Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2000

Or

Department of the Treasury Internal Revenue Service

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

2009	
oen to Public Inspecti	on

	For	the 2009 calen	dar year,	or tax year be	ginning 10/01	, 2	2009, and endir	ng 9/:	30		. 2010	
В	Chec	sk if applicable:		С					D Emplo		fication Number	
		Address change	Please use IRS label	CATSKILL.	CENTER FOR	TNDEPENDEN	CF TNC		16-	13269	0.60	
		Name change	or print	P.O. BOX	1247	THOUL HINDEN	CL, INC.		E Teleph			
	-	~	or type. See	ONEONTA	NY 13820							
		Initial return	specific Instruc-	on Bon In,	111 13020				607	<u>-432</u> -	-8000	
		Termination	tions.									
		Amended return							G Gross	eceints \$	629,412	>
		Application pending	F Name	and address of princ	ioal officer:			H(a) Is this a				
	L	. Approxime to prototing	I	AS C ABOVE				H(b) Are all	-		'es 11	
	т.								attach a list.		ructions) Yes	No
<u></u>		ax-exempt statu			✓ (insert no.)	4947(a)(1) o	or 527	-				
J			W.CCFI					H(c) Group e	exemption n	umber 🟲		
K		rm of organization:	X Corpara	ation Trust	Association C	ther►	L Year of Format	tion: 1988	3 M s	State of le	gal domícile: NY	
P	art I		ary									
	1	Briefly descri	be the org	ganization's mi	ssion or most sign	ificant activities:	SUPPORT	TNDEPE	NDENT	T.TVITI	VIC FOR	
d)		DISABLED	•		3		TOTITOTIE -	7112 T	MDDINT -	117 A 77	MG_TOW	-
ű			~ ~~ ~~ ~~									_
Governance												
Ş.	2	Check this bo		if the examinat								
တ္မ	3			ii tile organizat	ion discontinued i	is operations or o	disposed of mo	ore than 25	% of its			_
વ્ય	4	Number of vo	ung mem	ibers or the gov	verning body (Part	VI, line Ta)				3		,
Activities &		Total mumber of	rebenden	r voung membe	ers of the governing	ig body (Part VI,	line 1b)			4		7
Σį	5	Total number	or emplo	yees (Part V, II	ne 2a)					5]	12
ç	6	Total number	or volunte	eers (estimate	if necessary)		* * * * * * * * * * * * * * * * * * * *			6		_6
•	/ / 3	a Total gross ur	related b	iusiness revent	ie from Part VIII, d	column (C), line	12			7 a) .
	<u> t</u>	Net unrelated	business	taxable incom	e from Form 990-	<u>Г, line 34</u>				7 b	0) .
								Pr	ior Year		Current Year	
	8	Contributions	and grant	ts (Part VIII. lin	e 1h)				454,9	12	513,825	_
Revenue	9	Program servi	ce reveni	ie (Part VIII lin	ne 2g)				58,4			
Ver	10	Investment in	coma (Pa	rt VIII. column	(A). lines 3, 4, and						70	
æ	11	Other revenue	COME (Fa	IL column (A)	(A). III es 3, 4, an	u /u)	**********		$\frac{4,4}{2}$		2,471	
	1	Other revenue	(Part VII	ii, column (A),	lines 5, 6d, 8c, 9c	10c, and 11e).			2,7		113,046	
	12	rotal revenue	— add lin	ies 8 through 1	1 (must equal Par	t VIII, column (A), line 12)		520,5	90.	629,412	
	13				t IX, column (A), li							
	14	Benefits paid	to or for r	nembers (Part	IX, column (A), lir	ne 4)						
	15				ee benefits (Part I				350,2	37	455,335	
ses	16 a				column (A), line				300,2	-	400,000	
Expenses	i							**************************************	Maria Decada			
X	b				olumn (D), line 25)			Y A CO				
_	17	Other expense	s (Part I)	K, column (A),	lines 11a-11d, 11f-	·24f)			103,4	42.	134,573	_
	18	Total expenses	s. Add lin	es 13-17 (must	equal Part IX, co	lumn (A) line 25	9		453,6		589,908	
	19				18 from line 12				66,9			
ზ წ		7.00.007.00	5×P011303	. Cabiract mic	TO HOLL INC. 12	* * * * * * * * * * * * * * * * * * * *					39,504	<u>.</u>
ts c		the same and same and						Beginn	ing of Ye		End of Year	
Net Assets Fund Baland	20								694,73	36.	703,340	
nd A	21	Total liabilities	(Part X, I	line 26)	******				225,15	52.	194,252	
ž2	22	Net assets or f	und balar	nces, Subtract	line 21 from line 2	Ω			469,58	3.4	509,088	
Pa	rt II	Signatur							100,00	7.1.1	303,000	*
<u> </u>	<u> </u>								*****************			
		true, correct, and	or perjury, i d i complete. E	declare that I have e Declaration of prepa	examined this return, inc rer (other than officer) is	luding accompanying s based on all informat	schedules and state ion of which prepare	ments, and to er has any kn	the best of owledge.	my knowl	edge and belief, it is	
.		>						,				
Sig	n			-								
Her	е	Signature of	officer					Date				
		>										
		Type or print	name and t	itle.			***************************************					
	**************		····		****		Date			Prena	rer's identifying number	
ai	Н						I Baic	Chec self-	k it	_ (see	nstructions)	
re		Preparer's	.	~				empl	oyed 🟲 📗			
	er's	signature >		RAH L MOST			12/07/10			N/A	l.	
Jse		Firm's name (or	GRUVI	ER, ZWEIFE	EL & SCOTT,	LLP						Out.
)nl		yours if self- employed),	4 ASS	SOCIATE DE	***************************************			EIN	► N/	Α		
-111	,	address, and ZIP + 4	ONEON	-					*****************		120 0700	lant.
8-21-1	the IF	···•	-	-		A		Phon		607)	432-8700	-
iay	ure if	CO UISCUSS WIIS	return Wil	ui ine preparer	shown above? (se	ee instructions).					X Yes No	_

