/A | | |
| | | |
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**Schedule B**
**(Form 990, 990-EZ, or 990-PF)**
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

**2007**

| Name of organization | Employer identification number |
|---|---|
| CATSKILL CENTER FOR INDEPENDENCE, INC. | 16-1326969 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

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

**General Rule —**

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

**Special Rules —**

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

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

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

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

Name of organization: CATSKILL CENTER FOR INDEPENDENCE, INC.

Employer identification number: 16-1326969

**Part I** **Contributors** (See Specific Instructions.)

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | NYS DEPT EDUCATION - VESID<br>69 WASHINGTON AVE<br>ALBANY, NY 12234 | $ 327,152. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| 2 | CHENANGO, DELAWARE, OTSEGO WIB<br>19 EATON AVE<br>NORWICH, NY 13815 | $ 90,015. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| 3 | NYS COMM OF QUALITY OF CARE OF<br>401 STATE STREET<br>SCHENECTADY, NY 12305-2397 | $ 86,529. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| 4 | RESOURCE CENTER FOR INDEPENDEN<br>409 COLUMBIA STREET<br>UTICA, NY 13502 | $ 19,668. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II if there is a noncash contribution.) |

| Name of organization | Employer identification number |
|---|---|
| CATSKILL CENTER FOR INDEPENDENCE, INC. | 16-1326969 |

**Part II** **Noncash Property** (See Specific Instructions.)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | N/A | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---|---|---|---|
| | | $ | |

Name of organization: CATSKILL CENTER FOR INDEPENDENCE, INC.

Employer identification number: 16-1326969

**Part III** *Exclusively* **religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete cols **(a)** through **(e)** and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once – see instructions.) ► $ N/A

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | N/A | | |

| (e) Transfer of gift | |
|---|---|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

| (e) Transfer of gift | |
|---|---|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

| (e) Transfer of gift | |
|---|---|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

| (e) Transfer of gift | |
|---|---|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

**STATEMENT 1**
**FORM 990 , PART III**
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

SUPPORT INDEPENDENT LIVING FOR DISABLED

**STATEMENT 2**
**FORM 990, PART III, LINE A**
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

| DESCRIPTION | GRANTS AND ALLOCATIONS | PROGRAM SERVICE EXPENSES |
|---|---|---|
| VESID - PROVIDES VOCATIONAL REHABILITATION SERVICES THAT PREPARE ELIGIBLE INDIVIDUALS FOR EMPLOYMENT THAT IS CONSISTENT WITH THEIR STRENGTHS, ABILITIES, AND INTEREST. HELPS INDIVIDUALS WITH DISABILITIES BECOME INDEPENDENT THROUGH EDUCATION, TRAINING, AND EMPLOYMENT. INCLUDES FOREIGN GRANTS: NO | | 271,918. |
| HELP AMERICA VOTE ACT (HAVA) - TO PROVIDE EDUCATION, INFORMATION, AND TECHNICAL ASSISTANCE ABOUT THE FEDERAL HELP AMERICA VOTE ACT OF 2002 AND ITS IMPLEMENTATION IN NEW YORK STATE. ONE OF ITS PRIMARY PURPOSES IS TO ENSURE EQUAL ACCESS TO THE VOTING PROCESS FOR ALL CITIZENS, INCLUDING CITIZENS WITH DISABILITIES. INCLUDES FOREIGN GRANTS: NO | | 88,413. |
| CDO DPN - TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE IN THE CDO WORK FORCE INVESTMENT AREA IN AN EFFORT TO SUSTAIN DPN ACTIVITIES PREVIOUSLY FUNDED THROUGH THE WORK FORCE INVESTMENT GRANT AND ENHANCE EMPLOYMENT AND TRAINING OUTCOMES FOR JOB SEEKERS WITH DISABILITIES. INCLUDES FOREIGN GRANTS: NO | | 62,768. |
| WIPA -TO ENABLE SSA`S BENEFICIARIES WITH DISABILITIES TO MAKE INFORMED CHOICES ABOUT WORK. COORDINATORS WILL PROVIDE WORK INCENTIVES PLANNING AND ASSISTANCE IN EMPLOYMENT EFFORTS, CONDUCT OUTREACH EFFORTS TO POTENTIALLY ELIGIBLE PARTICIPATES, REFER INDIVIDUALS TO APPROPRIATE EMPLOYMENT NETWORKS, PROVIDE GENERAL INFORMATION ON THE ADEQUACY OF HEALTH BENEFITS COVERAGE OFFERED BY EMPLOYERS IN COORDINATION WITH MEDICARE AND/OR MEDICAID, AND PROVIDE INFORMATION ON THE AVAILABILITY OF PROTECTION AND ADVOCACY SERVICES AND HOW TO ACCESS SUCH SERVICES. INCLUDES FOREIGN GRANTS: NO | | 18,126. |
| | $ 0. | $ 441,225. |

