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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)

2011

Open to Bublic

OMB No 1545-0047

SCANNED NOV 1 5 2012

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2011 calendar year, or tax year beginning 7/01 , 2011, and ending 2012 D Employer Identification Number Check if applicable SCHUYLER CENTER FOR ANALYSIS 13-5562357 Address change AND ADVOCACY, INC. 150 STATE STREET-4TH FLOOR Telephone number Name change 518-463-1896 Initial return ALBANY, NY 12207 Terminated 5,753,699. Amended return G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes H(b) Are all affiliates included? SAME AS C ABOVE Yes If 'No,' attach a list (see instructions) Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) or ◄ (insert no) WWW.SCAANY.ORG Website: ► H(c) Group exemption number Form of organization X Corporation | Trust Other > L Year of Formation 1872 M State of legal domicile NY Association Part Summary Briefly describe the organization's mission or most significant activities: SCAA IS AN INDEPENDENT POLICY AND ADVOCACY ORGANIZATION, SERVING AS A VOICE FOR SOCIAL AND ECONOMIC JUSTICE FOR CHILDREN AND OTHERS. Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 18 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 9 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 0. b Net unrelated ausiness taxable income from Form 990-T, line 34 7 b 0. **Prior Year** Contributions and grants (Part VIII, line 1h)
P Secant service revenue (Part VIII, bellum (A), lines 3, 4, and 7d)
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **Current Year** 509,279 261,645. 237,402 278,464. 10 501,114 67,413. 5,199 3,46111 tal revenue Darralines 8 through 11 (must equal Part VIII, column (A), line 12) 12 252,994 610,983. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 674,517 727,526. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ► 25,206. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 482,902 243,019. 1,157,419 970,545. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 95,575 Revenue less expenses Subtract line 18 from line 12 -359,562. **Beginning of Current Year** End of Year 6,098,456. 20 Total assets (Part X, line 16). 5,594,176. 21 Total liabilities (Part X, line 26) 50,409 43,341. Net assets or fund balances. Subtract line 21 from line 20 6,048,047. 5,550,835 Partilla Signature Block 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 pregarer (other than officer) is based on all information of which preparer has any knowledge. Sign Here FREDERIC J. BUSE TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check GLEAN R. WINTER, 10/18/12 GLENN R. WINTER, CPA P00287362 Paid self-employed Preparer ► T M BYXBEE CO., CPAS. **Use Only** ► 80 WOLF ROAD STE 102 Firm's EIN > 14-1767196 Firm's address

ALBANY, NY 12205

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

No

(518) 458-2213

X Yes

Phone no

| Forn | 990 (2011) SCHUYLER CENTER | R FOR ANALYSIS | 13-55 | 52357_ | Page 2 |
|------------|--|---|-----------------------|--------------|-------------|
| Par | | ervice Accomplishments | • | | |
| | Check if Schedule O contains | a response to any question in this Part III | | | |
| 1 | Briefly describe the organization's mi | ssion: | | | |
| | SCAA IS AN INDEPENDENT | POLICY AND ADVOCACY ORGANIZATION, SER | VING AS A VO | DICE FOR | <u> </u> |
| | SOCIAL AND ECONOMIC JUS | TICE FOR CHILDREN AND OTHERS. | | | |
| | | | | | |
| | | | | | |
| 2 | Did the organization undertake any s | ignificant program services during the year which were not I | isted on the prior | | |
| | Form 990 or 990-EZ? | | | Yes | X No |
| | If 'Yes,' describe these new services | on Schedule O | | | |
| 3 | Did the organization cease conductin | g, or make significant changes in how it conducts, any prog | ram services? | Yes | X No |
| | If 'Yes,' describe these changes on S | chedule O. | | — | لما |
| 4 | Describe the organization's program : | service accomplishments for each of its three largest progra | m services, as me | asured by e | xpenses |
| | Section 501(c)(3) and 501(c)(4) organ | nizations and section 4947(a)(1) trusts are required to reportue, if any, for each program service reported | t the amount of gra | ants and all | ocations to |
| | others, the total expenses, and rever | lue, il any, for each program service reported | | | |
| | | 721 060 | | | |
| 4 a | (Code:) (Expenses \$ | 731,860. including grants of \$ |) (Revenue \$ | |) |
| | | APING POLICIES FOR THE BETTERMENT OF | | | |
| | | D CHILDREN - TO EDUCATE THE PUBLIC ON | THE IMPORTA | NCE OF | |
| | <u>INVESTMENT IN HEALTH, E</u> | DUCATION, AND CHILD WELFARE. | | | |
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| 40 | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ | |) |
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| 4 c | Other program services (Describe in | Schedule O.) | | | |
| | (Expenses \$ | including grants of \$) (Reven | ue \$ | |) |
| 4e | Total program service expenses ▶ | 731,860. | | | |
| BAA | | TEEA0102L 07/05/11 | | Form | 990 (2011) |

| | ' ' | | 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | 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 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | Х |
| 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 |
| 9 | 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | A. Proberita | X |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| i | a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| l | b 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 | 11 b | | Х |
| • | c 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 | 11 c | | Х |
| • | d 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 | 11 d | | X |
| • | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | <u> </u> |
| 1 | f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | Х | |
| 12 | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>X</u> |
| ı | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | Х |
| 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, Parts II and IV | 15 | | Х |
| 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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> | 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 (see instructions) | 17 | | <u>X</u> |
| 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 | | Х |
| | 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. | 19 | | X |
| | a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20 | | <u>X</u> |
| 1 | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 b | | |

Form 990 (2011) SCHUYLER CENTER FOR ANALYSIS

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? <i>If 'Yes,' complete Schedule J</i> | 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 |
| ı | 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 | | |
| • | 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 |
| 1 | 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 | | х |
| 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 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| i | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| I | b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i> . | 28b | | х |
| | c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | | 29 | | Х |
| | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | Х |
| 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 | | Х |
| 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 | | Х |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| ł | b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | |
| 3AA | | Form | 990 (| (2011) |