Forn	m 990 (2009) CATSKILL CENTER FOR INDEPENDENCE, INC.	16-1326969					
Pa	rt III Statement of Program Service Accomplishments		Page 2				
1	Briefly describe the organization's mission:						
	SUPPORT INDEPENDENT LIVING FOR DISABLED						
2	Did the organization undertake any significant program services during the year which were not listed on	the prior					
	Form 990 or 990-EZ?	Ye	s X No				
	If 'Yes,' describe these new services on Schedule O.	lookuud med					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Ye	s X No				
	If 'Yes,' describe these changes on Schedule O.	Vocassand					
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by expenses. Section	n 501(c)(3)				
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	d allocations to others	, the total				
	onportions, and reverted, if any, for each program service reported.						
4 a	a (Code:) (Expenses \$270,397. including grants of \$) (Revenue \$	315,620.)				
	VESID - PROVIDES VOCATIONAL REHABILITATION SERVICES THAT PREPARE	<u>ELIGIBLE_INDI</u>	<u> </u>				
	FOR EMPLOYMENT THAT IS CONSISTENT WITH THEIR STRENGTHS, ABILITIES	<u>,_AND_INTEREST</u>	· 				
	HELPS INDIVIDUALS WITH DISABILITIES BECOME INDEPENDENT THROUGH ED	<u>UCATION, TRAIN</u>	IING,				
	AND EMPLOYMENT.						
	~						
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
1 h	(Code: \$\) (Expenses \$\) 100,873. including grants of \$\) (f	3 A 1	01 (74 )				
40	HELP AMERICA VOTE ACT (HAVA) - TO PROVIDE EDUCATION, INFORMATION,	Revenue \$]	01,674.)				
	ASSISTANCE ABOUT THE FEDERAL HELP AMERICA VOTE ACT OF 2002 AND ITS	AND TECHNICAL					
	NEW YORK STATE. ONE OF ITS PRIMARY PURPOSES IS TO ENSURE EQUAL AC						
	PROCESS FOR ALL CITIZENS, INCLUDING CITIZENS WITH DISABILITIES.	CE22 IO THE A	OLTING				
	TROCESS FOR ADD CITIZENS, INCHODING CITIZENS WITH DISABILITIES						
***********			innovania de la compania de la comp				
4 c	(Code: 62,846. including grants of \$ ) (F	Revenue \$	87,740.)				
	VESID PURCHASED SERVICES IS BROKEN DOWN INTO ENTRY SERVICE I AND I						
•	ENTRY SERVICE 1 - THIS IS AN ORIENTATION TO VESID SERVICES TO POTE	NTIAL VESID					
	CONSUMERS. IT PROVIDES A GENERAL ORIENTATION TO VESID AND THE VOC						
	REHABILITATION (VR) PROCESS AND MAY INCLUDE ASSISTANCE IN COMPLETI		a delical addisor abbase already delated delical				
	APPLICATION AND OTHER REQUIRED FORMS; PROVIDING APPLICANTS WITH TH	readon awayer seques around contra count bound counts account counts					
	MEDICAL/PSYCHOLOGICAL FORMS NECESSARY TO DOCUMENT THEIR DISABLING		D.				
	REFERRAL INFORMATION FOR OTHER NEEDED SERVICES.	Outer Lawry City					
	ENTRY SERVICE II - IN THIS SERVICE, THE VENDOR WILL AID CONSUMERS	WHO ADE NOT M	RIF TO				
	COMPLETE THE APPLICATION PROCESS WITHOUT ASSISTANCE; AND, DO NOT H						
	SUPPORTS TO HELP THEM TO GATHER EXISTING MEDICAL INFORMATION.	AVE OTHER AVA	LTWDTE				
-	DOLLOWIS TO HERE THEM TO GATHER EATSTING MEDICAL INFORMATION.						
			deleter streets server selecte souther streets.				
4.1	Other average in (Describe in Colored to )						
	Other program services. (Describe in Schedule O.)  SEE SCHEDULE O	A = # = =					
	(Expenses \$ 115,367. including grants of \$ ) (Revenue \$	96,531	. )				
4e 1	Total program service expenses ► 549,483.						

		·	Yes	No
	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
	2 Is the organization required to complete Schedule B, Schedule of Contributors?	L	X	
:	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
į	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
•	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
ç	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10				X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Х	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.			
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.			
	<ul> <li>Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.</li> </ul>			
	<ul> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.</li> </ul>			
	<ul> <li>Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X.</li> </ul>			
	Did the organization obtain separate independent audited financial statement for the tax year? If 'Vas' complete			
	Schedule D, Parts XI, XII, and XIII.  A Was the organization included in consolidated, independent audited financial statement for the tax  Yes No	12	Х	
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13		Χ
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.  Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.	19	Add in the boundary of the state of the stat	X X
				* *

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A). line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4. or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	х	

BAA Form **990** (2009)

Form 990 (2009) CATSKILL CENTER FOR INDEPENDENCE, INC. 16-1326969 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 1 a 6 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Χ 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return...... 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a Χ 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?....... 4a Χ **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a Χ Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?..... Χ 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?...... 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Χ provided to the payor?..... 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7_b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 828Ž?..... 7 c X e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Χ Χ 7 f 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.... 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.... 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?..... 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person?..... 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.... 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders..... 11 a

BAA Form 990 (2009)

