

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2001Open to Public
Inspection**A** For the **2001** calendar year, or tax year period beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**CAPTAIN OF SHENENDEHOWA, INC.**

Number and street (or P O box if mail is not delivered to street address)

6 CLIFTON COMMON COURT

City or town, state or country and ZIP + 4

CLIFTON PARK, NY 12065**D** Employer identification number**14-1637304****E** Telephone number**(518) 371-1185****F** Accounting method ☐ Cash ☒ Accrual
☐ Other (Specify) ▶

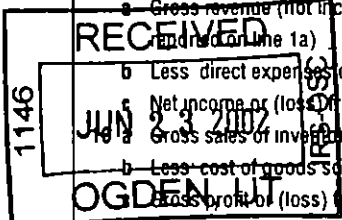
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)**G** Web site ▶ **N/A****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **743,691.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants and similar amounts received			
	a Direct public support	1a	193,259.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	423,020.	
	d Total (add lines 1a through 1c) (cash \$ 616,279. noncash \$)			1d 616,279.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2 27,260.
	3 Membership dues and assessments			3
	4 Interest on savings and temporary cash investments			4 5,980.
	5 Dividends and interest from securities			5
	6 a Gross rents	6a		
b Less rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)			6c	
7 Other investment income (describe ▶)			7	
	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	9 Special events and activities (attach schedule)			8d
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11 Other revenue (from Part VII, line 103)			11 94,172.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 743,691.	
Expenses	13 Program services (from line 44, column (B))			13 589,087.
	14 Management and general (from line 44, column (C))			14 56,670.
	15 Fundraising (from line 44, column (D))			15 110,627.
	16 Payments to affiliates (attach schedule)			16
	17 Total expenses (add lines 16 and 44, column (A))			17 756,384.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18 -12,693.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 429,629.
	20 Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 1	20 -88.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 416,848.

SCANNED JUN 05 2002



Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23 9,153.	9,153.	STATEMENT 4	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 28,901.	28,901.	0.	0.
26 Other salaries and wages	26 397,282.	294,984.	40,074.	62,224.
27 Pension plan contributions	27 10,375.	6,692.	1,608.	2,075.
28 Other employee benefits	28 22,878.	17,867.	2,188.	2,823.
29 Payroll taxes	29 41,056.	32,348.	3,802.	4,906.
30 Professional fundraising fees	30			
31 Accounting fees	31 7,353.	2,678.	4,675.	
32 Legal fees	32			
33 Supplies	33 10,684.	9,631.	277.	776.
34 Telephone	34 12,615.	11,218.	466.	931.
35 Postage and shipping	35 8,006.	6,067.	323.	1,616.
36 Occupancy	36 60,517.	58,342.	1,450.	725.
37 Equipment rental and maintenance	37 14,261.	14,261.		
38 Printing and publications	38 2,253.	1,628.	104.	521.
39 Travel	39 10,360.	10,101.		259.
40 Conferences, conventions, and meetings	40 250.	250.		
41 Interest	41 5,618.	5,618.		
42 Depreciation, depletion, etc. (attach schedule)	42 22,543.	21,622.	614.	307.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 2	43e 92,279.	57,726.	1,089.	33,464.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 756,384.	589,087.	56,670.	110,627.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a CAPTAIN'S PURPOSE IS TO DETERMINE THE NEEDS OF YOUTH AND FAMILIES IN THE SOUTHERN SARATOGA COUNTY REGION OF NEW YORK AND TO DEVELOP SERVICES AND PROGRAMS TO MEET THOSE NEEDS.	(Grants and allocations \$ _____)	589,087.
b _____	(Grants and allocations \$ _____)	
c _____	(Grants and allocations \$ _____)	
d _____	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		589,087.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	68,802.	45	2,610.
	46 Savings and temporary cash investments	120,987.	46	176,843.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	5,645.	49	8,516.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	2,351.	53	2,514.
	54 Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a 391.		
	b Less accumulated depreciation	55b 479.	55c	391.
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 495,565.			
b Less accumulated depreciation	57b 160,286.	338,914.	57c	335,279.
58 Other assets (describe ► SEE STATEMENT 5)	32,181.	58	16,939.	
59 Total assets (add lines 45 through 58) (must equal line 74)	569,359.	59	543,092.	
Liabilities	60 Accounts payable and accrued expenses	38,989.	60	51,960.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	100,741.	64b	74,284.
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)	139,730.	66	126,244.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	247,414.	67	244,642.
	68 Temporarily restricted	181,215.	68	171,206.
	69 Permanently restricted	1,000.	69	1,000.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	429,629.	73	416,848.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	569,359.	74	543,092.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Yes	No
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Form 990 (2001)

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE REVENUE					27,260.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,980.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER REVENUE - EXCLUDE			05	91,742.	
b MISCELLANEOUS					2,430.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		97,722.	29,690.
105 Total (add line 104, columns (B), (D), and (E))					127,412.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A INCOME RECEIVED FROM COURTS PERTAINING TO THE OPERATION OF CAPTAIN'S INTERVENTION AND DIVERSION SUBSTANCE ABUSE AND DIVERSION PROGRAM.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

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

☐ Yes☒ No

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

☐ Yes☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I have prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information of which preparer has any knowledge.

