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# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

١	nterr	al Revenu	e Service	<u></u>	The organization may have to	use a copy of this return	to satisfy state reporti	ing requireme			inspection - a
7	A F	or the	2008 calend	ar year,	, or tax year beginning	October 1	, 2008, and end	ilng	Septembe		***************************************
_			eck if applicable		C Name of organization				D Employer	iden	ntification number
Address			•	use IRS label or	Niskayuna Community	Action Program, In-	c.		14		1642125
ļ	=	Name chai nitia! retur	`	print or type.	Number and street (or P O t	oox, if mail is not delivered	d to street address)	Room/suite	E Telephon	e nui	mber
Ì	:	Term:natio		See	PO Box 9009				(518)		374-0744
Ī	<u> </u>	Amended (	retian	Specific Instruc-	City or town, state or country	y, and ZIP + 4			F Group Ex	emp	tion
	<u> </u>	Application	n penaing	tions.	Niskayuna, NY 12309				Number	·	. •
	•	Section	on 501(c)(3)	_	ations and 4947(a)(1) nonex		s must attach	G Accou	unting metho	d.	Z Cash Accrual
-				a con	npleted Schedule A (Form S	990 or 990-EZ).		Other	(specify) ▶		
			None	~					_		rganization is <b>not</b>
ı											edule B (Form 990,
:	J	Organiza	ation type (c	check or	nly one)– 🗹 501(c) ( 💋 ) ◀(	insert no ) 4947(	a)(1) or 527	990-E	Z, or 990-PF	·)	
1				-	on is not a section 509(a)(3) su ization chooses to file a returr			ots are norr	mally not mo	re tha	an \$25,000. A return is
i		<del></del>			ne 9 to determine gross receipt	<u> </u>		ad of Form	990-EZ	\$	39516
i		rt I			enses, and Changes in						<del></del>
1	ا										29686
	- 1	-		_	s, grants. and similar amoui revenue including governn				• • •		
707											
7		3 4	Investment	•	s and assessments						10
2	- 1	-			om sale of assets other that				• • •		
					er basis and sales expens	•					
Image: Control of the con					sale of assets other than in			attach sch	edule) 5	c	
<b>.</b>	9	6	-	-	ivities (complete applicable parts of	• •					
<u>u</u>	evenu				ot including \$			100K 11010 P			
3272406	æ	_	reported o				6.		9820		
	-1	b	•		nses other than fundraisin				28433	İ	
					ss) from special events ar			ne 6a) ,	6	c	-18613
					ventory, less returns and a		7a				
		b	Less: cost		•		7b				
Ň		C	Gross prof	fit or (lo	oss) from sales of inventor	y (Subtract line 7b f	rom line 7a) .			С	
30		8	Other reve						)8	3	
_		9			dd lines 1, 2, 3, 4, 5c, 6c,			<u> </u>	• 9	1	11083
		10	Grants and	d simila	ir amounts paid (attach so	hedule) ATTACHI	ient it		<u>  1</u>		4899
		11	Benefits paid to or for members						<u> 1</u>		
	ès	12	Salanes, o	ther co	empensation, and employe	e benefits	DEC	EIVE	n. 1		
	Expenses	13	Profession	al fees	and other payments to in	dependent contract	ors	LIAF		3	1470
	×	14		-	utilities, and maintenance						396
	۳	15	Printing, p	ublicati	ions, postage, and shippin	g	NUU   설	2 5 201	2   0 1		2533
	-	16			describe Insurance a	na Office Supplies	<u> </u>		IE	6	1010
-	-	17			Add lines 10 through 16	. 47 ( 1' 0'	I MCD	EKI I	1		10308 775
	Net Assets	18		` '	) for the year (Subtract line	, -		<u>_1.48.0</u>		-	
	455	19			nd balances at beginning e reported on prior year's			-	e with	9	11871
	# F	20	-	_	net assets or fund balance						0
	ž	21			d balances at end of year				▶ 2		12646
- 1	Pa	rt II			s. If Total assets on line 2			e, file For		_	
•		(See the instructions for Part II.)  (A) Beginning or							ginning of year		(B) End of year
	22	· · · · · · · · · · · · · · · · · · ·						11871	22	12646	
1	23									23	
	24				<b>&gt;</b>					24	
	25								11871	25	12646
	26	Tota	l liabilities	(descrit	be ▶		)		. 0	26	
	27				alances (line 27 of column				11871	27	
) 1	For	Privacy	Act and Pa	aperwor	rk Reduction Act Notice, se	e the Instruction for	Form 990.	Cat. No	106421		Form <b>990-EZ</b> (2008)