11 b

12b

12a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A.	Governing Body and Management			<del></del>	<del></del>
			1 . 1	- F	Yes	No
1		e number of voting members of the governing body		4		
		e number of voting members that are independent	<u> </u>	4.33		
2	2 Did any officer, c	officer, director, trustee, or key employee have a family relationship or a business r director, trustee or key employee?	relationship with any other	2	Village	Χ
3	B Did the of officer	organization delegate control over management duties customarily performed by or rs, directors or trustees, or key employees to a management company or other pers	under the direct supervision	3		X
4		organization make any significant changes to its organizational documents		4		X
	since the	e prior Form 990 was filed?				
5	Did the c	organization become aware during the year of a material diversion of the organization	on's assets?	5		X
6	Does the	e organization have members or stockholders?		6		Х
7	a Does the	organization have members, stockholders, or other persons who may elect one or g body?	more members of the	7a		Х
		decisions of the governing body subject to approval by members, stockholders, or c		7b	+	X
8	Did the c	organization contemporaneously document the meetings held or written actions und- wing:	ertaken during the year by			
		erning body?			<del> </del>	
		nmittee with authority to act on behalf of the governing body?		8b	Х	
9	organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who cation's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		Х
		Policies (This Section B requests information about policies not	required by the Interna	4		
rev	enue Code				Yes	No.
10	a Doos tha	organization have local chapters, branches, or affiliates?		10a	165	No X
				IVa		
	and bran	does the organization have written policies and procedures governing the activities concern their operations are consistent with those of the organization?	or such chapters, affiliates,	10b		
11	Has the o	organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	L
11	<b>A</b> Describe	in Schedule O the process, if any, used by the organization to review this Form 990	O. SEE SCHEDULE O			
12	<b>a</b> Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
	<b>b</b> Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts?	that could give rise	12b	Х	
	<b>c</b> Does the <i>Schedule</i>	organization regularly and consistently monitor and enforce compliance with the pool of the consistent of the pool of the consistency of the consi	olicy? If 'Yes,' describe in	12c	Х	
		organization have a written whistleblower policy?		13	Χ	
14	Does the	organization have a written document retention and destruction policy?		14	Χ	
15	Did the properties of the persons.	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?			
		nization's CEO, Executive Director, or top management official		15a	Х	
1	<b>b</b> Other offi	cers of key employees of the organization	* * * * * * * * * * * * * * * * * * * *	15b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16	a Did the or entity dur	rganization invest in, contribute assets to, or participate in a joint venture or similar ing the year?	arrangement with a taxable	16a		Χ
1	If 'Yes,' h in ioint ve	as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safeguard h respect to such arrangements?	to evaluate its participation	16b		
ec		Disclosures		***************************************		
17	List the st	tates with which a copy of this Form 990 is required to be filed <a href="MY"> <u>NY</u></a>				
8	Section 6 inspection	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply.				
	Own v	website X Another's website X Upon request				
19	Describe i statement	in Schedule O whether (and if so, how) the organization makes its governing documes available to the public. SEE SCHEDULE O	nents, conflict of interest pol	icy, an	d finar	ncial
		name, physical address, and telephone number of the person who possesses the b ZACHMEYER PO BOX 1247 ONEONTA NY 13820 607-432-8000	_	anizatio	on: 	

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did n		Tale	arry			Unice	i, ui	<del></del>	T	
(A)	(B)	(c) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	or director			a Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
CHRIS ZACHMEYER	-									
EXECUTIVE DIREC	40	X			X			60,027.	0.	6,064.
LISA FISHER VICE PRESIDENT	1	Х		Х				0.	0.	0.
NANCY MORTON SECRETARY	1	X		Х				0.	0.	0.
ED MARCHI TREASURER	1	Х		Х				0.	0.	0.
CARL HIGGINS DIRECTOR	1	Х						0.	0.	0.
DON GERSCH PRESIDENT	1	Х		Х				0.	0.	0.
SOPHIE PELC DIRECTOR	1	Х						0.	0.	0.
		·								
			i de la companya de l							
er elle tott mer tille sine sine unde men mer sine tott tille till det tota det alle det sine sine										
MAY COME WHICH STORE COME COME COME COME AND							and the second second			
The definite industrial little industrial major and a second state of the second state		-								

Part VII Section A. Officers, Directors, Trust	tees, k	<b>(</b> ey	En	ıplo	oye	es,	an	d Highest Con	npensated E	Emp	loyees (cont.)
(A)	(B)			(	c)			(D)	(E)		(F)
Name and Title	Average hours			(check	k all	that a	·		Reportable		Estimated
	per week	individual or director	inst	Officer	Xey.	erric	Former	the organization	compensation fr	ions	amount of other compensation
		vidu	nstitutional trustee	Cer	Key employee	Highest or employee	1101	(W-2/1099-MISC)	(W-2/1099-MIS	()	from the organization
		or in	na		oloye	Com					and related organizations
		trustee	trust		96	pens					
		. "	9.6			compensated se					
		<u> </u>									
						-	-				
										1	
						-					
										l	
					L	-					·
							İ				
							l				
								60.005			~ ~ ~ *
1b Total							<b>&gt;</b>	60,027.		0.	6,064.
2 Total number of individuals (including but not limited	to thos	se lis	sted	abo	ve)	who	rec	ceived more than	\$100,000 in rep	oorta	ole compensation
from the organization   0											TV IN-
											Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in-	or truste	e, k	еу е	emp	loye	e, c	r hi	ghest compensate	d employee		3 X
4 For any individual listed on line 1a, is the sum of rep											
the organization and related organizations greater th	an \$150	000,0	0? //	$f'Y\epsilon$	es' c	апа готį	olete	e Schedule J for s	uch		
individual	+ * * * * + •						* * - 1				4 X
5 Did any person listed on line 1a receive or accrue co	mpensa	ațion	fro	m ai	ny ι	ınre	lated	d organization for	services		
rendered to the organization? If 'Yes,' complete School	eaule J	tor s	sucr	i pei	rsor	7. ,			4 > 5 * 4 > 4 * 7 * 4 * 7 * 6 * 7 * 6 * 7 * 6 * 7 * 7 * 7 * 7		5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	d inden	end	ent i	cont	raci	tors	that	received more th	an \$100,000 o	f	
compensation from the organization.	a maop						errere		αι, ψ. ου, ουσ ο	1	
(A)								(B)			(C)
Name and business address								Description of	Services	(	Compensation
	·	****					_				
					ninomanda (ter)		_		***************************************	u	
				***********			_				
	***************************************								***************************************		
		**********	*****				+			en e	
										<del>andropological</del> Spark (1994)	
2 Total number of independent contractors (including b		ımite	ed to	o the	se	liste	d ab	pove) who receive	d more than		
\$100,000 in compensation from the organization 🕨 (	J									Y24,600	