| | | | | - | | | | |
|---|--|-------------|----------|-----|----------------|-------------------|--|--|
| | | -5562357 | | F | age ! | 5 | | |
| <u>Par</u> | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | | |
| | Check if Schedule O contains a response to any question in this Part V. | | · | | , | L | | |
| | | ςΓ | | Yes | No | 7 | | |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 6 | | | | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 0 | | | | į | | |
| • | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners? | gaming | 1c | X | ļ | ل - | | |
| 22 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return | 9 | | | | | | |
| t | of at least one is reported on line 2a, did the organization file all required federal employment tax returns? | Ļ | 2b | X | | _ | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | | | j | | |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | Ļ | 3a | | Х | _ | | |
| k | If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | - | 3Ь | | ļ | _ | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account): | y over, a | 4a | | х_ | 7 | | |
| | o If 'Yes,' enter the name of the foreign country: | | | | | | | |
| E - | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | · - | | | X | اـ | | |
| | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | - | 5a 5b | | X | - | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | } | 5c | | _ | - | | |
| | | - | 36 | | - | - | | |
| | 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? | | | | | | | |
| | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gif not tax deductible? | ts were | 6Ь | | | _ | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | i | | |
| ā | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods ar services provided to the payor? | ıd - | 7a | | \overline{x} | j | | |
| ŀ | olf 'Yes,' did the organization notify the donor of the value of the goods or services provided? | L | 7 b | | | _ | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282? | ed to file | 7с | | х | _ | | |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d | | | | | _ | | |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | - | 7е | | X | _ | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | - | 7f | | Х | _ | | |
| ç | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | , | 7g | | | _ | | |
| ŀ | n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? | а | 7 h | · | | 7 | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busin | Did the ess | | | | ا | | |
| _ | holdings at any time during the year? | - | 8 | | | 7 | | |
| | Sponsoring organizations maintaining donor advised funds. | - | 9 a | | | J | | |
| a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? | | | | | | | | |
| | - | - | 9 b | | - | 7 | | |
| | Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | ·- | | | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 Di Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| | Section 501(c)(12) organizations. Enter: | | - 1 | | , | - | | |
| | a Gross income from members or shareholders | | . | | | | | |
| | Gross income from other sources (Do not net amounts due or naid to other sources | - | | | | | | |

against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Χ

12a

13a

14a

11 Ь

12b

13b 13c

Form 990 (2011) SCHUYLER CENTER FOR ANALYSIS 13-5562357 Page 6 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 18 1a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a X 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X Schedule O how this is done 120 SEE SCHEDULE O Х 13 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O Х 15a **b** Other officers of key employees of the organization 15_b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 161 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20 KATE BRESLIN 150 STATE ST ALBANY NY 12207 518-463-1896

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any See instructions for definition of 'key employee.'
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee | | | | | | | | | | |
|---|--|--------------------------------|-----------------------|---------|--------------|---------------------------------|-------------|-------------------------------------|--|--|
| | (C) | | | | | | | | | |
| (A) Name and title | (B) Average hours per week | unles | ss per | son is | s bot | nan one h an offi rustee) | box, cer | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other compensation |
| | (describe hours for related organiza- tions in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JAMES W. LYTLE, ESQ CHAIRMAN | 1 | Х | | Х | | | | 0. | 0. | 0. |
| (2) PAUL J. KAYE, MD VICE CHAIR | 1 | х | | Х | | | | 0. | 0 | 0. |
| (3) EDWARD MCCORMICK VICE CHAIR | 1 | Х | | Х | | | | 0. | 0. | 0. |
| (4) FREDERIC J. BUSE TREASURER | 1 | х | | Х | | | | 0. | 0. | 0. |
| (5) ANNETTE CHOOLFAIAN, RN TRUSTEE | 1 | Х | | | | | | 0. | 0. | 0. |
| (6) DONALD A. ROBBINS TRUSTEE | 1 | Х | | | | | | 0. | 0. | 0. |
| | 1 | Х | | | | | | 0. | 0. | 0. |
| _(8)_STANLEY_EPSTEIN, MD TRUSTEE | 1 | Х | | | | | | 0. | 0. | 0. |
| (9) CYNTHIA GREEN, PHD ASST TREASURER | 1 | X | | Х | | | | 0. | 0. | 0. |
| (10) VERONA GREENLAND TRUSTEE | 1 | Х | | | | | | 0. | 0,. | 0. |
| (11) DAVID HARRIS, M.D. TRUSTEE | 1 | Х | | | | | | 0. | 0. | 0. |
| (12) STEPHEN A. HOCHMAN, ESQ TRUSTEE | 1 | Х | | | | | | 0. | 0. | 0. |
| (13) PHYLLIS LUSSKIN TRUSTEE | 1 | Х | | | | | | 0. | 0. | 0. |
| (14) THOMAS W. ROACH TRUSTEE | 1 | Х | | | | | | 0. | 0. | 0. |

| Part VII. Section A. Officers, Directors, Trust | ees, r | <u>\ey</u> | CIT | ipic | <u>ye</u> | es, | and | nignest com | ipensated Em | noyees | (COIII) |
|---|---|-------------|-----------------------|----------------------|--------------------|---------------------------------|-------------|---|--|-----------------------|---|
| , (A) Name and title | (B) Average hours | box | , unle | Pos heck ss pe | rson | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from | | (F) stimated unt of other |
| | per week (describ e hours for related organi- zations | | | Officer | _ | | r – | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | con f orç ar | npensation rom the ganization nd related anizations |
| | . ,,, | | institutional trustee | | oloyee | Highest compensated employee | | | | | |
| | Sch O) | | | | | l ä | | | | | |
| (15) RONALD F. UBA TRUSTEE | 1 | Х | | | | | | 0. | 0 | | 0. |
| (16) LOUISE SKOLNIK SECRETARY | 1 | x | | Х | | | | 0. | 0 | | 0. |
| (17) REINHOLD SAMSON TRUSTEE | 1 | Х | | | | | | 0. | 0 | | 0. |
| (18) LARRY BROWN | | | | | | | | | | ` | <u></u> |
| TRUSTEE | 1 | X | | | | ļ | | 0. | 0 | | 0. |
| (19) KATE BRESLIN PRESIDENT & CEO | 35 | | | Х | | | | 124,516. | 0 | | 7,471. |
| (20) | " | | | | | | | 121/010. | | | ,,,,,,,,, |
| (21) | | | | | | | | | | | |
| (22) | | | | | | ļ | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| 1 b Sub-total | 1 | | | | <u> </u> | | > | 124,516. | 0 | | 7,471. |
| c Total from continuation sheets to Part VII, Section | A | | | | | | > | 0. 124,516. | 0 | | $\frac{0.}{7,471.}$ |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited | d to the | ose I | ısted | d ab | ove |) wh | o re | <u> </u> | | table cor | |
| from the organization 🕨 1 | | | | | | | | | | | · |
| 3 Did the organization list any former officer, director | or trus | itee, | key | em | ploy | ee, | or h | ghest compensate | ed employee | | Yes No |
| on line 1a? If 'Yes,' compléte Schedule J for such in | | | | | . | | حللت ا | | £ | 3 | X |
| 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the such individual | han \$1 | 50,0 | 00? | If 'Y | es' | com | plet | e Schedule J for | ii Oi ii | 4 | X |
| 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of | ompen comple | satio | n fr | om : lule | any <i>J fo</i> | unre | elate | ed organization or erson | ındıvıdual | 5 | X |
| Section B. Independent Contractors | | | | | | | | | #100 000 r | | |
| 1 Complete this table for your five highest compensate compensation from the organization. Report compensation. | ea inae nsation | epen for | den the | t cor cale | ntra | r ye | ar ei | nt received more ti nding with or with | nan \$100,000 of in the organization | ı's tax ye | ar |
| (A) Name and business address | s | | | | | | | Description (B) | of services | Compe | C) ensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (including \$100,000 in compensation from the organization > | _ | t lim | ited | to t | nose | e list | ed a | adove) who receiv | ea more than | | , |

