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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

DLN: 93493184018030 OMB No. 1545-0047

Open to Public

## **Return of Organization Exempt From Income Tax**

Department of the

Treasury

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization CATSKILL TEACHERS ASSOCIATION D Employer identification number B Check if applicable: ☐ 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 G Gross receipts \$ 137,775 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 included? ☐ 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  $\checkmark$  Association  $\square$  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 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 117,431 122,024 Ravenue 0 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 291 146 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,999 12,379 130,721 134,549 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). 11,748 12,825 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15,794 18,619 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 101,961 101,014 129,503 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 132,458 Revenue less expenses. Subtract line 18 from line 12 . 1,218 2,091 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 41,536 43,629 21 Total liabilities (Part X, line 26) . 41,536 43,629 Net assets or fund balances. Subtract line 21 from line 20 . 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 Signature of officer Sign Here CATHERINE DODIG TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | if 2020-06-11 P00432821 Paid self-employed Firm's EIN ▶ Preparer Use Only Firm's address ▶ 45 FIVE MILE WOODS RD STE 1 Phone no. (518) 943-4502

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

CATSKILL, NY 12414

Form	990 (2019)					Page <b>2</b>
Pa	statement	of Program Service	Accomplis	hments		
	Check if Sche	dule O contains a respon	se or note to	any line in this Part III .		🗆
1	Briefly describe the o	organization's mission:				
<u>TO P</u>	ROVIDE SCHOLARSHI	PS TO DESERVING STUDE	ENTS IN THE	CATSKILL SCHOOL DIST	RICT.	
2	Did the organization	undertake any significant	t program ser	vices during the year wi	nich were not listed on	
	the prior Form 990 o					🗌 Yes 🗹 No
	•	ese new services on Sche				
3	Did the organization					
	services?	ese changes on Schedule				☐ Yes ☑ No
4	Describe the organiz Section 501(c)(3) an	ation's program service a	ccomplishme	I to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code:	) (Expenses \$	5,000	including grants of \$	5,000 ) (Revenue \$	)
	See Additional Data		•			·
4b	(Code:	) (Expenses \$	7,825	including grants of \$	7,825 ) (Revenue \$	)
	See Additional Data					
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program servi	ces (Describe in Schedule	e O.)			
	(Expenses \$	•	ling grants of	\$	) (Revenue \$	)
4e	Total program serv	vice expenses ▶	12,8	325		
						Form <b>990</b> (2019)

16

17

18

19

No

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

15

16

17

18

19

20a

20b

21

Pai	TIV Checklist of Required Schedules			
	·		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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
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	Yes	
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? <i>If "Yes," complete Schedule D,</i> Part	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		No
9	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 services? If "Yes," complete Schedule D, Part IV	9		No
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		No
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
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	11b		No
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No

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

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

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

**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 . . . . . .

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

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		
С	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	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? If "Yes," complete Schedule M	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
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? <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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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

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

No

Yes

0

0

**1**c

1a 1b

orm	990 (2019)			Page <b>5</b>
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9</b> b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in	134		
С	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		.10
	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?	15		
16	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?  If "Yes," complete Form 4720, Schedule O.	16		

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 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	,	onse to	lines
Se	ection A. Governing Body and Management			
	• • • • • • • • • • • • • • • • • • • •		Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year   1a	13		
	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	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee?	ner 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervol of officers, directors or trustees, or key employees to a management company or other person?	/ision 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	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	nore <b>7a</b>	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, o persons other than the governing body?	r <b>7b</b>	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea the following:	r by		
а	The governing body?	8a	Yes	
Ь	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 Rev	enue 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, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?	es, <b>10</b> b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing to form?	the <b>11a</b>	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 conflicts?	to <b>12b</b>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	7 <b>12</b> c		
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 independe persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	nt		
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 participa in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exer			
	status with respect to such arrangements?	16b		
Se	ection 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 interes 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	:		

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.