P	art VIII   Statement of Revenue				
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
4TS	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	b Membership dues				
TS, G	c Fundraising events				
GF	d Related organizations 1d				
SNC.	e Government grants (contributions) 1e 496,684.				
TI	f All other contributions, gifts, grants, and similar amounts not included above 1f 17,141.				
TRIB	similar amounts not included above 1f 17,141.  g Noncash contribus included in Ins 1a-1f: \$				
000	h Total. Add lines 1a-1f.	513,825.			
H	Business Code	313,023.			
/ENI	2a MEMBERSHIP DUES & ASSESSMENTS	70.	70.		
E E	b				
VICE	С				
SER	d				
SAM	e				
OGF	f All other program service revenue				
<u>a</u>		70.			
	3 Investment income (including dividends, interest and other similar amounts)	2 471			0 471
	4 Income from investment of tax-exempt bond proceeds	2,471.			2,471.
	5 Royalties.				
	(i) Real (ii) Personal				
	6a Gross Rents				
	<b>b</b> Less: rental expenses.				
	c Rental income or (loss)				
	d Net rental income or (loss)▶				
	7a Gross amount from sales of assets other than inventory.				
	<b>b</b> Less: cost or other basis				
	and sales expenses				
	c Gain or (loss)				
1.1	d Net gain or (loss)▶  8a Gross income from fundraising events				
ENUE	(not including. \$				
OTHER REVEN	of contributions reported on line 1c).				
吊吊	See Part IV, line 18a				
Б	b Less: direct expenses b c Net income or (loss) from fundraising events ▶	Market Control		A CLEAN IN THE SECOND	
	9a Gross income from gaming activities.				
	See Part IV, line 19				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns				
	and allowances a				
	<b>b</b> Less: cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory▶				
	Miscellaneous Revenue Business Code				
	11a PURCHASED SERVICES	87,740.	87,740.		
	b MEDICAID WAIVER	24,227.	24,227.		
diameter (	c MISC INCOME	1,079.	1,079.		
olondament wood of	d All other revenue	112 045		00.33	
	12 Total revenue. See instructions.	113,046.	113,116.		A +2 4
t	- Total revenue: Oco monuchono	ULJ, 414.1	TTO'TTD'	0.1	2,471.

Page **10** 

### Part IX Statement of Functional Expenses

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

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

	All other organizations must comp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	66,091.	53,782.	12,309.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	308,054.	299,620.	8,434.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	5,185.	4,926.	259.	
9	Other employee benefits	43,743.	41,495.	2,248.	
10	Payroll taxes	32,262.	30,649.	1,613.	
11	Fees for services (non-employees)				
á	a Management				
ł	<b>ɔ</b> Legal				
(	Accounting	4,600.		4,600.	
c	d Lobbying				
	Prof fundraising svcs. See Part IV, In 17				4
f	Investment management fees.				
Ç	other				
12	Advertising and promotion.				
13	Office expenses				
14					
15	Royalties				
16	Occupancy	4,955.	4,550.	405.	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	20,981.	18,584.	2,397.	
19	Conferences, conventions, and meetings	3,046.	2,882.	164.	
20	Interest	10,395.	9,545.	850.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,880.	11,155.	725.	
23	Insurance	6,064.	5,518.	546.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	SUPPLIES	31,303.	29,746.	1,557.	
b	CONTRACTUAL SERVICES	16,050.	16,050.		
c	TELEPHONE	8,245.	6,627.	1,618.	
d	DUES & SUBSCRIPTIONS	6,826.	6,089.	737.	
	PRINTING AND PUBLICATIONS	3,049.	3,049.		
	All other expenses	7,179.	5,216.	1,963.	
	Total functional expenses. Add lines 1 through 24f	589,908.	549,483.	40,425.	0.
26	Joint costs. Check here  if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				Form <b>990</b> (2009)

BAA

Form 990 (2009)

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	. 166,748	. 1	99,818
	2	J		. 2	215,759
	3	3		. 3	67,133
	4			4	
	5	and highest compensated employees. Complete Part II of Schedule L		5	
	6	the state of the state and the state of the		183	
А		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .		6	
A S E	7			7	
Ě	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	10,794
	10	a Land, buildings, and equipment: cost or other basis. 10a 470,519.			
		Complete Part VI of Schedule D			
		b Less: accumulated depreciation		10 c	309,836.
	11	Investments — publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11.		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34).		16	703,340.
	17	Accounts payable and accrued expenses		17	28,735.
	18	Grants payable		18	
.	19	Deferred revenue		19	5,225.
	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
E S		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties		23	160,292.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.	225,152.	26	194,252.
NET		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
1	27	Unrestricted net assets.	469,584.	~	FOO 000
ĕ		Temporarily restricted net assets	409,384.	27 28	509,088.
Ϊl	29	Permanently restricted net assets.			
O R		Organizations that do not follow SFAS 117, check here ► and complete		29	
Ę		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds.		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
A I		Retained earnings, endowment, accumulated income, or other funds		32	
Εl		Total net assets or fund balances	469,584.	33	509,088.
5 ;	34	Total liabilities and net assets/fund balances	694,736.	34	703,340.