| <u> Pa</u> | rt VIII. Statement of Revenue | | , | <u>r</u> | |
|---|---|----------------------|--|--|---|
| | • | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| STS | 1a Federated campaigns 1a | | | | |
| PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS | b Membership dues 1 b |] | | | |
| P S | c Fundraising events 1c | | | | |
| ĒŽ | d Related organizations 1d |] | | | |
| S,G | e Government grants (contributions) 1 e |] | | | |
| 존중 | f All other contributions rifts grants and |] | | | |
| 置景 | f All other contributions, gifts, grants, and similar amounts not included above 1f 261,645. | | | | |
| χô | g Noncash contributions included in lns 1a-1f: \$ |] | | | |
| ુ ફ | h Total. Add lines 1a-1f | 261,645. | | | |
| ∄ | Business Code | | | | |
| Ş. | 2a FEES & CONTRACTS GOV AGENCIES | 256,406. | 256,406. | | |
| 2 | b SALE OF SERVICES | 22,058. | 22,058. | | |
| Ş | c | | | | <u> </u> |
| SEF | d | | | | |
| AM. | e | | | | |
| 90 | f All other program service revenue | | | | |
| <u>#</u> | g Total. Add lines 2a-2f ▶ | 278,464. | | | |
| | 3 Investment income (including dividends, interest and other similar amounts). | 110 200 | | | 110 200 |
| | | 119,300. | | | 119,300. |
| | 4 Income from investment of tax-exempt bond proceeds. ►5 Royalties | | | · | |
| | (i) Real (ii) Personal | | | | |
| | 6a Gross rents | 1 | | | |
| | b Less rental expenses | 1 | | | |
| | c Rental income or (loss) | 1 | | | ! |
| | d Net rental income or (loss) | | | | نا |
| | (i) Securities (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory 5, 090, 829. | 1 | | | |
| | b Less: cost or other basis | | | | |
| | and sales expenses 5,142,716. | | | | 1 |
| | c Gain or (loss) -51,887. | | | | <u>-</u> |
| | d Net gain or (loss) ► | -51,887. | -51,887. | | |
| 3 | 8a Gross income from fundraising events (not including \$ | | | | |
| Ę. | of contributions reported on line 1c) | | | | |
| # | See Part IV, line 18 | | | • | |
| OTHER REVENU | b Less: direct expenses . b | | | | |
| ا 5 | c Net income or (loss) from fundraising events. | | | the street of the second on the second of th | - 4 to |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | | · · · · · · · · · · · · · · · · · · · | | |
| | 10a Gross sales of inventory, less returns | | | | 1 |
| | and allowances a b Less: cost of goods sold b | | | | ! |
| | c Net income or (loss) from sales of inventory | | | | <u> </u> |
| ŀ | Miscellaneous Revenue Business Code | | | | |
| | 11a MISCELLANEOUS | 3,461. | 3,461. | | |
| | b | 5,301. | 5,401. | | |
| | c | | | | |
| | d All other revenue. | | | | |
| | e Total. Add lines 11a-11d. | 3,461. | | | |
| | 12 Total revenue. See instructions | 610,983. | 230,038. | 0. | 119,300. |

Form 990 (2011) 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).

| | Check if Schedule O contains a response to any question in this Part IX | | | | | | | | | | | |
|-------------|--|-----------------------|---|-------------------------------------|---------------------------------------|--|--|--|--|--|--|--|
| Do . 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | | |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | | | | | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | | | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | | | | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 125,016. | 90,012. | 31,254. | 3,750. | | | | | | | |
| 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 | 472,915. | 340,498. | 118,229. | 14,188. | | | | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 35,482. | 25,547. | 8,871. | 1,064. | | | | | | | |
| 9 | Other employee benefits | 46,721. | 33,639. | 11,680. | 1,402. | | | | | | | |
| 10 | Payroll taxes | 47,392. | 34,122. | 11,848. | 1,422. | | | | | | | |
| 11 | | , | | , | | | | | | | | |
| | a Management | | | | | | | | | | | |
| | Legal | | | | | | | | | | | |
| | Accounting | 15,943. | 13,552. | 2,391. | | | | | | | | |
| | Lobbying | | , | | | | | | | | | |
| | Professional fundraising services See Part IV, line 17 | | | | | | | | | | | |
| | Investment management fees | 53,238. | 45,252. | 7,986. | | | | | | | | |
| | Other | 15,565. | 13,230. | 2,335. | ····· | | | | | | | |
| | Advertising and promotion | | | | | | | | | | | |
| 13 | Office expenses | 6,786. | 5,972. | 543. | 271. | | | | | | | |
| 14 | Information technology | | | | | | | | | | | |
| 15 | Royalties | † | | | | | | | | | | |
| 16 | Occupancy | 57,781. | 49,114. | 5,778. | 2,889. | | | | | | | |
| 17 | Travel | 12,939. | 11,516. | 1,423. | 2,005. | | | | | | | |
| | Payments of travel or entertainment expenses for any federal, state, or local public officials | 11, 303. | 11/313. | 1,123. | | | | | | | | |
| 19 20 | Conferences, conventions, and meetings Interest | 12,544. | 11,039. | 1,505. | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 2,562. | 2,075. | 487. | , | | | | | | | |
| 23 | Insurance | 6,858. | 3,635. | 3,223. | | | | | | | | |
| | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | 0,000 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 372201 | | | | | | | | |
| á | SPECIFIC ASSISTANCE | 11,960. | 11,960. | | | | | | | | | |
| ı | EQUIP REPAIRS & MAINTENANCE | 10,297. | 7,723. | 2,574. | | | | | | | | |
| • | TELEPHONE | 9,118. | 7,933. | 1,003. | 182. | | | | | | | |
| • | PRINTING AND PUBLICATIONS | 8,984. | 7,367. | 1,617. | | | | | | | | |
| • | All other expenses | 18,444. | 17,674. | 732. | 38. | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 970,545. | 731,860. | 213,479. | 25,206. | | | | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here | | | | | | | | | | | |
| | SOP 98-2 (ASC 958-720) | | | | | | | | | | | |
| | 301 3012 (130 300-720) | | | | Form 000 (2011) | | | | | | | |

