DLN: 93493239007379 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable CATSKILL TEACHERS ASSOCIATION □ Address change 14-1742571 % CATHERINE DODIG ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 347 W MAIN STREET ☐ Amended return ☐ Application pending (518) 943-2345 City or town, state or province, country, and ZIP or foreign postal code CATSKILL, NY $\,$ 12414 G Gross receipts \$ 133,041 Name and address of principal officer H(a) Is this a group return for CATHERINE DODIG ☐Yes **☑**No subordinates? 347 W MAIN STREET H(b) Are all subordinates CATSKILL, NY 12401 ☐Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A M State of legal domicile NY L Year of formation **K** Form of organization \square Corporation \square Trust ewline <math>
ewline
olimits Association ewline
olimits Other Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE SCHOLARSHIPS TO DESERVING STUDENTS IN THE CATSKILL SCHOOL DISTRICT Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 13 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 117,431 8 Contributions and grants (Part VIII, line 1h) . 123,293 Ravenua 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 115 291 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,541 12,999 133,949 130,721 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 11,229 11,748 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,852 15,794 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 103,143 101,961 130,224 129,503 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 3,725 1,218 Assets or d Balances Beginning of Current Year **End of Year** 40,318 20 Total assets (Part X, line 16) . 41,536 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 40,318 41,536 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 preparer (other than officer) is based on all information of which preparer has any knowledge 2019-06-15 Signature of officer Sign Here CATHERINE DODIG TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-06-15 P00432821 Paid self-employed Firm's name PATTISON KOSKEY HOWE & BUCCI CPA Firm's EIN ▶ Preparer Use Only Firm's address ► 45 FIVE MILE WOODS ROAD Phone no (518) 943-4502 CATSKILL, NY 12414 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	statement	of Program Service	Accomplis	hments		
	Check If Sche	dule O contains a respons	se or note to	any line in this Part III .		🗆
1		organization's mission				
<u>TO P</u>	ROVIDE SCHOLARSHI	PS TO DESERVING STUDE	NTS IN THE	CATSKILL SCHOOL DIST	FRICT	
2	Did the organization	undertake any significant	program ser	vices during the year wi	hich were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sche	dule O			
3	Did the organization	cease conducting, or make	e significant	changes in how it condu	acts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule	0			
4	Describe the organiz	ation's program service a	ccomplishmer	nts for each of its three	largest program services, as measu of grants and allocations to others, t	ired by expenses
	expenses, and reven	iue, if any, for each progr	ane required am service re	ported	or grants and allocations to others, t	.ne totai
4a	(Code) (Expenses \$	5,000	including grants of \$	5,000) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$	1,748	ıncludıng grants of \$	1,748) (Revenue \$)
70	See Additional Data) (Expenses \$	1,740	including grants or \$	1,740) (Nevenue p	,
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	-					
	Other program servi	ces (Describe in Schedule	0)			
-Tu	(Expenses \$	•	ing grants of	\$) (Revenue \$)
	Total program serv		6,7	•		
		THE EXPENSES F	0,7			Form 990 (2018)

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Νo 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Νo Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Νo 3 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? 4 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? 5 Yes 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο If "Yes," complete Schedule D, Part III R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? No

11a

Nο

Νo

No

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

No

Νo

Νo

Nο

Form 990 (2018)

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

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20a

20b

21

22

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

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

Was the organization included in consolidated, independent audited financial statements for the tax year?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form	990 (2018)			Page 4
Par	tiV Checklist of Required Schedules (continued)			
			Yes	No
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		No
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
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		_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		No
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			

Yes

Form **990** (2018)

0

0

1a

1b

No

Check if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

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.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

12b

13b

13c

13a

14a

14b

15

No

Form 990 (2018)

Form 990 (2018) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 13	i		
	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 1b 13	;		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Cod	e.)	
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
ь	If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates.			