TOTAL 990-EZ (2000)					
Part III Statement of Program Service Accom	plishments (See the inst	ructions for Part	III.)		Expenses
What is the organization's primary exempt purpose?	Provide programs/funding	in areas of comm	nunity need	(Rec	uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organiz	ation's exempt purposes. Ir	n a clear and conc	ise manner,	and	4947(a)(1) trusts,
describe the services provided, the number of persons be	optio	onal for others)			
28 Niska-Day is a one day community celebration to	hat includes a parade, bar	ds and marchers	, all day		
activities including kids games, entertainment, o		d not for profit d	splays,	'	
food court, rides, fireworks Attendance is estim	ated at 5,000.				
(Grants \$ 0) If this amount incl	udes foreign grants, check	here	. ▶ 🗓	28a	25531
Niska-Game is a two day event for Middle School	l students, modeled after	the 'Monopoly" b	oard		
game theme. It is designed to provide a commu	dents.				
	udes foreign grants, check	here	. ▶ 🗆	29a	2903
30 NCAP provides two scholorships to High Schoo	l seniors				
(Grants \$ 0) If this amount incl	udes foreign grants, check	here	<u>.</u> ▶ □	30a	1500
31 Other program services (attach schedule) ATTA	CATEURINE B				
(Grants \$ 0) If this amount incl	udes foreign grants, check	here	. ▶ 🗆	31a	3399
32 Total program service expenses (add lines 28a th	rough 31a)			32	33333
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	en if not compensate	d (See the ins	structio	ons for Part :V)
(a) Name and address	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense account and
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	deferred comper		other allowances
Ms. Carol Mondello	Co-President/5hrs				-
2287 Pinehaven Drive, Nıskayuna, NY 12309	. OO-1 Tealder Doma	0		0	0
Ms. Carol Baldwin	Co-President/5hrs	 			
1014 WTRY Rd., Niskayuna, NY 12309	- Co-i residentionis	0		0	· 0
Ms. Sharon Wohl	Vice President/2hrs	-			
2480 Whitehall Rd., Niskayuna, NY 12309	Vice Fleside III 2 III 3	0		0	0
Ms. Cheryl Adamec	Secretary/2hrs				
861 Harris Dr., Niskayuna, NY 12309	Secretary/21115	0		0	0
Ms. Aggie Barmash	Treasurer/2hrs				
2320 Sheridan Ave., Niskayuna, NY 12309	i reasurer/znrs	0		0	0
Mr. William Leader	Asst. Treasurer/1hr				•
18 Norwood Way, Niskayuna, NY 12309	Asst. Heastrem	0		0	0
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Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)		17	T 5 5
		۲	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓_
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	~~~~~	<b>/</b>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. ATTICE			
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<del> </del>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	. <del>4.4.4</del> 4.	<b>✓</b>
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	] ]		
b	Did the organization file Form 1120-POL for this year?	37b		1
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  If "Yes" complete Schedule I Part II and enter the total amount involved.    38b	38a		1
	11 163, complete concede E, i are if and once the total amount involved	1 1		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (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," complete Schedule L. Part I	40b		1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	,,,,,,,,,	1
41	List the states with which a copy of this return is filed. ▶			
42a	The books are in care of ▶ Ms. Aggie Barmash  Located at ▶ Iroquois Middle School, 2495 Rosendale Rd., Niskayuna, NY 12309  ZIP + 4 ▶	123	74-07 09	44
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	42b	Yes	No ✓
	account)?		<u> </u>	† <b>•</b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	<b>/</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ [
			137	T
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<u> </u>	1
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		<b>✓</b>
	_	00	0 67	,,,,,,,,