| | | r i | | | (A) Beginning of year | | (B) End of year |
|--------------------------|------|--|--|----------------------------------|--|--------------------|--|
| T | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | • | | 208,294. | 2 | 196,869 |
| | 3 | Pledges and grants receivable, net | | | 53,339. | 3 | 75,450 |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | | re triistees kevie | molovees | | | |
| | • | Receivables from current and former officers, director and highest compensated employees. Complete Part | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contributions of section 501(c)(9) voluntations of section 501(c)(6) volun | ed under section ributing employer: ry employees' be | 4958(f)(1)), and neficiary | -average de la constante de la | 6 | ons the constitution of the state of the sta |
| A | _ | organizations (see instructions) | | ŀ | | 6 | |
| S S | 7 | Notes and loans receivable, net | | - | | 7 | ·· |
| A S E T S | 8 | Inventories for sale or use | | ٠ | 10.501 | 8 | |
| s | 9 | Prepaid expenses and deferred charges | | | 18,791. | 9 | 16,306 |
| | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | 93,749. | · | | · · · · · · · · · · · · · · · · · · · |
| | b | Less: accumulated depreciation . | 106 1 | 87,581. | 7,923. | 10 c | 6,168 |
| | 11 | Investments — publicly traded securities | • | | 5,810,109. | 11 | 5,299,383 |
| | 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 | | . 1 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 34) | | 6,098,456. | 16 | 5,594,176 |
| 丁 | 17 | Accounts payable and accrued expenses | | | 50,409. | 17 | 43,341 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| ۱ ب | 20 | Tax-exempt bond liabilities | | | | 20 | |
| A B | 21 | Escrow or custodial account liability. Complete Part I | V of Schedule D | | | 21 | |
| T | 22 | Payables to current and former officers, directors, tru highest compensated employees, and disqualified per of Schedule L | stees, key emplo rsons Complete l | vees, Part II | | 22 | as a constitutional care |
| <u>i</u> | 23 | Secured mortgages and notes payable to unrelated the | ourd parties | | | 23 | |
| ē | 24 | Unsecured notes and loans payable to unrelated third | • | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com | • | parties, | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 50,409. | 26 | 43,341 |
| | | Organizations that follow SFAS 117, check here | X and complet | e lines | | - - | 10,041 |
| Ĕ | | 27 through 29 and lines 33 and 34. | | | - | | |
| ₽ | 27 | Unrestricted net assets | | | 110,881. | 27 | 155,832 |
| s I | 28 | Temporarily restricted net assets | | | 5,154,351. | 28 | 4,612,188 |
| \$ | 29 | Permanently restricted net assets | | | 782,815. | 29 | 782,815 |
| 유 | | Organizations that do not follow SFAS 117, check he | ere ► and co | mplete | | 1. | · · · = <u>/</u> · · · · |
| | | lines 30 through 34. | | | | | |
| F UND | 30 | Capital stock or trust principal, or current funds | | • | | 30 | |
| - 1 | 31 | Paid-in or capital surplus, or land, building, or equipm | nent fund | 1 | | 31 | |
| ֝֓֝֝֝֡֓֓֓֓֓֡֓֓֓֓֓֓֓֡ | 32 | Retained earnings, endowment, accumulated income | | Ì | | 32 | - |
| <u> </u> | 33 | Total net assets or fund balances | , or other fullus | ŀ | 6,048,047. | 33 | 5,550,835 |
| Εl | 34 | Total liabilities and net assets/fund balances | | } | 6,098,456. | 34 | 5,594,176 |
| BAA | | Total nabilities and fiet assets/fully balances | | | 0,030,430. | J-1 | Form 990 (20 |

TEEA0111L 07/06/11

| Form 990 (2011) SCHUYLER CENTER FOR ANALYSIS | 13-5562357 | | Pa | age 12 |
|--|---------------------|------|-------|---------------|
| Part XI . Reconciliation of Net Assets | | | | |
| Check if Schedule O contains a response to any question in this Part XI | · | | | , X |
| 1 Total revenue (must equal Part VIII, column (A), line 12) . | 1 | 6 | 10. | 983. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 2 | | 70, | |
| 3 Revenue less expenses. Subtract line 2 from line 1 | 3 | | 59, | _ |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | |)47. |
| 5 Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE Q | 5 | | _ | 550. |
| 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 5.5 | 50,8 | 335. |
| Part XII Financial Statements and Reporting | <u> </u> | | | |
| Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | Yes | No |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other | | | .1 | |
| 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? | | 2a | | X |
| b Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant? | sight of the audit, | 2c | Х | |
| If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O. | aın | | | |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year v separate basis, consolidated basis, or both: | vere issued on a | | | |
| X Separate basis 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 fort Audit Act and OMB Circular A-133? | th in the Single | 3a | | X |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits | the required audit | 3ь | | |
| BAA | | Form | 990 (| 2011) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