1/19/02 Schuyler T. H. Treasurer

Type or print name and title

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(a), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2001

Name of the organization

CAPTAIN OF SHENENDEHOWA, INC.

Employer identification number

14 1637304

Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
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(See page 1 of the instructions. List each one. If there are none, enter "None".)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services	
1	2
3	4
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9	10
11	12
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15	16
17	18
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63	64
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67	68
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71	72
73	74
75	76
77	78
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83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50 000 for professional services	0	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** _____ **\$** _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)

(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	605,411.	577,522.	498,382.	455,953.	2,137,268.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	10,109.	6,512.	5,197.	18,140.	39,958.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,043.	13,038.	17,749.	18,319.	59,149.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	94,038.	94,924.	84,112.	75,178.	348,252.
23 Total of lines 15 through 22	719,601.	691,996.	605,440.	567,590.	2,584,627.
24 Line 23 minus line 17	709,492.	685,484.	600,243.	549,450.	2,544,669.
25 Enter 1% of line 23	7,196.	6,920.	6,054.	5,676.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e) line 24					50,893.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					2,544,669.
d Add: Amounts from column (e) for lines 18 <u>59,149.</u> 19 <u> </u>					
22 <u>348,252.</u> 26b <u> </u>					407,401.
e Public support (line 26c minus line 26d total)					2,137,268.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					83.9900%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2000) (1999) (1998) (1997)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2000) (1999) (1998) (1997)					
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u>					
17 <u> </u> 20 <u> </u> 21 <u> </u>					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e): N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587 covering racial nondiscrimination? If "No," attach an explanation.		

Schedule A (Form 990 or 990-EZ) 2001

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ a ☐ if the organization belongs to an affiliated groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		37	
38 Total lobbying expenditures (add lines 36 and 37)		38	
39 Other exempt purpose expenditures		39	
40 Total exempt purpose expenditures (add lines 38 and 39)		40	
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
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 excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)		42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b. If "Yes," complete the following schedule:

[illegible]

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

CAPTAIN OF SHENENDEHOWA, INC.

Employer identification number

14-1637304

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (**Note** Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

CAPTAIN OF SHENENDEHOWA, INC.

14-1637304

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 151,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 29,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 23,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 54,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

CAPTAIN OF SHENENDEHOWA, INC.

14-1637304

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 32,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9		\$ 22,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES			STATEMENT	1
DESCRIPTION				AMOUNT	
NET UNREALIZED LOSS IN INVESTMENTS				-88.	
TOTAL TO FORM 990, PART I, LINE 20				-88.	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
EVENTS	43,353.	10,124.		33,229.	
MISCELLANEOUS	4,550.	4,550.			
STAFF DEVELOPMENT & TRAINING	5,403.	5,272.		131.	
FOOD	2,680.	2,680.			
DUES & SUBSCRIPTIONS	2,388.	2,388.			
ADVERTISING	4,708.	4,557.	151.		
EFSP EXPENSE	3,185.	3,185.			
ACTIVITIES	1,604.	1,604.			
CLEANING SUPPLIES	547.	547.			
SCHOLARSHIP	100.	100.			
TAB EXPENSES	195.	195.			
VOLUNTEER					
APPRECIATION	89.	89.			
AMORTIZATION	250.	250.			
PAYROLL SERVICE	1,481.	1,303.	74.	104.	
INSURANCE	13,288.	12,424.	864.		
CONSULTANTS	8,458.	8,458.			
TOTAL TO FM 990, LN 43	92,279.	57,726.	1,089.	33,464.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE			STATEMENT	3
	PART III				

EXPLANATION

CAPTAIN'S PRIMARY PURPOSE IS A YOUTH AND FAMILY SERVICES AGENCY WHICH IDENTIFIES NEEDS & FACILITATES SERVICES AN PROGRAMS TO MEET THOSE NEEDS.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	4
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DESCRIPTION	AMOUNT
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	9,153.
TOTAL TO FORM 990, PART II, LINE 23	9,153.

FORM 990	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	AMOUNT
OTHER RECEIVABLES	12,661.
CLOSING COSTS, NET OF AMORTIZATION	4,278.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	16,939.

SCHEDULE A	OTHER INCOME	STATEMENT	6
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DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
CAPTAINS TREASURES	90,900.	88,083.	74,852.	70,566.
MISCELLANEOUS	3,138.	6,841.	9,260.	4,612.
TOTAL TO SCHEDULE A, LINE 22	94,038.	94,924.	84,112.	75,178.