Check this box if neither the organization no	r any related o	rganizat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours	Position than o	on (do one bo	(C) o no ox, u n of	) t cha unle: ficer	eck mess pers	ore 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) ROBERT STINSON PRESIDENT AS NEEDED	0.0	Х		х				3,800	0	C
(2) MARY JO VERDICHIZZI VICE PRESIDENT AS NEEDED	0.0			x				1,800	0	C
(3) CATHERINE DODIG TREASURER AS NEEDED	0.0	×		x				1,000	0	(
(4) KELLY KONSUL BUILDING REP AS NEEDED	0.0	×						800	0	(
(5) CHERIE DOTTINO BUILDING REP AS NEEDED	0.0	Х		х				800	0	(
(6) JAQUELINE SHAH BUILDING REP AS NEEDED	0.0	Х						500	0	(
(7) CATHY BARTOLOTTA BUILDING REP AS NEEDED	0.0	×						500	0	(
(8) KIM JONES BUILDING REP AS NEEDED	0.0	х						500	0	(
(9) LISA NOYES BUILDING REP AS NEEDED	0.0	х						500	0	(
(10) JENNA VENNERI SECRETARY AS NEEDED	0.0	Х		x				0	0	(
(11) NICOLE PICKEL POLITICAL ACTION AS NEEDED	0.0	х						0	0	(
(12) ERIC JOYCE BUILDING REP AS NEEDED	0.0	Х						0	0	(
(13) LAURA FAIRCHILD BUILDING REP AS NEEDED	0.0	х						0	0	(

Part VII

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

Page 8

			<del>~ ~</del>	<u> </u>		<u> </u>					, ,	<del>'                                    </del>	,		
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	Average hours per than one box, unless person week (list any hours director/trustee)  Average hours director/trustee)  Average hours director/trustee)  Reportable compensation compensation organization organizatio								(E) Reportable compensatior from related organizations	,	(F) Estimated amount of other compensation from the		
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/ MIS		(W-2/1099- MISC)		organization and related organizations		
			<u>इस्</u>	Trustee		10	pensated								
					H										
		<u> </u>	<u> </u>			_									
<b>c</b> 1	Sub-Total			 	•		<b>*</b>			10,200		0		0	
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more	e than \$1	100,000				
_									_				Yes	No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>	,		ee, ke	· ey er	mplo •	oyee, o	or hi	ghest com	pensated	l employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No	
5	Did any person listed on line 1a receive services rendered to the organization										lividual for	5		No	
Se	ection B. Independent Contract	ors			—								•		
1	Complete this table for your five high- from the organization. Report comper	est compensate										npens	sation		
	Name a	(A) and business addre	ess							Des	(B) cription of services		(C Comper		
-												1			