7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	10b	Yes	No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a	Yes	

	the following			l
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, 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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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 taxable entity during the year?	16a		No
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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CATHERINE DODIG 347 W MAIN STREET CATSKILL, NY 12414 (518) 943-2345			
		F	orm 99	0 (20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line 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, or 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

Check this box in heldrer the organization no	i arry relaced of	garnzac	.1011 C	91110	70113	acca a	, -	iament officer, and	etor, or tradece	
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι ın of	t ch unle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) SAMANTHA EISSING SECRETARY AS NEEDED	0 0	x		×				600	0	0
(2) NICOLE MACCALINE POLITICAL ACTION AS NEEDED	0 0	х						600	0	0
(3) ROBERT STINSON PRESIDENT AS NEEDED	0 0	х		х				3,500	0	0
(4) JAQUELINE SHAH BUILDING REP AS NEEDED	0 0	х						500	0	0
(5) CATHERINE DIDIG TREASURER AS NEEDED	0 0	Х		x				0	0	0
(6) CATHY BARTOLOTTA BUILDING REP AS NEEDED	0 0	х						0	0	0
(7) KELLY KONSUL BUILDING REP AS NEEDED	0 0	х						500	0	0
(8) RHONDA GUDATH BUILDING REP AS NEEDED	0 0	Х						500	0	0
(9) MARY JO VERDICHIZZI VICE PRESIDENT AS NEEDED	0 0	Х		x				1,500	0	0
(10) KIM JONES BUILDING REP AS NEEDED	0 0	Х						500	0	0
(11) LISA NOYES BUILDING REP AS NEEDED	0 0	Х						500	0	0
(12) CHERIE DOTTINO BUILDING REP AS NEEDED	0 0	Х		x				500	0	0
(13) BRENT GOETTSCHE BUILDING REP AS NEEDED	0 0	Х						500	0	0
					<u> </u>	<u> </u>	l .			Form 990 (2018)

Page **7**

Form 990 (20	018)										Page 8
Part VII	Section A. Officers, Direct	ors, Trustees	, Key I	Empl	loye	es,	and I	ligh	nest Compensate	d Employees (co	ntinued)
	(A) Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, u n off	t che inles ficer	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

			ęd		
			·		
			·		

1b Sub-Total		>				

1b Sub-Total		 		>		•	
c Total from continuation sheets to Pa	art VII , Section	▶					
d Total (add lines 1b and 1c)		 		▶	9,700	0	0

1b Sub-Total c Total from continuation sheets to Pa	-	-	_	*		

1b Sub-Total				>			
c Total from continuation sheets to Pa	rt VII , Section	Α		•			
d Total (add lines 1b and 1c)				▶□	9,700	0	0

1b Sub-Total				>				
c Total from continuation sheets to Pa	art VII , Section	Α		▶			1	
d Total (add lines 1b and 1c)			 _	▶□	9,700	0	1	0

											_
Sub-Total						>				I .	•
Total from continuation sheets to Part VII, Section A											
Total (add lines 1b and 1c)						▶		9,700	0	(·

Yes

3

4

5

(B)

Description of services

No

No

Νo

Nο

(C)

Compensation

Form 990 (2018)

1b Sub-Total						•				
c Total from continuation sheets to Pa	art VII , Section	Α				▶				
d Total (add lines 1b and 1c)						•		9,700	0	0
2 Total number of individuals (including	but not limited	to those	a lieta	ad al	201/6	a) who	rece	eived more than	\$100,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