**STATEMENT 3**
**FORM 990, PART IV, LINE 57**
**LAND, BUILDINGS, AND EQUIPMENT**

| CATEGORY | BASIS | ACCUM. DEPREC. | BOOK VALUE |
|---|---|---|---|
| MACHINERY AND EQUIPMENT | $ 120,461. | $ 96,955. | $ 23,506. |
| BUILDINGS | 260,914. | 41,498. | 219,416. |
| LAND | 25,500. | | 25,500. |
| TOTAL | $ 406,875. | $ 138,453. | $ 268,422. |

**STATEMENT 4**
**FORM 990, PART IV, LINE 64B**
**MORTGAGES AND OTHER NOTES PAYABLE**

| MORTGAGES PAYABLE | BALANCE DUE |
|---|---|
| NBT | $ 24,874. |
| GEORGE W MONSER | 107,686. |
| TOTAL | $ 132,560. |

**STATEMENT 5**
**FORM 990, PART V-A**
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN-SATION | CONTRI-BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|---|---|---|---|
| CHRIS ZACHMEYER<br>RTE 23 SOUTHSIDE<br>ONEONTA, NY 13820 | EXECUTIVE DIREC<br>40.00 | $ 58,199. | $ 4,745. | $ 0. |
| LISA FISHER<br>RTE 23 SOUTHSIDE<br>ONEONTA, NY 13820 | VICE PRESIDENT<br>1.00 | 0. | 0. | 0. |
| NANCY MORTON<br>RTE 23 SOUTHSIDE<br>ONEONTA, NY 13820 | SECRETARY<br>1.00 | 0. | 0. | 0. |
| ED MARCHI<br>RTE 23 SOUTHSIDE<br>ONEONTA, NY 13820 | TREASURER<br>1.00 | 0. | 0. | 0. |
| CARL HIGGINS<br>RTE 23 SOUTHSIDE<br>ONEONTA, NY 13820 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| JIM KOURY<br>RTE 23 SOUTHSIDE<br>ONEONTA, NY 13820 | DIRECTOR<br>1.00 | 0. | 0. | 0. |

## STATEMENT 5 (CONTINUED)
## FORM 990, PART V-A
## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN-SATION | CONTRI-BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---|---|---|---|---|
| DON GERSCH<br>RTE 23 SOUTHSIDE<br>ONEONTA, NY 13820 | PRESIDENT<br>1.00 | $ 0. | $ 0. | $ 0. |
| SOPHIE PELC<br>RTE 23 SOUTHSIDE<br>ONEONTA, NY 13820 | DIRECTOR<br>1.00 | 0. | 0. | 0. |
| | TOTAL | $ 58,199. | $ 4,745. | $ 0. |

## STATEMENT 6
## FORM 990, PART VIII
## RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

| LINE # | EXPLANATION OF ACTIVITIES |
|---|---|
| 103B | TRANSITIONING DISABLED STUDENTS ENROLLED IN IDENTIFIED SCHOOLS IN DELAWARE AND CHENANGO COUNTIES INTO THE VESID PROGRAM |
| 103C | INCOME THAT IS USED TO HELP AID THE EDUCATION AND RETRAINING AND DIRECT SERVICES OF DISABLED INDIVIDUALS. |
| 103D | ON SITE INSPECTIONS OF NEWLY CONSTRUCTED SITES TO INSURE THAT THEY HAVE MEET THE REQUIREMENTS TO BE HANDICAPPED ACCESSIBLE |
| 103E | ONE DAY TRAINING SESSIONS TO TEACH INDIVIDUAL POLLING SITE SELF ON SITE ASSESSMENTS OF THEIR HANDICAP ACCESSIBLENESS |

## STATEMENT 7
## SCHEDULE A, PART IV-A, LINE 22
## OTHER INCOME

| DESCRIPTION | (A) 2006 | (B) 2005 | (C) 2004 | (D) 2003 | (E) TOTAL |
|---|---|---|---|---|---|
| MISC INCOME | $ 7,115. | $ 6,699. | $ 1,674. | $ 505. | $ 15,993. |
| TOTAL | $ 7,115. | $ 6,699. | $ 1,674. | $ 505. | $ 15,993. |

| Form CHAR500 | Annual Filing for Charitable Organizations | 2007 |
|---|---|---|
| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006) | New York State Department of Law (Office of the Attorney General)<br>Charities Bureau - Registration Section<br>120 Broadway<br>New York, NY 10271<br>www.oag.state.ny.us/charities/charities.html | Open to Public Inspection |