| |

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

SCHUYLER CENTER FOR ANALYSIS

Employer identification number 13-5562357

| | | | AND A | ADVOCACY, INC | . | | | | | | 13-5 | 56235 | 7 |
|------------|--|--------|----------------------------------|---|-------------------------|--|--------------------------------|--|----------------|--|------------------|---------------------------------------|-------------------------|
| Parl | 1 | Re | ason for Pul | olic Charity Sta | tus (All | organizations | must o | comple | te this | part.) | See ı | nstruct | tions. |
| The c | rga | nızat | ion is not a priv | ate foundation bec | ause it is: | (For lines 1 thro | ugh 11, | check o | nly one | box.) | | | |
| 1 | | A ch | urch, conventio | on of churches or a | ssociation | of churches des | cribed in | section | 1 70(b) | (1)(A)(i) | | | |
| 2 | | A so | hool described | ın section 170(b)(1 |)(A)(ii). (A | Attach Schedule | E) | | | | | | |
| 3 | Г | A ho | spital or a coop | perative hospital se | rvice orga | nization describe | ed in sec | tion 17 | 0(b)(1)(A | A)(iii). | | | |
| 4 | Г | | - | organization opera | _ | | | | | | 0(Ь)(1)(А | AXiii). E | nter the hospital's |
| | | | e, city, and sta | • | | • | • | | | | | | · |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | | |
| 6 7 | | | | | | | | | | | | | |
| 8 | | | | | | (Comple | te Part I | 1) | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | Ш | An d | organization org | janized and operate | ed exclusiv | vely to test for pu | ublic safe | ety See | section | 1 509(a) | (4). | | |
| 11 | An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. | | | | | | | | | | | | |
| е | | | | | | | | | | | | | |
| f | | If the | e organization r ck this box | received a written o | eterminat | ion from the IRS | that is a | Type I | , Type II | or Type | e III sup | porting | organization, |
| g | | Sind | e August 17, 20 | 006, has the organi | zation acc | epted any gift o | r contrib | ution fro | om any | of the fo | ollowing | persons | s? |
| | | | | | | | | | | | | | Yes No |
| | | (i) | A person who below, the go | directly or indirectly or indirectly or the | y controls supported | , either alone or d organization? | togethe | with pe | ersons d | lescribe | d ın (ıı) | and (III) | 11 g (i) |
| | | (ii) | A family mem | ber of a person de | scribed in | (i) above? | | | | | | | 11 g (ii) |
| | | (iii) | A 35% control | lled entity of a pers | on describ | oed in (i) or (ii) a | bove? | | | | | | 11 g (iii) |
| h | | Prov | ride the followin | ng information abou | t the supp | orted organization | on(s) | | | | | | |
| | | (ı) Na | ime of supported organization | (iı) EIN | (des | Type of organization scribed on lines 1-9 ove or IRC section ee instructions)) | organiz column (your go | s the ation in i) listed in overning ment? | the organ | rou notify sization in n (i) of upport? | organız colur | s the ration in min (i) ed in the S ? | (vil) Amount of support |
| | | | | | _ | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | | | | | |
| <u>(B)</u> | | | | | | | ļ | | | | | | |
| (C) | | | | | | | | | | | | | |
| <u>(D)</u> | | | | | | | <u> </u> | | | | | | |
| <u>(E)</u> | | | | | | | | | | | | | |
| | | | | | | | | | 1 | | | | |

Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | · · · · · · · · · · · · · · · · · · · | | | |
|----------------|---|--|--|---|--|---|---------------------|
| Cale: begi: | ndar year (or fiscal year nning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 636,444. | 709,920. | 543,730. | 735,806. | 518,051. | 3,143,951. |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | _ | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 636,444. | 709,920. | 543,730. | 735,806. | 518,051. | 3,143,951. |
| 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 | | | - | * | | 3,143,951. |
| Sec | tion B. Total Support | | | | | | |
| Cale: begi: | ndar year (or fiscal year nning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 7 | Amounts from line 4 | 636,444. | 709,920. | 543,730. | 735,806. | 518,051. | 3,143,951. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 383,429. | 152,785. | 116,375. | 125,913. | 119,300. | 897,802. |
| 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 | 8,636. | 9,167. | 15,922. | 5,199. | 3,461. | 42,385. |
| 11 | Total support. Add lines 7 through 10 | - , | | ; | | - | 4,084,138. |
| 12 | Gross receipts from related activ | ities, etc (see ins | tructions) | | | 12 | 0. |
| 13 | First five years. If the Form 990 organization, check this box and | | ation's first, secor | nd, third, fourth, o | r fifth tax year as | a section 501(c) | (3) ► □ |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | ··· | |
| 14 | Public support percentage for 20 | | | ne 11, column (f)) | | 14 | 76.98% |
| 15 | Public support percentage from | | | | | 15 | 73.19% |
| 16 a | 33-1/3% support test — 2011. If and stop here. The organization | the organization d qualifies as a put | lid not check the lolicly supported o | box on line 13, ar rganization | nd the line 14 is 3 | 3-1/3% or more, | check this box |
| t | 33-1/3% support test — 2010. If and stop here. The organization | the organization d qualifies as a pub | lid not check a bo olicly supported o | ox on line 13 or 16 rganization . | Sa, and line 15 is | 33-1/3% or more | e, check this box |
| 17 a | a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstance: | s' test, check this | box and stop her | r e. Explain in Pa | rt IV how |
| ŧ | o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the 'facts-a d-circumstances' t | and-circumstance: test The organiza | s' test, check this ation qualifies as | box and stop he i a publicly support | re. Explain in Pa ed organization | rt IV how the |
| 18 | Private foundation. If the organi | zation did not che | eck a box on line | 13, 16a, 16b, 17a | | | |
| BAA | | | | | Sc | hedule A (Form | 990 or 990-EZ) 2011 |

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|---------------|---|---------------------|--------------------------|----------------------|----------------------|--------------------|------------|
| Calen | dar year (or fiscal yr beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants') | | | | | | |
| 2 | 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 | | | | | | |
| 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 | | | | | | |
| | Total. Add lines 1 through 5 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 \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Calen | dar year (or fiscal yr beginning in)► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 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 Ins 9, 10c, 11, and 12) | | | | | | |
| | First five years. If the Form 990 organization, check this box and | is for the organiza | ation's first, secor | nd, third, fourth, o | or fifth tax year as | a section 501(c)(3 |) ▶□ |
| _ | tion C. Computation of Pul | | | · · · · · | | | |
| 15 | Public support percentage for 20 | | | ne 13. column (f) |) | 15 | % |
| | | | | | | | % |
| $\overline{}$ | tion D. Computation of Inv | | | | | 1 .3 | |
| | Investment income percentage for | | | | ımn (fi) | 17 | ૾ૢ |
| 18 | Investment income percentage fi | · | | • | (1)/ | 18 | % |
| | 33-1/3% support tests — 2011. If is not more than 33-1/3%, check | f the organization | did not check the | box on line 14, a | | e than 33-1/3%, ar | |
| | 33-1/3% support tests - 2010. If | the organization | did not check a b | ox on line 14 or | line 19a, and line | 16 is more than 33 | -1/3%, and |
| | line 18 is not more than 33-1/3% | s, check this box a | and stop here. Th | e organization qu | ialifies as a public | ly supported organ | ızatıon ► |

| Schedule / | A (Form 990 or 990-EZ) 2011 | SCHUYLER CENTER I | FOR ANALYSIS | 13-5562357 | Page 4 |
|------------|---|---|--|---|--------|
| Part IV | Supplemental Informa Part II, line 17a or 17b (See instructions). | tion. Complete this part ; and Part III, line 12. A | to provide the explanation to complete this part | ations required by Part II, line for any additional information | 10; |
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2011

Open to Public Inspection 🚈

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A.

