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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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 Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. New York Council on Problem Gambling Inc 119 Washington Ave Albany, NY 12210	D Employer identification number 14-1786116
		E Telephone number (518) 427-1622
		F Group Exemption Number
		G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

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

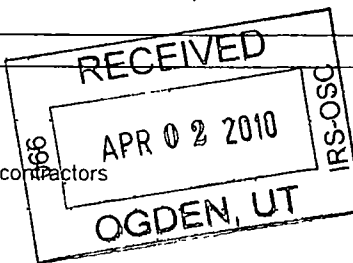
I Website: ▶ www.nyproblemgambling.org**J Tax-exempt status** (check only one) — ☒ 501(c) (3) (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 318,200.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	285,682.
	2	Program service revenue including government fees and contracts	2	31,433.
	3	Membership dues and assessments	3	100.
	4	Investment income	4	831.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See Statement 1)	8	154.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	318,200.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	230,557.
	13	Professional fees and other payments to independent contractors	13	14,010.
	14	Occupancy, rent, utilities, and maintenance	14	22,875.
	15	Printing, publications, postage, and shipping	15	1,155.
	16	Other expenses (describe ▶ See Statement 2)	16	49,787.
	17	Total expenses. Add lines 10 through 16	17	318,384.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-184.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	122,530.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	122,346.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	109,974.	22 131,958.
23 Land and buildings		23
24 Other assets (describe ▶ See Statement 3)	36,765.	24 7,114.
25 Total assets	146,739.	25 139,072.
26 Total liabilities (describe ▶ See Statement 4)	24,209.	26 16,726.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	122,530.	27 122,346.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Expenses

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

28a	246,387.
-----	----------

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

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

31 Other program services (attach schedule)

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

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

246,387.

(e) Expense account and other allowances	
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Executive Director	40.00
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83.139.

4.573

0.

21 Swan Place

40.00

Slingerlands, NY 12159

See attached list. No member
of the BOD received comp

2.00

0.

0.

0.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	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	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
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 why the organization did not report the income on Form 990-T. See Statement 7		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 501(c)(7) organizations Enter		
- a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	0.	0.
section 4912	0.	0.
section 4955	0.	0.
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NY	

42a The organization's books are in care of James J. Maney Telephone no (518) 427-1622
 Located at 119 Washington Ave., Albany, NY ZIP + 4 12210

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If 'Yes,' enter the name of the foreign country

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

43 ☐ N/A
☒ N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X

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

	Yes	No
45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

See Statement 8

46 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

	Yes	No
46		X

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'


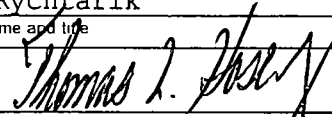
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	<p>Signature of officer:  Date: 3/26/10</p> <p>Type or print name and title: Robert Rychtarik President</p>		
Paid Preparer's Use Only	Preparer's signature: 	Date: 2/11/10	Check if self-employed: <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4: Lubbe & Husey CPA's, PC 187 Wolf Road, Suite 305 Albany, NY 12205	EIN: N/A	Preparer's Identifying Number (See instructions): N/A
	Phone no: (518) 454-9355		

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

☒ Yes ☐ No

BAA

Form 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 checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning 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'.)	245,483.	244,100.	284,798.	284,143.	285,782.	1,344,306.
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	245,483.	244,100.	284,798.	284,143.	285,782.	1,344,306.
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						1,344,306.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	245,483.	244,100.	284,798.	284,143.	285,782.	1,344,306.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57.	24.	725.	1,350.	831.	2,987.
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	1,357.				154.	1,511.
11 Total support. Add lines 7 through 10						1,348,804.
12 Gross receipts from related activities, etc. (see instructions)					12	449,240.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.7 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.8 %

16a **33-1/3 support test — 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b **33-1/3 support test — 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2009** 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 — 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

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

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning 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.")						
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests — 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐

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

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

[illegible]

2009

Schedule A, Part IV - Supplemental Information

Page 5

Client NYCPG

New York Council on Problem Gambling Inc

14-1786116

2/11/10

09 22AM

Part II, Line 10 - Other Income

Nature and Source	2009	2008	2007	2006	2005
Miscellaneous	154.	1,357.			
Total	\$ 154.	\$ 1,357.	\$ 0.	\$ 0.	\$ 0.