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

compensation from the organization  $\blacktriangleright$  0

Form 9									Page <b>9</b>
Part	VIII					line to the Police			П
		Check if Sched	dule O contains a	a respo	onse or note to any	(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 campa	aigns	1a			revenue		312 - 314
ants unts	Ŀ	• Membership dues	s	<b>1</b> b	118,949				
Gra		Fundraising even	ts	1c					
ifts, ar A	(	d Related organiza	tions	1d					
m i 6	6	Government grants	(contributions)	1e					
ons Sil	f	<ul> <li>All other contribution</li> <li>and similar amounts</li> </ul>	ns, gifts, grants, s not included	1f	3,075				
Contributions, Gifts, Grants and Other Similar Amounts	١,	above Noncash contributio	ons included in		]				
a diameter	-	lines 1a - 1f:\$		<b>1</b> g					
Co an	ı	<b>h Total.</b> Add lines :	1a-1f		•	122,024			
					Business Code				
	2a								
nue	b								
<del>9</del>	В								
vice	С								
Program Service Revenue	d								
ram									
Prog	е								
_	f	All other program	service revenue						
		Total. Add lines 2			0	-			
		Investment income imilar amounts)	(including divid		interest, and other	146	,	О	146
	<b>4</b> I	Income from invest	ment of tax-exe	mpt b	ond proceeds				
	5 F	Royalties	(2.0-		<b>•</b>	• C			
			(i) Rea	al	(ii) Personal	-			
		Gross rents	6a			_			
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c	(		0			
	d	Net rental income	e or (loss)		· · · · <b>&gt;</b>		1		
			(i) Secur	ities	(ii) Other				
	7a Gross amount from sales of assets other								
		assets other than inventory							
	b	Less: cost or other basis and	7b						
		sales expenses				-			
		Gain or (loss)	7c						
		Net gain or (loss) Gross income from fu			· · · <b>&gt;</b>	C			
ne	oa	(not including \$	of						
Ke		contributions reported See Part IV, line 18		8a	5,516	,			
Other Revenue	b	Less: direct expen	ses	8b	1,904				
the	С	Net income or (los	s) from fundrais	ing ev	ents 🕨	3,612	!		
	9a	Gross income from							
		See Part IV, line 19		9a	1,286	_			
		Less: direct expen  Net income or (los		9b activit					
	10a	Gross sales of inve returns and allowa	entory, less ances	10a	1,452				
	b	Less: cost of good	s sold	10b	· · · · · · · · · · · · · · · · · · ·	_			
	С	Net income or (los		invent	ory ►	130			
	11	Miscellaneo <b>a</b> REIMBURSEMENT			Business Code	3,511	3,511		
		TRUST	I'ROM BENEFII			3,311	3,311		
	b	REIMBURSEMENT:	S FROM NYSUT		•	845	845		
	С	NEWSLETTER				400	400		
				_					
		All other revenue				2,595	2,595		
		Total. Add lines 1			•	7,351			
	12	Total revenue. S	ee instructions		· · · · •	134,549	7,351	0	146

	art IX Statement of Functional Expenses				Page 10
•	Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete colu	ımn (A).
	Check if Schedule O contains a response or note to an				🗆
	not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21	7,825	7,825		
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, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	10,200	0	10,200	0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	7,000		7,000	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	1,419		1,419	
11	Fees for services (non-employees):				
	a Management	0			
ı	b Legal	0			
•	c Accounting	1,219		1,219	
(	d Lobbying	0			
•	e Professional fundraising services. See Part IV, line 17	0			
1	f Investment management fees	0			
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	76		76	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	1,296		1,296	
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	93,090		93,090	
	b GIFTS	1,070		1,070	
	c RETIREMENT DINNER & MEALS	3,140		3,140	
	d MISCELLANEOUS	923		923	
	e All other expenses	200		200	
25	Total functional expenses. Add lines 1 through 24e	132,458	12,825	119,633	0
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

1

2

23

24

25

26

27

28

31

32

33

Fund Balances

ō 29

Assets 30 End of year

22

24

25

26

27

29

30

31

32

33

0 23

0

0

41.536

41,536

41,536

0 28 Page 11

43,629

0 0

0

0

0

0

0

43,629

43,629

43,629

Form 990 (2019)

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

or family member of any of these persons

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Secured mortgages and notes payable to unrelated third parties

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

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Cash-non-interest-bearing	0	1	
Savings and temporary cash investments	41,536	2	
Pledges and grants receivable, net	0	3	

Beginning of year

3 이 4 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 0 5 

0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0 6 Notes and loans receivable, net . . 0 7 Assets 0 Inventories for sale or use . 8 0 Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b 0 10c b Less: accumulated depreciation

0 0 0 0 0 0 11 0 11 Investments—publicly traded securities . οГ Investments—other securities, See Part IV, line 11 12

	12	investments—other securities. See Partiv, line II	O	12	l
	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 equal line 34)	41,536	16	43,629
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
ilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity			