| | | ,' to Form 990, Part IV, line 5 (Proxy Tax) or rganizations: Complete Part III. | or Form 990-EZ, Part | V, line 35a (Proxy Tax), | then |
|------------|---|--|---|--|--|
| | of organization | | | Employer identifica | ation number |
| SCE | HUYLER CENTER FOR A | NALYSIS | | 13-556235 | 7 |
| | | rganization is exempt under section | on 501(c) or is a s | section 527 organia | zation. |
| 1 | Provide a description of the | organization's direct and indirect political of | ampaign activities in | Part IV. | |
| 2 | Political expenditures | | | ▶\$ | |
| 3 | Volunteer hours | | | | |
| Par | t I-B Complete if the or | rganization is exempt under section | on 501(c)(3). | | |
| 1 | Enter the amount of any exc | ise tax incurred by the organization under | section 4955 | ▶\$ | 0. |
| 2 | Enter the amount of any exc | ise tax incurred by organization managers | under section 4955 | ▶\$ | 0. |
| 3 | If the organization incurred a | section 4955 tax, did it file Form 4720 for | this year? | | Yes No |
| 4 a | Was a correction made? | | | | Yes No |
| b | If 'Yes,' describe in Part IV | | | | |
| Par | t I-C Complete if the o | rganization is exempt under section | on 501(c), except | t section 501(c)(3). | |
| 1 | Enter the amount directly ex | pended by the filing organization for section | n 527 exempt functio | n activities > \$ | |
| 2 | Enter the amount of the filing function activities | g organization's funds contributed to other | organizations for sec | tion 527 exempt . ►\$ | |
| 3 | Total exempt function expen- line 17b | ditures Add lines 1 and 2 Enter here and | on Form 1120-POL, | ► \$ | |
| 4 | Did the filing organization file | Form 1120-POL for this year? | | | Yes No |
| 5 | Enter the names, addresses organization made payments amount of political contributionsegregated fund or a political contributions. | and employer identification number (EIN) For each organization listed, enter the arons received that were promptly and direct action committee (PAC) If additional spa | of all section 527 poli mount paid from the fily delivered to a sepa ice is needed, provide | itical organizations to w iling organization's fund arate political organizati e information in Part IV | hich the filing ds. Also enter the ion, such as a separate |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds lf none, enter-0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | _ | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2011

Page 2

| Part II-A Complete if section 501(| the organization h)). | n is exempt under sec | tion 501(c)(3) and | filed Form 5768 (ele | ction under | |
|---|---------------------------------|---|---------------------------------------|------------------------------|---|--|
| | | ings to an affiliated group (| and list in Part IV each | affiliated group member | 's name. | |
| <u> </u> | _ | share of excess lobbying | | group moment | - · · · · · · · · · · · · · · · · · · · | |
| | · | cked box A and 'limited cor | • | | | |
| Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.) (a) Filing organization's totals (b) Affiliate group total | | | | | | |
| 1 a Total lobbying expenditu | ures to influence pu | blic opinion (grass roots lot | obying) . | | | |
| b Total lobbying expenditi | res to influence a l | egislative body (direct lobb) | ying) | 49,430. | | |
| c Total lobbying expenditu | ures (add lines 1a a | nd 1b) | | 49,430. | 0. | |
| d Other exempt purpose e | expenditures. | | | 921,115. | | |
| e Total exempt purpose e | xpenditures (add lir | ies 1c and 1d) | | 970,545. | 0. | |
| f Lobbying nontaxable am both columns | nount Enter the am | ount from the following tab | le ın | 170,582. | | |
| If the amount on line 1e, colu | umn (a) or (b) is 7 | The lobbying nontaxable ar | mount is: | | | |
| Not over \$500,000 | | 20% of the amount on line 1e | | - | • | |
| Over \$500,000 but not over \$1, | | \$100,000 plus 15% of the excess of | over \$500,000 | | | |
| Over \$1,000,000 but not over \$ | | \$175,000 plus 10% of the excess (| · · · · · · · · · · · · · · · · · · · | | , | |
| Over \$1,500,000 but not over \$ | | \$225,000 plus 5% of the excess of | ver \$1,500,000. | | | |
| Over \$17,000,000 | | \$1,000,000. | | 10.616 | | |
| g Grassroots nontaxable a | | 42,646. | 0. | | | |
| h Subtract line 1g from line i Subtract line 1f from line | | | - | 0. | 0. | |
| | | | L | | 0. | |
| j If there is an amount otl section 4911 tax for this | her than zero on eit ; year? | her line 1h or line 1i, did th | e organization file Forn | n 4720 reporting | Yes No | |
| (Some | e organizations tha | 4-Year Averaging Period U t made a section 501(h) ele s below. See the instructio | ction do not have to co | omplete all of the five 2f.) | | |
| 1 | Lobb | ying Expenditures During | 4-Year Averaging Perio | d | | |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total | |
| 2a Lobbying non-taxable amount | 191,12 | 9. 186,834. | 190,742. | 170,582. | 739,287. | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | , | | 1,108,931. | |
| c Total lobbying expenditures | 61,60 | 1. 44,121. | 54,561. | 49,430. | 209,713. | |
| d Grassroots nontaxable amount | 47,78 | 2. 46,709. | 47,686. | 42,646. | 184,823. | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | , | | * '; | · | 277,235. | |
| f Grassroots lobbying expenditures | | | | | 0. | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | a) | (b) | |
|---|--|-----------------------|--|
| For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | | Amount | |
| During the year, did the filing organization attempt to influence foreign, national, state or local. | | ļ | |
| legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1: | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | \vdash | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | - | |
| | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III A Complete if the organization is exempt under section 501(s)(4) section 501(s)(5) | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) section 501(c)(6). | , or | | |
| | | Yes No | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | | 3 | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5) | Ors | | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.' | Part | III-A, line 3, is | |
| 1 Dues, assessments and similar amounts from members | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | | |
| expenses for which the section 527(f) tax was paid). | | | |
| a Current year | 2a | | |
| b Carryover from last year . | 2b | | |
| c Total . | 2с | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess | | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | | | |
| · | 4 5 | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions). Part IV Supplemental Information | Э] | | |
| Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A Also, complete this part for any additional information | , and | Part II-B, line 1. | |
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| RAA Schodula A | - /Fax | m 000 or 000 E7) 2011 | |

| Scheaule C (1 | Offi 990 of 990-E2) 2011 SCHOTLER CENTER FOR ANALISTS | 13-3362337 | Page 4 |
|---------------|---|------------|-------------|
| Part IV | Supplemental Information (continued) | | |
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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