BAA Form 990 (2009)

3b

Part XI Financial Statements and Reporting Yes No X Accrual 1 Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... X **b** Were the organization's financial statements audited by an independent accountant?..... Χ 2b c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:.... Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.... X 3 a **b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA Form 990 (2009)

### 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.

OMB No. 1545-0047 **2009** 

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

CA	ISKILL CENTER F	FOR INDEPENDEN	CE, INC.					16-1	32696	9		
Pai	rt I Reason for Pi	ublic Charity Stat	us (All organizations	s must	comple	ete thi	s part.	) See i	instruct	tions		
The	organization is not a p	rivate foundation beca	nuse it is: (For lines 1 thr	ough 11	, check	only one	e box.)			***************************************		
1	A church, conven	tion of churches or as	sociation of churches de	scribed i	n sectio	n 170(b	)(1)(A)(i	).				
2	A school describe	ed in section 170(b)(1)	(A)(ii). (Attach Schedule	E.)								
3	A hospital or coop	perative hospital servi	ce organization described	d in sect	ion 1 <b>70</b> (	(b)(1)(A)	)(iii).					
4	A medical researc	ch organization operat	ed in conjunction with a	hospital	describe	ed in <b>se</b>	ction 17	70(b)(1)(	A)(iii). E	nter the ho	spital's	S
	name, city, and st											
5	An organization o	perated for the benefi (Complete Part II.)	t of a college or universi	ty owner	d or ope	rated by	a gove	rnmenta	ıl unit de	scribed in s	sectio	n
6			governmental unit desci									
7	in section 170(b)(	<b>1)(A)(vi).</b> (Complete f		, ,		overnme	ental un	it or fror	n the ge	neral public	: desc	ribed
8	F		170(b)(1)(A)(vi). (Comple									
9	from activities relat	ed to its exempt function	more than 33-1/3 % of its ins — subject to certain exc ess taxable income (less Complete Part III.)	ceptions.	and (2) i	no more	than 33	-1/3 % of	its supp	ort from aro	SS	after
10	An organization of	rganized and operated	d exclusively to test for p	ublic sat	ety. See	sectio	n 509(a)	)(4).				
11	An organization or more publicly supp describes the type	ported organizations of supporting organ	d exclusively for the bene described in section 509 ization and complete line	(a)(1) or es 11e th	section rough 1	509(a)( 1h.	(2). See	of, or ca <b>section</b>	rry out ti <b>509(a)(</b> 3	3). Check th	ne box	x that
	a Type I	<b>b</b> Type II	· · · · · · · · · · · · · · · · · · ·	II — Fun	_	_			d	Type III-		
е	By checking this be than foundation m 509(a)(2).	oox, I certify that the c nanagers and other tha	organization is not contro an one or more publicly s	lled dire supporte	ctly or ir d organi	ndirectly zations	by one describ	or more ed in se	disqual ction 509	ified perso 9(a)(1) or s	ns oth ection	ner I
f	If the organization	received a written de	termination from the IRS	S that is	а Туре І	, Type I	I or Typ	e III sup	porting	organizatio	٦,	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift of	or contril	oution fr	om any	of the f	ollowing	persons	s?		
											Yes	No
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or supported organization?.	togethe	r with pe	ersons d	lescribe	d in (ii) a	and (iii)	. 11 g (i)		
	(ii) a family mer	mber of a person des	cribed in (i) above?							. 11 g (ii)		
	(iii) a 35% contro	olled entity of a person	n described in (i) or (ii) a	bove?						. 11 g (iii)		Ĺ
h	Provide the followi	ing information about	the supported organizati	ons.								
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste gove	Is the tion in col. d in your erning ment?	the organ	you notify rization in (i) of upport?	(vi) ! organizati (i) organiz U.S	zed in the	(vii) Amoun	of Sup	port
				Yes	No	Yes	No	Yes	No			
Management												
										·		
									eria a Adama			
Total												

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

	(Complete only if you check	ed the box on line	5. 7. or 8 of Part	l.)			
Sec	ction A. Public Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	441,959.	507,278.	523,414.	454,992.	513,895.	2,441,538.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3	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.
4	Total. Add lines 1-through 3	441,959.	507,278.	523,414.	454,992.	513,895.	2,441,538.
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)						0.
6	Public support. Subtract line 5 from line 4						2,441,538.
Sec	tion B. Total Support			т	T		T
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	441,959.	507,278.	523,414.	454,992.	513,895.	2,441,538.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.			2,446.	4,441.	2,471.	9,358.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART IV	6,699.	7,115.	2,658.	1,258.	1,079.	18,809.
11	Total support. Add lines 7 through 10						2,469,705.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	r fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pul						
15	Public support percentage for 20 Public support percentage from 2	2008 Schedule A, I	Part II, line 14			15	98.9% 99.2%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a publ	not check the box licly supported org	on line 13, and ganization	the line 14 is 33-	1/3 % or more, o	heck this box ▼
b	<b>33-1/3 support test</b> $-$ <b>2008.</b> If the and <b>stop here.</b> The organization	organization did qualifies as a publ	not check a box o icly supported org	n line 13, or 16a, janization	and line 15 is 33	-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization rethe organization meets the 'facts	neets the 'facts-ar	nd-circumstances'	test, check this b	lox and stop here	. Explain in Parl	: IV how
	10%-facts-and-circumstances teror more, and if the organization rorganization meets the 'facts-and	neets the 'facts-ar I-circumstances' t	nd-circumstances' est. The organiza	test, check this bation qualifies as a	ox and <b>stop here</b> a publicly support	. Explain in Part ed organization.	IV how the
18	Private foundation. If the organiz	ation did not chec	k a box on line, 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see in	structions

# Schedule A (Form 990 or 990-EZ) 2009 CATSKILL CENTER FOR INDEPENDENCE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part	١.,	)
---------------------------------------------------------	-----	---