of reportable compensation from the organization > 0

Section B. Independent Contractors

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

Part	VIII Statement of Revenue							rage 3
	Check if Schedule O contains a	respo	onse or note to an		VIII			🗆
				(A) Total revenue		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(4)	1a Federated campaigns	1a				revenue		312 314
Gifts, Grants illar Amounts	b Membership dues	1 b	114,380					
<u> </u>	c Fundraising events	1c	3,051					
Ę, Ę	d Related organizations	1d						
آءِ ق	e Government grants (contributions)	1e						
Sin's,	f All other contributions, gifts, grants, and similar amounts not included							
tributions, Gifts, Grants Other Similar Amounts	above	1f						
돌	g Noncash contributions included in lines 1a - 1f \$							
Contributions, and Other Sim	h Total. Add lines 1a-1f		•					
			Busines	117,43 s Code	1	1	1	Τ
nue	2a							
₽. Ķ	b —	-						
e Ce	с —							
Serv	d	_						
an)	e ————————————————————————————————————	_						
Program Service Revenue	f All other program service revenue			0				
<u> </u>	9Total. Add lines 2a-2f		<u> </u>	_				
	3 Investment income (including dividential similar amounts)		•		114			114
	4 Income from investment of tax-exe		ond proceeds	•	0			
	5 Royalties			<u> </u>	0			
	(ı) Real		(II) Personal	_				
	oa Gross rents							
	b Less rental expenses							
	c Rental income or	0		0				
	(loss)			_	0			
	d Net rental income or (loss) (i) Securit		(II) Other		_			<u> </u>
	7a Gross amount	-		_				
	from sales of assets other		7:	10				
	than inventory							
	b Less cost or other basis and		5:	33				
	sales expenses C Gain or (loss)		17	77				
	d Net gain or (loss)				177			
as.	8a Gross income from fundraising even (not including \$ 3,051 e							
'n	contributions reported on line 1c)			_				
eve	See Part IV, line 18 b Less direct expenses	a b	1,78					
}r R	c Net income or (loss) from fundrais				,290			
Other Revenue	9a Gross income from gaming activiti	es						
0	See Part IV, line 19	a	 1,24	4				
	b Less direct expenses	b		0				
	c Net income or (loss) from gaming	activit	ies	1	,244			
	10aGross sales of inventory, less returns and allowances							
		а	1					
	b Less cost of goods sold	b		ס				
	c Net income or (loss) from sales of	inven			0			
	Miscellaneous Revenue 11aREIMBURSEMENT FROM BENEFIT		Business Code		,511	3,511	0	
	TRUST				,	-,		
	b REIMBURSEMENTS FROM NYSUT			1	,734	1,734		
	c RETIREMENT DINNER			3	,820	3,820		
	d All other revenue				400	400	0	
	e Total. Add lines 11a-11d		>	9	,465			
	12 Total revenue. See Instructions					0 465	_	111
				L 130	,721	9,465	0	114 Form 990 (2018)

orm 990 (2018) Part IX Statement of Functional Expenses				Page 1 (
section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	inizations must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .	<u></u>		<u> \square</u>
Do not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,748	6,748		
2 Grants and other assistance to domestic individuals See Part IV, line 22	5,000	5,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	9,700	0	9,700	C
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			
7 Other salaries and wages	4,850		4,850	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
LO Payroll taxes	1,244		1,244	
L1 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	1,075		1,075	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
- · · · · · · · · · · · · · · · · · · ·	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
L2 Advertising and promotion				
.3 Office expenses	74		74	
4 Information technology	0			
L 5 Royalties	0			
L 6 Occupancy	0			
L 7 Travel	0			
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
L9 Conferences, conventions, and meetings	1,000		1,000	
20 Interest	0			
21 Payments to affiliates	0			
Depreciation, depletion, and amortization	0			
23 Insurance	1,459		1,459	
24 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)				
a MEMBER DUES	93,576		93,576	
b GIFTS	1,120		1,120	
c RETIREMENT DINNER	3,657		3,657	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	129,503	11,748	117,755	(
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	-127,333	11,7.10	11,,33	
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Page **11**

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41,536

Form **990** (2018)

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40.318

40,318

40,318

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Form 990 (2018)

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Liabilities

Net Assets or Fund Balances

Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		0	1	0
	2	Savings and temporary cash investments .	[40,318	2	41,536
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net	[0	4	0
	5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	ated employees Complete	0	5	0
.	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	0	6	0	
ssets	7	Notes and loans receivable, net		0	7	0
SS	8	Inventories for sale or use		0	8	0
۷	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b	0	10 c	0