| name of the organization | | Employer definition number | | | | | |
|--|---|---|--|--|--|--|--|
| SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY, INC. | | 13-5562357 | | | | | |
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. | | | | | | | |
| | (a) Donor advised funds | (b) Funds and other accounts | | | | | |
| 1 Total number at end of year | | (2) | | | | | |
| 2 Aggregate contributions to (during year) | | | | | | | |
| 3 Aggregate grants from (during year) | | | | | | | |
| 4 Aggregate value at end of year | | | | | | | |
| A Aggregate value at end of year | | <u></u> | | | | | |
| 5 Did the organization inform all donors and dor funds are the organization's property, subject | nor advisors in writing that the assets held in d to the organization's exclusive legal control? | onor advised Yes No | | | | | |
| 6 Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene | the benefit of the donor or donor advisor, or fo | ds can be r any other Yes No | | | | | |
| Part II Conservation Easements. Compl | ete if the organization answered 'Yes' | to Form 990, Part IV, line 7. | | | | | |
| 1 Purpose(s) of conservation easements held by | y the organization (check all that apply) | | | | | | |
| Preservation of land for public use (e.g., r | · | of an historically important land area | | | | | |
| Protection of natural habitat | · — | of a certified historic structure | | | | | |
| Preservation of open space | | | | | | | |
| 2 Complete lines 2a through 2d if the organizati | on held a qualified conservation contribution in | the form of a conservation easement on the | | | | | |
| last day of the tax year. | on note a quantity constitution contribution in | | | | | | |
| | | Held at the End of the Tax Year | | | | | |
| a Total number of conservation easements | | 2a | | | | | |
| b Total acreage restricted by conservation ease | ments | 2b | | | | | |
| c Number of conservation easements on a certi | fied historic structure included in (a) | 2c | | | | | |
| d Number of conservation easements included i | n (c) acquired after 8/17/06, and not on a histo | ric | | | | | |
| structure listed in the National Register | | 2d | | | | | |
| 3 Number of conservation easements modified, tax year ► | transferred, released, extinguished, or termina | ted by the organization during the | | | | | |
| 4 Number of states where property subject to co | onservation easement is located > | _ | | | | | |
| 5 Does the organization have a written policy re and enforcement of the conservation easement | garding the periodic monitoring, inspection, hants it holds? | ndling of violations, Yes No | | | | | |
| 6 Staff and volunteer hours devoted to monitorii | ng, inspecting, and enforcing conservation easi | ements during the year | | | | | |
| 7 Amount of expenses incurred in monitoring, if▶ \$ | nspecting, and enforcing conservation easemer | nts during the year | | | | | |
| 8 Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the requirements of se | ection Yes No | | | | | |
| 9 In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements. | s conservation easements in its revenue and expert to the organization's financial statements that o | nse statement, and balance sheet, and describes the organization's accounting for | | | | | |
| Part III Organizations Maintaining Colle Complete if the organization ans | ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line | r Other Similar Assets. 8. | | | | | |
| 1a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final | s held for public exhibition, education, or resea | nue statement and balance sheet works of irch in furtherance of public service, provide, | | | | | |
| b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items: | r SFAS 116 (ASC 958), to report in its revenue ld for public exhibition, education, or research | statement and balance sheet works of art, in furtherance of public service, provide the | | | | | |
| (i) Revenues included in Form 990, Part VIII, | line 1. | . ▶\$ | | | | | |
| (ii) Assets included in Form 990, Part X | | ▶\$ | | | | | |
| 2 If the organization received or held works of a amounts required to be reported under SFAS | irt, historical treasures, or other similar assets 116 (ASC 958) relating to these items: | for financial gain, provide the following | | | | | |
| a Revenues included in Form 990, Part VIII, line | | ► \$ | | | | | |
| b Assets included in Form 990, Part X | | ▶\$ | | | | | |

| Schedule D (Form 990) 2011 SCHUY | LER CENT | ER FOI | R ANALYSI | S | | 13 | -5562357 | , | Page 2 |
|--|----------------------------------|-------------|-------------------------|-----------|--|-------------------------------|---|-------------|--------------|
| Part III Organizations Mainta | | | | | Treasures, o | | | | |
| 3 Using the organization's acquisiting tems (check all that apply): | | _ | | | | | | | |
| a Public exhibition | | | d Loan | or exc | hange programs | | | | |
| b Scholarly research | | | e Other | | . 3 1 3 | | | | |
| c Preservation for future gener | ations | | - 🗀 | | | - · · · · | | | |
| 4 Provide a description of the orga Part XIV | nızatıon's coll | ections a | and explain ho | w they | further the organ | nization's exempt | purpose in | | |
| 5 During the year, did the organiza assets to be sold to raise funds r | tion solicit or ather than to | receive o | donations of ai | rt, histo | orical treasures, o organization's co | or other similar llection? | Ye | s [| No |
| Part IV Escrow and Custodia line 9, or reported an | l Arrangem | ents. (| Complete if | the o | rganization ar | swered 'Yes' | to Form 99 | 0, Par | t IV, |
| 1a Is the organization an agent, trus included on Form 990, Part X? | stee, custodiai | n, or othe | er intermediary | y for co | ontributions or otl | ner assets not | Ye | :s [| No |
| b If 'Yes,' explain the arrangement | ın Part XIV a | nd comp | lete the follow | ing tat | ole: | | | | _ |
| · · · | | · | | _ | | | Amou | ınt | |
| c Beginning balance | | | • | | | 1 c | | | |
| d Additions during the year | | | | | | 1 d | | | |
| e Distributions during the year | | | | | | 1 e | | | |
| f Ending balance | | | | | | 1f | | | · - |
| 2a Did the organization include an a | mount on For | m 990, F | Part X, line 213 | ? | | | Ye | s | No |
| b If 'Yes,' explain the arrangement | ın Part XIV. | | | | | | | | |
| Part V Endowment Funds. Co | mplete if th | ne orga | nızation an | swere | ed 'Yes' to For | m 990, Part I\ | √, line 10. | | |
| • | (a) Current | year | (b) Prior yea | ır | (c) Two years bac | k (d) Three year | rs back (e |) Four year | rs back |
| 1 a Beginning of year balance | | | • | | • | | | - | |
| b Contributions | | | | | | | , | | |
| c Net investment earnings, gains, and losses | | | | | | | | | · |
| d Grants or scholarships | | | | | | | , | | j |
| e Other expenditures for facilities and programs | | | | | | | 1 t t t t t t t t t t t t t t t t t t t | (1) | 3 |
| f Administrative expenses | | | | | | | | 1 | 1 2 1 4 1 |
| g End of year balance | | | | | | | - | v * * 1 | |
| 2 Provide the estimated percentage | e of the currer | nt year e | nd balance (lır | ne 1g, | column (a)) held | as. | | | |
| a Board designated or quasi-endov | vment ► | _ | 8 | _ | | | | | |
| b Permanent endowment ▶ | <u>8</u> | | | | | | | | |
| c Temporarily restricted endowmer | nt ► | | 8 | | | | | | |
| The percentages in lines 2a, 2b, | and 2c should | equal 1 | 00% | | | | | | |
| 3a Are there endowment funds not a organization by: | n the possess | sion of th | e organization | that a | re held and adm | nistered for the | | Yes | No |
| (i) unrelated organizations. | | | | | | | 3a(i) | † | |
| (ii) related organizations | | | | | | | 3a(ii | | |
| b If 'Yes' to 3a(ıı), are the related of | organizations | listed as | required on Si | chedul | e R? | | 3b | 4 | |
| 4 Describe in Part XIV the intended | | | | | | | | | 1 |
| Part VI Land, Buildings, and | | | | | | | • | | |
| Description of property | | (a) Cost | or other basis estment) | (b) | Cost or other | (c) Accumulat | ed (d) |) Book va | alue |
| 1 a Land | | . , , , , , | | | · · · · · · · · · · · · · · · · · · · | | | | |
| b Buildings | . | | | | · | - | | | |
| c Leasehold improvements | ļ | | | | | | | | |
| d Equipment | ľ | . — - | | | 193,749. | 187,5 | 81. | 6 | ,168. |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

BAA

Schedule **D** (Form 990) 2011

6,168.