Sec	ction A. Public Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	)	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1. 2, 3 received from disqualified persons.							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6.)							
Sec	tion B. Total Support							
	tion B. Total Support	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009		(f) Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009		(f) Total
Cale	·····	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009		(f) Total
Calei 9 10 a	Amounts from line 6	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
Cale 9 10 a b	Amounts from line 6	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
Caler 9 10 a b c 11	Amounts from line 6	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
Caler 9 10 a b c 11 12	Amounts from line 6	is for the organiza	tion's first, secon	d. third. fourth.	or fifth tax year as	a section 50	11(c)(3)	
Caler 9 10 a b c 11 12	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add Ims 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d. third. fourth.	or fifth tax year as	a section 50	11(c)(3)	
Caler 9 10 a b c 11 12	Amounts from line 6  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add Ins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and ion C. Computation of Pul	is for the organiza stop here	ition's first, secon	d, third, fourth,	or fifth tax year as	a section 50	11(c)(3)	
Caler 9 10 a b c 11 12 13 14 Sect 15	Amounts from line 6  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (add lins 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and ion C. Computation of Pull Public support percentage for 20	is for the organiza stop here <b>olic Support P</b> 09 (line 8, column	ition's first, secon ercentage (f) divided by lin	d, third, fourth, e	or fifth tax year as	s a section 50	11(c)(3)	····· > 1
Caler 9 10 a b c 11 12 13 14 Sect 15 16	Amounts from line 6	is for the organiza stop here <b>blic Support P</b> o 09 (line 8, column 2008 Schedule A,	ition's first, secon e <b>rcentage</b> (f) divided by lin Part III, line 15	d, third, fourth, e	or fifth tax year as	s a section 50	11(c)(3)	
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Schedule A	(Form	990 or	990-E2	Z) 2009	CAT	SKILL	CEN	VTER	FOR	INDE	PENDI	ENCE,	INC.	16-	-132696	9	Page 4
Schedule A Part IV	<b>Supp</b> Part	<b>lemen</b> II, line	t <b>al In</b> 17a (	formator 17b;	<b>tion.</b> Coand F	Comple Part III	te th , line	iis pa : 12.	rt to Provi	provide de any	e the othe	explan r addit	ations ional i	required oformation	l by Part on. See i	II, line 10 nstruction	0; ns.
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### SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CATSKILL CENTER FOR INDEPENDENCE, INC.

PARTI	I. LINE	10 - 0	THER I	NCOME

NATURE AND SOURCE		2009	2008	2007	2006	2005
MISC INCOME	TOTAL §	1,079. \$ 1,079.	1,258. \$ 1,258.	2,658. \$ 2,658.	7,115. \$ 7,115.	6,699. \$ 6,699.

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

2009

OMB No. 1545-0047

Name of the organization		Employer identification number					
CATSKILL CENTER FOR INDEPENDE	INCE, 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 <b>not</b> treated as a	private foundation					
	527 political organization						
	Nacetroid						
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 Ge	eneral Rule or a Special Rule.						
Note: Only a section 501(c)(7). (8), or (10) organized	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.					
General Rule –							
For an organization filing Form 990. 990-E2 contributor. (Complete Parts I and II.)	Z, or 990-PF that received, during the year, \$5,000 or more (	in money or property) from any one					
contributor. (Complete Farts Fand II.)							
Special Rules —							
X For a section 501(c)(3) organization filing F	form 990 or 990-EZ, that met the 33-1/3% support test of the	regulations under sections					
509(a)(1)/1/0(b)(1)(A)(vi) and received from any amount on (i) Form 990. Part VIII. line 1h c	one contributor, during the year, a contribution of the greater of (1) or (ii) Form 990-EZ, line 1. Complete Parts I and II.	) \$5,000 or ( <b>2</b> ) 2% of the					
	ation filing Form 990 or 990-EZ. that received from any one	contributor, during the year					
aggregate contributions of more than \$1,00	10 for use <i>exclusively</i> for religious, charitable, scientific, litera	ary, or educational purposes, or the					
prevention of cruelty to children or animals.	1						
For a section 501(c)(7), (8), or (10) organiz	ation filing Form 990 or 990-EZ. that received from any one	contributor, during the year,					
this box is checked, enter here the total cor	is, charitable, etc, purposes, but these contributions did not a ntributions that were received during the year for an <i>exclusiv</i>	<i>ely</i> 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	5,000 or more during the year	<b>&gt;</b> \$					
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file Sch	nedule B (Form 990, 990-EZ, or					
990-PE) but it must answer 'No' on Part IV line	e 2 of their Form 990, or check the box on line H of its Form	990-EZ, or on line 2 of its Form					
990-PF, to certify that it does not meet the filin	g requirements of Schedule B (Form 990, 990-Ez, or 990-PF	).					
BAA For Privacy Act and Paperwork Reduction	on Act Notice, see the Instructions Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)					
for Form 990, 990EZ, or 990-PF.							

Page 1 of 1

of Part I

Name of organization

CATSKILL CENTER FOR INDEPENDENCE, INC.

Employer identification number

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NYS DEPT EDUCATION - VESID  69 WASHINGTON AVE  ALBANY, NY 12234	\$ 315,620.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NYS COMM OF QUALITY OF CARE OF  401 STATE STREET  SCHENECTADY, NY 12305-2397	\$101,674.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	RESOURCE CENTER FOR INDEPENDEN  409 COLUMBIA STREET  UTICA, NY 13502	\$19,035.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	NYS DEPT OF STATE - ROUND T-ABLE  99 WASHINGTON AVE  ALBANY, NY 12231-0001	\$29,434.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	US ELECTION ASSISTANCE COMMISSION  1225 NEW YORK AVENUE, N.W,  WASHINGTON, DC 20005	\$30,499.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	SOUTHER TIER INDEPENDENCE CENTER  135 EAST FREDERICK ST.  BINGHAMTON, NY 13904	\$ 17,141.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Page 1

of 1

f Dart II

Name of organization
CATSKILL CENTER FOR INDEPENDENCE, INC.