Assets	7	Notes and loans receivable, net		0	7	0
SS	8	Inventories for sale or use		0	8	0
A	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D				
	b	Less accumulated depreciation	10b	0	10 c	0
	11	Investments—publicly traded securities .		0	11	0
	12	Investments—other securities See Part IV, line	11	0	12	0
	13	Investments—program-related See Part IV, line	11	0	13	0
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11	0	15	0	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	40,318	16	41,536

10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
ь	Less accumulated depreciation	10b		0	10c	
11	Investments—publicly traded securities .			0	11	
12	Investments—other securities See Part IV, line	11 .		0	12	
13	Investments—program-related See Part IV, line	11 .		0	13	
14	Intangible assets			0	14	
15	Other assets See Part IV, line 11			0	15	
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	40,318	16	
17	Accounts payable and accrued expenses			0	17	
18	Grants payable			0	18	
19	Deferred revenue			0	19	
20	Tax-exempt bond liabilities			0	20	

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Form	990 (2018)				Page 12	
Pa	Reconcilliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			130,721	
2	Total expenses (must equal Part IX, column (A), line 25)	2			129,503	
3	Revenue less expenses Subtract line 2 from line 1	3		1,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			40,318	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			41,536	
Pa	TXII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b			

Form **990** (2018)

Additional Data

Software Version:

Software ID:

EIN: 14-1742571

Form 990 (2018)

Form 990, Part III, Line 4a:

ACADEMIC SCHOLARSHIPS ARE OFFERED EXCLUSIVELY TO CATSKILL HIGH SCHOOL STUDENTS BASED ON THEIR ACADEMIC ACCOMPLISHMENTS

Name: CATSKILL TEACHERS ASSOCIATION

Form 990, Part III, Line 4b: TO PROVIDE ASSISTANCE TO LOCAL NONPROFIT ORGANIZATIONS THAT ASSIST FAMILIES OF THE CATSKILL SCHOOL DISTRICT WHO ARE EXPERIENCING FINANCIAL

PROBLEMS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493239007379

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on 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" on 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. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CATSKILL TEACHERS ASSOCIATION 14-1742571 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 500845 Schedule C (I	Form 990 or 990-EZ) 2018
6				
5				
4				
3				
2				
1				
1				

e	Total exempt purpose expenditures (add lines 1c and									
f	Lobbying nontaxable amount Enter the amount from columns	n the following table in b	ooth							
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:							
	Not over \$500,000	20% of the amount on line	1e							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,	000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the e	xcess over \$1,500,0	00						
	Over \$17,000,000	\$1,000,000								
g h i j	Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0-									
	(Some organizations that made a columns below. See t	section 501(h) elec	ction do not h	ave to comple		ive				
	Lobbying Expe	enditures During 4	-Year Averagi	ng Period						
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total				
2 a	Lobbying nontaxable amount									
ь	Lobbying ceiling amount (150% of line 2a, column(e))									
_с	Total lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2018

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e)) activity

Volunteers?

Media advertisements?

expenditure next year?

Return Reference

Part IV

1

b

(b)

Amount

(a)

No

Yes

<u>4</u>

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493239007379			
SCHEDUL (Form 990 or EZ)		specific questions on	OMB No 1545-0047 2018 Open to Public			
Department of the T	Employer identi	Inspection				
990 Schedul	e O, Supplemental Information	14-1742571				
Return Reference	Explanation					
FORM 990, PART VI, SECTION B, LINE 11 TAX RETURN REVIEW	IT IS REVIEWED FOR ACCURACY AND COMPLETENESS ANY CHANGES ARE SUBMITTED TO THE PREPARER IT TAX IN					

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, | GOVERNING DOCUMENTS AND TAX RETURNS ARE MADE AVAILABLE TO THE PUBLIC UPON ADVANCE REQUEST PART VI, SECTION C, LINE 18 PUBLIC | AVAILABILITY |

Return Reference Explanation

990 Schedule O, Supplemental Information

RECONCILIATION |

FORM 990, PART PRIOR PERIOD ADJUSTMENT TO CASH, AS CASH WAS OVERSTATED IN THE PRIOR YEAR

XII FINANCIAL

STATEMENT