Page	4
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Part VI	Section 501(c)(3) organizations only and complete the tables for lines 50 a	, All section 501(c)(3 nd 51.	) organiza	itions mu	st answer questi	ons 40	)—4¥	
<b>46</b> Did	the organization engage in direct or indirect p	***************************************	ties on bel	nalf of or i	n opposition to		Yes	No
can	didates for public office? If "Yes." complete S	chedule C. Part I				46		✓
47 Did	the organization engage in lobbying activities	dates for public office? If "Yes," complete Schedule C, Part I						✓
48 Isth	he organization operating a school as describe	ed in section 170(b)(1)(A	\)(ii)? If "Ye	s," comple	ete Schedule E .	48		<b>√</b>
49a Did	the organization make any transfers to an exe	empt non-charitable rel	ated organ	ization?	,	49a		✓_
	Yes," was the related organization(s) a section					49b		✓
<b>50</b> Con	mplete this table for the five highest compensation has received more than \$100,000 of compensations.	ated employees (other t	han officer on. If there	s, director is none, e	rs, trustees and key enter "None."	emplo	yees)	wh
(a)	) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Co	mpensation	(d) Contributions to employee benefit plans & deferred compensation	acco	xpense ount an allowan	d
None						•		
		· · · - · · ·						
Total num	nber of other employees paid over \$100,000			•••••		********		
None	(a) Name and address of each independent contractor j	paid more than \$100,000		<b>(b)</b> Ty	pe of service	(c) Com	pensat	on
None								
Total nun	nber of other independent contractors each re		🖊	***************************************				
	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including acco on of preparer (other than of	ompanying so ficer) is based	hedules and fon all infom	nation of which prepare	best of m Ir has any	y know / knowi	ledg edge
Sign Here	Nullian Leads Signature of officer		<u>.</u>		6/20/12 Date			
	William Leader, Assistant Treasurer Type or print name and title				<del></del>			
Paid Proporor's	Preparer's signature	Date	•	Check if self- employed	Preparer's Identifying	Number (S	ee instru	ctions
Preparer's Use Only	Firm's name (or yours				EIN ▶			
	if self-employed), address, and ZIP + 4			F	Phone no ► ( )			
May the I	IRS discuss this return with the preparer show	n above? See instructi	ons , ,		<u></u> <b>⊳</b>	☐ Ye	s 🗍	No
					F	orm <b>990</b>		

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

Department of the Treasury

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

**Employer Identification number** 14 1642125 Niskayuna Community Action Program, Inc. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🔲 Type I **b** Type II c Type III-Functionally integrated d Type III-Other e 🗷 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Nο and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . 11g(iii) Provide the following information about the organizations the organization supports. h (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of organization (described on lines 1-9 in col (i) listed in your organization in col above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes

**Total** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (f) Total (a) 2004 (d) 2007 (e) 2008 (b) 2005 (c) 2006 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not 29686 145188 26335 31543 28770 28854 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the 0 0 organization without charge 145188 28770 28854 26335 31543 29686 Total. Add lines 1-3 . . . . . 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) 145188 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2006 (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 Calendar year (or fiscal year beginning in) 145188 28770 28854 26335 31543 29686 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 51 40 23 15 10 139 sources Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets n 0 n 0 0 0 (Explain in Part IV) 145327 Total support. Add lines 7 through 10 . 11 65072 12 Gross receipts from related activities, etc. (see instructions) . . . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.9 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 99.9 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 331/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 33\% % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% % or more, check this 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 🚬 🗼 🔲 b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3 Schedule A (Form 990 or 990-EZ) 2008 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 (e) 2008 (f) Total (c) 2006 (a) 2004 (b) 2005 Calendar year (or fiscal year beginning in) ▶ grants. contributions, membership fees received. (Do not include any "unusual grants ") . . . . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf . . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1-5 . . . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . . . . . . c Add lines 7a and 7b . . . . Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 . 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b . . Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned on . . . . . . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . . . . 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

19a 331/3 % support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line

17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup33\% % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33\% %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗌

	orm 990 or 990-EZ) 2008 , Page <b>4</b>
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
<del>-</del>	
	·

## Attachment A

# Niskayuna Community Action Program ID # 14-1642125

### 990EZ Part I Line 10

Sponsorship of athletic teams	\$100
Sponsorship of Safe After Prom Party	\$500
Financial Support of Misc. Forums	\$213
Sponsorship of Misc. High School Activities	\$100
Sponsorship of Natural Helpers Program	\$1,000
Sponsorship of Presidents Volunteer Service Award Program	\$185
Sponsorship of High School Awards	\$1,500
Middle School Grants	\$200
Sponsorship of Youth to Youth Program	<u>\$1,101</u>
Total Line 10	\$4,899

## Attachment B

# Niskayuna Community Action Program ID # 14-1642125

# 990EZ Part III Line 31

Sponsorship of athletic teams	\$100
Sponsorship of Safe After Prom Party	\$500
Financial Support of Misc. Forums	\$213
Sponsorship of Misc. High School Activities	\$100
Sponsorship of Natural Helpers Program	\$1,000
Sponsorship of Presidents Volunteer Service Award Program	\$185
Middle School Grants	\$200
Sponsorship of Youth to Youth Program	<u>\$1,101</u>
Total Line 31	\$3,399