Employer identification number

Part II	Noncash Property (see 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	(b) Description of noncash property given	(c) FMV (or estimate)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	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

Employer identification number

CATSKILL CENTER FOR INDEPENDENCE, INC. 16-1326969

Part III | Exclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8), or (10)

	For organizations completing Part III, ent- contributions of \$1,000 or less for the year	er total of <i>exclusively</i> religious, cr ar. (Enter this information once –	see instruc	c, tions.)▶\$ N/Z			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
1 (1)	N/A						
		(e)					
	Transferee's name, addre	Transfer of gift ess, and ZIP + 4	Re	lationship of transferor to transferee			
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held			
		(e)					
	Transferee's name, addre	Transfer of gift	Rel	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)					
-	Transferee's name, addre	Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee			
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee			

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990.

Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number CATSKILL CENTER FOR INDEPENDENCE, INC. 16-1326969 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year..... 2 Aggregate contributions to (during year).... Aggregate grants from (during year)...... Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??..... Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements..... 2a 2b c Number of conservation easements on a certified historic structure included in (a)..... 2 c 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🟲 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?..... No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X....

Part III   Organizations Maintai	ning Coll	<u>ections o</u>	<u>f Art, Hist</u>	torical Treasu	ures, or (	Other Similar As	sets (	<u>contin</u>	iued)
3 Using the organization's acquisition items (check all that apply):	on accession	n and other	records, che	eck any of the fo	ollowing th	at are a significant u	se of its	s collec	tion
a Public exhibition			d Loan	or exchange pr	ograms				
<b>b</b> Scholarly research			e Othe		-				
c Preservation for future genera	ations		k	***************************************					
4 Provide a description of the organ Part XIV.	nization's co	llections an	d explain ho	ow they further t	he organiz	ation's exempt purpo	se in		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit o ather than to	r receive do o be mainta	nations of a ined as part	ort, historical trea of the organiza	asures, or tion's colle	other similar	Ye	s	No
Part IV Escrow and Custodial 9, or reported an amou	Arranger unt on For	<b>nents</b> Co m 990, P	mplete if art X, line	organization 21.	answere	d 'Yes' to Form 9	90, P	art IV,	, line
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodia	an, or other	intermediar	y for contribution	ns or other	r assets not	☐ Ye:	s	No
<b>b</b> If 'Yes,' explain the arrangement i									
							Amou	nt	
<b>c</b> Beginning balance						. 1c	····		
<b>d</b> Additions during the year						. 1d			
e Distributions during the year									
<b>f</b> Ending balance									
2a Did the organization include an an	nount on Fo	rm 990. Pa	rt X, line 21	?			Yes	5	No
<b>b</b> If 'Yes,' explain the arrangement i									
Part V Endowment Funds Con	nplete if o	rganizatio	on answer	red 'Yes' to F	orm 990	, Part IV, line 10			
	(a) Current	t year	<b>(b)</b> Prior yea	ar (c) Two	years back	(d) Three years back	(e)	Four yea	ırs back
1 a Beginning of year balance				3,34,=3,4,					CHIE
<b>b</b> Contributions							Hio.		
c Net Investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> End of year balance					, Killing				17,21
2 Provide the estimated percentage	of the year	end balance	e held as:						
a Board designated or quasi-endowr									
<b>b</b> Permanent endowment ▶	9		<del></del>						
c Term endowment ►									
3a Are there endowment funds not in organization by:	the posses	sion of the	organization	that are held ar	nd adminis	tered for the		Yes	No
(i) unrelated organizations							3a(i)		† · · ·
(ii). related organizations							3a(ii)		<b>†</b>
<b>b</b> If 'Yes' to 3a(ii), are the related ord							3b		
4 Describe in Part XIV the intended in	_								<u></u>
Part VI Investments-Land, Bu					Part X Ti	ne 10			
Description of investment			other basis	(b) Cost or ot basis (othe	ther	(c) Accumulated Depreciation	(d)	Book V	alue
1a Land	***************************************	<u> </u>			500.			25	,500.
<b>b</b> Buildings.	ł.			321,		55,514.			, 945.
c Leasehold improvements	į.								
d Equipment	Ì	· - · · · · · · · · · · · · · · · · · ·		123,	560	105,169.		1.8	,391.
e Other	+			the but and g		200,200.	*************		, 0 ) 1 .
Total. Add lines 1a through 1e (Column		ual Form ac	O Part X o	rolumn (R) line	10(c))			300	,836.
BAA	(a) must eq	uar i Olli Ja	ru, i ait A, C	VIMITI (D), IIIE	10(0).1	<del></del>	do D /F		<del>, 030.</del> 90) 2009
BUL						Sched	ше <b>р</b> (Г	OTHI 33	10) ZUU:

Part VII Investments-Other Securities See	Form 990, Part X, line	e 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valua Cost or end-of-year mar	
Financial derivatives		Cost of end-or-year mai	Net value
Closely-held equity interests.			
Other			
			44
	-		<del></del>
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) Part VIII Investments—Program Related (See	o Form 990 Part Y Jir	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of value	ation
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valua Cost or end-of-year mar	ket value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	<b>-</b>		
Part IX Other Assets (See Form 990, Part 2)			
	Description		(b) Book value
T. 1. (0.1	\ I 15\	<b>&gt;</b>	
Total. (Column (b) must equal Form 990, Part X, col.(B)  Part X Other Liabilities (See Form 990, Pa			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule <b>D</b> (Form 990) 200	9 CATSKILL	CENTER FOR	INDEPENDENCE,	INC.	16-1326969	Page 5
Part XIV Supplement	tal Information	n (continued)				
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Annual An	·					
		· ··· ··· ··· ··· ··· ··· ··· ··· ···				
				where some some some store, where where some store		
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#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Employer identification number