2009**Federal Statements****Page 1****Client NYCPG****New York Council on Problem Gambling Inc****14-1786116**

2/11/10

09 23AM

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Miscellaneous		\$	154.
	Total	\$	<u>154.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Board and staff development	\$	12,762.
Conferences, Conventions, and Meetings		468.
Depreciation		1,339.
Equipment rental & maintenance		287.
Expendable equipment		100.
Information Technology		2,389.
Insurance		2,751.
Office Expenses		11,036.
Other Expenses		1,199.
Training		8,293.
Travel		9,163.
	Total	\$ <u>49,787.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 28,500.	\$ 0.
Furniture and Fixtures	260.	260.
Machinery and Equipment	6,004.	4,665.
Prepaid Expenses and Deferred Charges	2,001.	2,189.
Total	\$ <u>36,765.</u>	\$ <u>7,114.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 24,209.	\$ 16,411.
Deferred Revenue	0.	315.
Total	\$ <u>24,209.</u>	\$ <u>16,726.</u>

Client NYCPG

New York Council on Problem Gambling Inc

14-1786116

2/11/10

09 23AM

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

New York Council on Problem Gambling's mission is to increase public awareness of problem and compulsive gambling and to advocate quality support services and treatment for persons adversely affected by gambling.

Statement 6
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

The New York Council on Problem Gambling provides various services including outreach, education, research activities, training and literature development, and was responsible for operating New York State's 24-hour toll free Problem Gambling Helpline information and referral service through March 2009.

Statement 7
Form 990-EZ, Part V, Line 35
Reason for Income Not Reported on Form 990-T

Program training fees are fees related to providing intensive training programs related to gambling addiction and awareness. This also includes certification of people to provide counseling to individuals and their families who are adversely affected by problem gambling.

Statement 8
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

**NEW YORK COUNCIL ON PROBLEM GAMBLING BOARD OF DIRECTORS
2009**

Tony Bellanca 2-6 East Second Street Fenton Bldg - Suite 405 Jamestown, N Y. 14701 Phone 716-664-3608 Fax 716-664-3661 tony@casacweb.org	Carlos Blanco, MD Columbia Presbyterian Medical Center Box 69, 1051 Riverside Drive New York, NY 10032 Phone 212-543-6533 Fax: 212-543-6515 cb255@columbia.edu	David B. Cardona Albany Family Court Clinton Avenue Albany, N Y. 12207 Phone: 518-285-8611 Fax: 518-462-4248 dcardona@courts.state.ny.us
Kayte Conroy 5330 Main Street, Suite 240 Williamsville, NY 14221 Phone: 716-626-9016, ext 105 DrKayte@gmail.com	Ike Dweck P.O. Box 230035 Brooklyn, NY 11223 Phone: 718-336-2947 Cell 917-535-1463 IDweck6558@aol.com	Judge Mark G. Farrell 400 John James Audubon Pkwy Amherst, N.Y. 14228 Work: 716-689-4200 Fax: 716-689-4249 judgefarrell@aol.com
Roslyn Jefferson 687 Morris Street Albany, N Y. 12208 Phone 518-465-8395 rrhynhart@aol.com	Lew Krupka Gambling Recovery Center 105 Seraf Lane Guilderland, N Y 12303 Phone: 518- 356-1012 lewandbasia@aol.com	Dave Renz PO Box 637 Altamont, NY 12009 Phone 518-861-5650 hdr7405@yahoo.com
Robert G. Rychtarik, Ph.D. 1021 Main St Buffalo, NY 14203 Phone: 716 887 2591 Fax: 716-887-2215 rychtarik@ria.buffalo.edu	Donald Skaarup, CASAC, CEAP 21 Garrison Road Queensbury, NY 12804 Phone: 518-432-9001 ahdons@yahoo.com	John Starrs 19B Old Hickory Drive Albany, NY 12204 Cell: 518-850-0635 Office 518-473-5245 astraesq@msn.com
Edelgard Wulfert, Ph. D. SUNY Albany AS 217 1400 Washington Avenue Albany, N Y. 12222 Phone: 518-442-4654 ewulfert@uamail.albany.edu		