2 FIN 48 (ASC 740) 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 (ASC 740).

SEE PART XIV

| | | <u> 13-5562357 </u> | Page 4 |
|-----|--|--|------------------|
| P.a | rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 610,983. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 970,545. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | -359,562. |
| 4 | Net unrealized gains (losses) on investments | | -137,650. |
| 5 | Donated services and use of facilities | | |
| 6 | Investment expenses . | | |
| 7 | Prior period adjustments | | |
| 8 | Other (Describe in Part XIV.) | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | -137,650. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | -497,212. |
| | rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per | | 451,212. |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 1 | 473,333. |
| 2 | | | 473,333. |
| | a Net unrealized gains on investments 2a -137, 650 | n '5 - | |
| | | '- | |
| | | | |
| | c Recoveries of prior year grants | | |
| | d Other (Describe in Part XIV) 2d | | |
| _ | e Add lines 2a through 2d | 2e | <u>-137,650.</u> |
| 3 | Subtract line 2e from line 1 | 3 | <u>610,983.</u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b . 4a | • | |
| | b Other (Describe in Part XIV) . | | |
| | c Add lines 4a and 4b. | 4c | |
| _ 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 610,983. |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p | er Return | |
| 1 | Total expenses and losses per audited financial statements . | 1 | 970,545. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | 1 ' | |
| | b Prior year adjustments | - | |
| | c Other losses 2c | \dashv \mid | |
| | d Other (Describe in Part XIV.) | - 1 | |
| | e Add lines 2a through 2d | 2e | |
| 2 | Subtract line 2e from line 1 | 3 | 970,545. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | -3 | 310,343. |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | | |
| | b Other (Describe in Part XIV.) | \dashv \vdash | |
| | c Add lines 4a and 4b | 4c | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 970,545. |
| Pa | rt XIV Supplemental Information | | <u> </u> |
| Con | pplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compleadditional information | IV, lines 1b and 2 ete this part to pi | 2b, rovide |
| | _PART_X - FIN_48 FOOTNQTE | | = |
| | THE ORGANIZATION FILES INFORMATION RETURNS (RETURN OF ORGANIZATIONS | _EXEMPT_FRC |) <u>M</u> |
| | INCOME TAX FORM 990, AND NEW YORK STATE ANNUAL FILING FOR CHARITABL | <u>E ORGANIZAT</u> | ' <u>IONS</u> |
| | FORM CHAR500). THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB | _ASC_740-10 |) |
| | ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND AS A RESULT HAS IDEN | TIFIED ITS | |
| | EXEMPTION FROM INCOME TAX UNDER SECTION 501 (C) (3) AS A TAX POSITION | <u>WHICH FALI</u> | <u>ي.</u> |
| | <u>WITHIN THE SCOPE OF THIS STANDARD. THE ORGANIZATION DOES NOT BELIE</u> | <u>VE_THIS_TAX</u> | |
| BAA | | E INFORMATI | ON 990\ 2011 |

| Schedule D (Form 990) 2011 SCHUYLER CENTER FOR ANALYSIS | 13-5562357 | Page 5 |
|--|-----------------|-------------|
| PartXIV Supplemental Information (continued) | | |
| PART X - FIN 48 FOOTNOTE (CONTINUED) | | |
| RETURNS ARE SUBJECT TO EXAMINATION BY TAX JURISDICTIONS (GENERAL | LY FOR THREE YE | EARS |
| FROM_THE FILING DATE), AND AS A RESULT, RETURNS FOR THE YEARS EN | DED JUNE 30, 20 | 009, |
| 2010, 2011 AND 2012 REMAIN SUBJECT TO EXAMINATION. NO INTEREST | OR PENALTIES WI | TH |
| REGARD TO INCOME TAXES HAVE BEEN RECOGNIZED IN THE STATEMENT OF | FINANCIAL POSIT | CION |
| OR STATEMENT OF ACTIVITIES. | | |
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| Schedule D (Form 990) 2011 | SCHUYLER CENTER FOR ANALYSIS | 13-5562357 Page 5 |
|-----------------------------------|--|--------------------------|
| Part XIV. Supplementa | SCHUYLER CENTER FOR ANALYSIS I Information (continued) | |
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SCHEDULE O (Farm: 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

| Name of the organization SCHUYLER CENTER FOR ANALYSIS | | Employer identification number 13-5562357 | | | |
|---|----------|---|--|--|--|
| AND ADVOCACY, INC. | L | 13-3302331 | | | |
| FORM_990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS | | | | | |
| A DRAFT COPY OF FORM 990 IS DISTRIBUTED TO BOARD MEMBERS FOR REVIEW BEFORE FILING. | | | | | |
| FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND EN | FORCEME | ENT OF CONFLICTS | | | |
| BOARD MEMBERS DISCLOSE POSSIBLE CONFLICTS ON AN ANNUAL E | BASIS. | | | | |
| FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG | | | | | |
| THE CEO'S PERFORMANCE IS REVIEWED ANNUALLY AND, WHEN WAR | RRANTED | AND WHEN FINANCIALLY | | | |
| POSSIBLE, A % RAISE IS AWARDED FOR GOOD PERFORMANCE. THE | E BOARD | REVIEWS THE CEO AND | | | |
| DETERMINES PERFORMANCE AWARD AMOUNT, IF ANY. | | | | | |
| FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUB | LICLY AV | AILABLE | | | |
| UPON REQUEST | | | | | |
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2011 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 **SCHUYLER CENTER FOR ANALYSIS CLIENT 622915** AND ADVOCACY, INC. 13-5562357 **PART II, LINE 10 - OTHER INCOME** NATURE AND SOURCE 2011 2010 2009 2008 2007 0. \$ 0. \$ 0. \$ TOTAL \$ 0. \$

2011 .

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 622915

SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY, INC.

13-5562357

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL $\frac{$}{$}$ -137,650.