CATSKILL CENTER FOR INDEPENDENCE, INC 16-1326969 FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION SHARE - TO RECRUIT, TRAIN, AND SUPPORT COLLEGE STUDENTS TO ASSIST STATE AND LOCAL GOVERNMENTS IN THE ADMINISTRATION OF ELECTIONS BY SERVING AS NONPARTISAN POLL WORKERS OR ASSISTANTS. PROJECT FUNDS MUST BE USED FOR TASKS AND ACTIVITIES THAT ARE CARRIED OUT WITHOUT PARTISAN BIAS AND WITHOUT PROMOTING ANY PARTICULAR POLITICAL POINT OF VIEW REGARDING ANY ELECTION ISSUE OR CANDIDATE. THE ROUND T-ABLE PROGRAM IS A STUDENT-DRIVEN PROGRAM THAT HAS BEEN DEVELOPED FOR AT-RISK TRANSITIONING STUDENTS AGES 12-19. SERVING A TOTAL OF 12 SCHOOLS IT HAS BEEN DESIGNED TO ENSURE THAT YOUNG PEOPLE EXPERIENCE HEALTHY DEVELOPMENT, SUCCESS IN SCHOOL, AND SMOOTH TRANSITIONS TO ADULTHOOD. THE ROUND T-ABLE PROGRAM WILL PROMOTE SELF-ESTEEM AND CONSTRUCTIVE BEHAVIOR THROUGH ROLE-MODELING, PEER SUPPORT, ENCOURAGEMENT, PROACTIVE AWARENESS, POSITIVE FEEDBACK, HANDS-ON SKILL BUILDING ACTIVITIES AND GOAL SETTING. TOGETHER, THESE EXPERIENCES WILL FOSTER THE DEVELOPMENT OF TRUSTING RELATIONSHIPS THAT ARE FUNDAMENTAL TO SUCCESSFUL TRANSITION. IT WILL ALSO OFFER INFORMATION ABOUT RESOURCES AND FACILITATE COMMUNITY LINKAGES THAT WILL ASSIST THEM IN ENLARGING THEIR CIRCLES OF SUPPORT AND ATTAINING THEIR SELF-DETERMINED GOALS. MONEY FOLLOWS PERSON - THE PURPOSE IS TO PROVIDE RESIDENTS WHO WISH TO TRANSITION BACK INTO THE COMMUNITY WITH OBJECTIVE INFORMATION ON HOME AND COMMUNITY BASED SERVICES. RESIDENT NAMES HAVE BEEN IDENTIFIED AND PROVIDED TO OUR AGENCY BASED ON THE MINIMUM DATA SET (MDS) RUG SCORES AND MEDICAID ELIGIBILITY.

Name of the organization CATSKILL CENTER FOR INDEPENDENCE, INC.	Employer identification number 16-1326969
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (C	ONTINUED)
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 EL	IGIBLE 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 AVAIL	ABILITY OF PROTECTION
AND ADVOCACY SERVICES AND HOW TO ACCESS SUCH SERVICES.	
CDO DPN - TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE IN THE	CDO WORK FORCE
INVESTMENT_AREA_IN_AN_EFFORT_TO_SUSTAIN_DPN_ACTIVITIES_PREVIOUS	SLY FUNDED THROUGH THE
WORK FORCE INVESTMENT GRANT AND ENHANCE EMPLOYMENT AND TRAINING	G OUTCOMES FOR JOB
SEEKERS WITH DISABILITIES.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
REVIEW OF FORM 990 CAN BE COMPLETED DURING THE COURSE OF A REGU	JLARLY SCHEDULED BOARD
MEETING AT WHICH A QUORUM IS PRESENT. IN THE EVENT NO MEETING 1	S SCHEDULED PRIOR TO
THE DUE DATE OF FILING FORM 990, THE BOARD OF DIRECTORS MAY REV	YIEW AND APPROVE SAID
FORM ELECTRONICALLY WITH ALL APPROVALS BEING FORWARDED TO THE E	XECUTIVE DIRECTOR OF
CCFI.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME	ENT OF CONFLICTS
BOARD MEMBERS AND SENIOR STAFF WILL ANNUALLY DISCLOSE AND PROMP	TLY UPDATE ANY
DISCLOSURES PREVIOUSLY MADE ON AN ANNUAL CONFLICT DISCLOSURE QU	ESTIONNAIRE FORM
PROVIDED BY THE CENTER THAT REQUESTS THEM TO IDENTIFY THEIR INT	ERESTS THAT COULD
GIVE RISE TO CONFLICTS OR INTEREST, SUCH AS A LIST OF FAMILY ME	MBERS, SUBSTANTIAL

Name of the organization  CATSKILL CENTER FOR INDEPENDENCE, INC.	Employer identification number 16-1326969
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND E	ENFORCEMENT OF CONFLICTS (CONTINUED)
BUSINESS OR INVESTMENT HOLDINGS, AND OTHER TRANSACTION	S OR AFFILIATIONS WITH
BUSINESSES AND OTHER ORGANIZATIONS OR THOSE OF FAMILY	MEMBERS AS WELL AS OTHER
NONPROFIT ORGANIZATIONS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PE	JBLICLY AVAILABLE
GOVERNING DOCUMENTS INCLUDING THE CONFLICT OF INTEREST	POLICY AND FINANCIAL
STATEMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON R	EQUEST.
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Name of the organization	Employer identification number	
CATSKILL CENTER FOR INDEPENDENCE, INC.	16-1326969	***************************************
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### FEDERAL WORKSHEETS

PAGE 1

CATSKILL CENTER FOR INDEPENDENCE, INC.

16-1326969

## FORM 990, PART IX, LINE 24 OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	barronumum	TOTAL	SERVICES	& GENERAL	FUNDRAISING
MISCELLANEOUS POSTAGE AND SHIPPING REPAIRS & MAINTENANCE WEBSITE		1,684. 3,023. 2,472.	2,967. 2,249.	1,684. 56. 223.	
HEDDITE	TOTAL \$	7,179.	\$ 5,216.	\$ 1,963.	\$ 0.