Form	990 (2019)				Page <b>12</b>
Pa	tXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<b>✓</b>
		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			134,549
2	Total expenses (must equal Part IX, column (A), line 25)	2			132,458
3	Revenue less expenses. Subtract line 2 from line 1	3			2,091
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			41,536
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			2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			43,629
Pa	t XII 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:				ĺ
	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		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:	basis,			
	☐ 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 O.			
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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form **990** (2019)

### **Additional Data**

Software ID: Software Version:

**EIN:** 14-1742571

Name: CATSKILL TEACHERS ASSOCIATION

Form 990 (2019)

Form 990, Part III, Line 4a:

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

## 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 SCHEDULE C (Form 990 or 990-

OMB No. 1545-0047 2010

DLN: 93493184018030

Department of the Treasury Internal Revenue Service		For Organiz	4017						
		►Complete if ►Go t	Open to Public Inspection						
• S • : • : • : • : • : • : • : • : • : • :	Section 501(c)(3) on Section 501(c) (othe Section 527 organize organization ans Section 501(c)(3) of Section 501(c)(3) of organization ans xy Tax) (see sepal	ganizations: Cor er than section 5 zations: Complet swered "Yes" or rganizations that rganizations that swered "Yes" or rate instruction	n Form 990, Part IV, Line 4, or Form 99 t have filed Form 5768 (election under so t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	Part I-C. I-A and C below. 90-EZ, Part VI, linection 501(h)): Co der section 501(h	Do not complete Part I-B.  e 47 (Lobbying Activities mplete Part II-A. Do not cor )): Complete Part II-B. Do n	<b>), then</b> nplete Part II-B. ot complete Part II-A.			
Na	me of the organizat	ion	zations: Complete Part III.		Employer ident	tification number			
CAT	SKILL TEACHERS ASS	SOCIATION			14-1742571				
Par	t I-A Complet	te if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organiz	ation.			
1 2	"political campaig	gn activities")	nization's direct and indirect political cam		`	or definition of			
3			paign activities (see instructions)			,			
Par	t I-B Complet	te if the orga	nization is exempt under sectio	n 501(c)(3).					
1		,	ax incurred by the organization under se			<b>=</b>			
2		•	ax incurred by organization managers ur			\$			
3 4a	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?								
b			nization is exempt under sectio	n 501(c) evce	ent section 501(c)(3)				
1			<u> </u>						
2	Enter the amount	Enter the amount directly expended by the filing organization for section 527 exempt function activities \$							
3	Total exempt fund	otal exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b							
4	Did the filing orga	anization file <b>For</b>	m 1120-POL for this year?			Yes No			
5	organization mad of political contrib	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) Nam	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
2									
}									
;									
:									

Return Reference

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(	a)	(b)		
		Yes	No	A	moun	t
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
е	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 1i					
a	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					
С	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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sect	ion		
			_		Yes	No
L	Were substantially all (90% or more) dues received nondeductible by members?				Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
!	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Ne
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	III-A	r secti , line 3	ion 50 3, is	01(c)	(6
L 2	Dues, assessments and similar amounts from members	1				
4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
;	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
ı	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	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	rt IV Supplemental Information	ı	I			
	vide 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);					_

Explanation

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN:	93493184018030				
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to Form 990 or 990-EZ or to provide any addit Attach to Form 990 or 990-	o specific questions on ional information. EZ.	OMB No. 1545-0047  2019  Open to Public Inspection				
Namel Betherofg CATSKILL TEACHE 990 Schedul		Employer identification number 14-1742571					
Return Reference	Explanation						
FORM 990, PART VI, SECTION B, LINE 11 TAX RETURN REVIEW	A TENTATIVE COPY OF FORM 990 IS PROVIDED TO THE OFFICER/GOVERNING BODY SIGNING THE RETURN. IT IS REVIEWED FOR ACCURACY AND COMPLETENESS. ANY CHANGES ARE SUBMITTED TO THE PREPARER.						

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