## 1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 10/01 / 2007 and ending (mm/dd/yyyy) 9/30/2008

| b. Check if applicable for NYS: | c. Name of organization | | d. Fed. employer ID no. (EIN) (##-#######) |
|---|---|---|---|
| ___ Address change<br>___ Name change<br>___ Initial filing | CATSKILL CENTER FOR INDEPENDENCE, INC. | | 16-1326969<br>e. NY State registration no. (##-##-##)<br>57466 |
| ___ Final filing<br>___ Amended filing | Number and street (or P.O. box if mail is not delivered to street address)<br>P.O. BOX 1247 | Room/suite | f. Telephone number<br>607-432-8000 |
| ___ NY registration pending | City or town, state or country and zip + 4<br>ONEONTA, NY 13820 | | g. Email<br>CCFI@CCFI.US |

## 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.

| | Signature | Printed Name | Title | Date |
|---|---|---|---|---|
| a. President or Authorized Officer/Trustee ▶ | | | | |
| b. Chief Financial Officer or Treasurer ▶ | | | | |

## 3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)

Check ➡ ___ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed $25,000 **and** the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

**NOTE:** An organization may also check the box to claim this exemption if no PFR or FRC was used **and** either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from all sources did not exceed $25,000 **or** 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)

Check ➡ ___ if total gross receipts for this fiscal year did not exceed $25,000 **and** the assets (market value) of the organization 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* _X_ No

*** If "Yes", complete Schedule 4a.**

b. Did the organization receive government contributions (grants)? . . . . . . . _X_ 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:

| | | |
|---|---|---|
| a. Article 7-A filing fee . . . . . . . . | $ 25. | *Submit only one check or money order for the total fee, payable to "NYS Department of Law"* |
| b. EPTL filing fee . . . . . . . . | $ 100. | |
| c. **Total fee** . . . . . . . . | $ 125. | |

**6. Attachments:** For organizations that are not claiming annual report exemptions under both laws, see page 4 for **required attachments** ▶

*- Mail completed form with **required schedules, fee and attachments** to the address at the top of this page -*

CATSKILL CENTER FOR INDEPENDENCE, INC. 16-1326969

**Schedule 4b: Government Contributions (Grants)**

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

| Government Agency Name | Grant Amount |
|---|---|
| NYS DEPT OF EDUCATION - VESID | $ 327,152. |
| CHENANGO, DELAWARE, OTSEGO WIB - CDO DPN | $ 90,015. |
| NYS COMM OF QUALITY OF CARE OF | $ 86,529. |
| RESOURCE CENTER FOR INDEPENDEN | $ 19,668. |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
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| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| **Total Government Contributions (Grants)** | $ 523,364. |

CATSKILL CENTER FOR INDEPENDENCE, INC. 16-1326969

## 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.*

| Organization's Registration Type | Fee Instructions |
|---|---|
| • **Article 7-A** | Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is $0. |
| • **EPTL** | Calculate the EPTL filing fee using the table in **part b** below. the Article 7-A filing fee is $0. |
| • **Dual** | 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. |

### a) Article 7-A filing fee

| Total Support & Revenue | Article 7-A Fee |
|---|---|
| more than $250,000 | $25 |
| up to $250,000 * | $10 |

* *Any organization that contracted with or used the services of a professional fund raiser (PFR) of 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) ETPL filing fee

| Net Worth at End of Year | EPTL Fee |
|---|---|
| Less than $50,000 | $25 |
| $50,000 or more, but less than $250,000 | $50 |
| $250,000 or more, but less than $1,000,000 | $100 |
| $1,000,000 or more, but less than $10,000,000 | $250 |
| $10,000,000 or more, but less than $50,000,000 | $750 |
| $50,000,000 or more | $1500 |

## 6. Attachments – Document Attachment Check-List

***Check the boxes for the documents you are attaching.***

**For All Filers**

Filing Fee

X Single check or money order payable to 'NYS Department of Law'

Copies of Internal Revenue Service Forms

X **IRS Form 990**
X Schedule A to IRS Form 990
X Schedule B to IRS Form 990
___ IRS Form 990-T

___ **IRS Form 990-EZ**
___ Schedule A to IRS Form 990-EZ
___ Schedule B to IRS Form 990-EZ
___ IRS Form 990-T

___ **IRS Form 990-PF**
___ Schedule B to IRS Form 990-PF
___ IRS Form 990-T

**Additional Article 7-A Document Attachment Requirment**

Independent Accountant's Report

X 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)*