CAPTAIN BOARD OF DIRECTORS

Rev 1/30/2002

PER
1/14/02

NAME/ADDRESS SPOUSE	HOME PHONE	WORK PHONE	FAX #	E-MAIL	TERM EXPIRES
AnaMaria Bonar - President (Robert) P O Box 246 Clifton Park, NY 12065	371-3151		371-9405	annmarie@empireone.net	2004
William R Casey - 1 st V.P (Betty) 44 Par Del Rio Clifton Park, NY 12065	383-1004	474-6014	473-5073	rcasey@osc.state.ny.us	2004
Kenneth Clements (Judi) 9 Cathedral Court Clifton Park, NY 12065	371-9184	457-5642	457-8171	kclements@gw.state.ny.us	2004
Michelle Deyette - Secretary 904 London Square Drive Clifton Park, NY 12065	383-6992	884-8839	884-6964	SFD0C_2000@yahoo.com	2001
Richelle L Delmerco (Bob) 6 Elm Place Clifton Park, NY 12065	383-2520	881-0550		rwdelco@ubalumni.com	2004
Jaime Elving 12 Village View Bluff Ballston Lake, NY 12019	899-4265			jelving1@nycap.rr.com	2003
Steve Guillory (Tracy) 38 Copperfield Drive Waterford, NY 12188	590-0188	884-8823	884-8999	teuillory@nycap.rr.com	2003
iki Harkins 1 Salsetto Court Ballston Spa, NY 12020	885-7893	434-1212	434-1242	vharkins@capitalbank.com	2003
David Horan, Jr. - 3 rd V P (Denise) 24 Longwood Drive Clifton Park, NY 12065	383-4026	433-2524	433-0295/ 433-0296 (h) 383-4025	dhoran@albany.net	2003
Patty Kilgore 7 Coneflower Court Malta, NY 12020	581-8195	581-1230	581-1240	pattyrk@aol.com	2002
Nina Hamedani 17 Judith Dr Clifton Park, NY 12065	371-8434			NinaH17@excite.com	Each Year
Patrick Lillo- (Lynn) 51 Canterbury Road Clifton Park, NY 12065	877-0779	257-8666	257-8973	patrick_j_lillo@keybank.com	2003
William Long (Anne) 25 Berkshire Court Clifton Park, NY 12065	877-8941	371-7202	373-6686	WmAnLong@aol.com	2003
Sandra Jean Lyke 14 Bluestone Ridge Clifton Park, NY 12065	383-2332	383-2175		Lyke/paint@aol.com	2002
James Murphy, III 9 Victoria Lane Saratoga Springs, NY 12866	584-0859	885-2263	884-8627	SARDA1@govt.co.Saratoga.ny.us	2003
San Prud'homme-2 nd V P (Gerard) Woodin Road Clifton Park, NY 12065	371-0267	402-5202	473-2056	sprudhom@mail.nysed.gov	2003

NAME ADDRESS/ SPOUSE	HOME PHONE	WORK PHONE	FAX #	E-MAIL	TERM EXPIRES
Lindsey Ross 9 Mohawk Trail Clifton Park, NY 12065	383-8845			linnie155@yahoo.com	Each Year
Robert A Rybak (Angie) 682 Route 146A Clifton Park, NY 12065	877-7129	457-5154	457-4021	rrybak@gw.state.ny.us (work) rybak@empireone.net (home)	2004
Tom Schroeder (Roberta) 59 Chapman Street Ballston Spa, NY 12020	885-5493	885-3491	885-3491	tschroel@nycap.rr.com	2002
Nathan Skinner 10 Bonneau Road Clifton Park, NY 12065	371-0371			naten02@aol.com	Each Year
Schuyler Tilly - Treasurer (Sharon) 9 Hendrik Hudson Way Halfmoon, NY 12065	664-1480	447-3747	447-3768	Schuyler_Tilly@Fleet.com	2004
John Wisniewski 3 Northway Lane Latham, NY 12110		783-9936 x337		jwisniewski@fycmail.Toshiba.com	2003
Gail Ziegler (Marshall Secunda) 106 Nottingham Way Clifton Park, NY 12065	877-5742	881-0463	383-1490	zieggail@shenet.org	2003
EXECUTIVE DIRECTORSHIP					
Susan Allen (Ron) CAPTAIN'S Administrative Director	371-7860	371-1185	383-7997	rsallen@empireone.net	--
Karyl Camardo (David) CAPTAIN'S Program Director	877-5383	371-1185	383-7997	karylee@empireone.net	--
Eileen Reardon (Joe) CAPTAIN'S Development Director	885-5119	371-1185	383-7997	bean900584@aol.com	--
CAPTAIN Clifton Common 17 Town Hall Plaza Clifton Park, NY 12065	--	371-1185 after 5pm 371-1229	383-7997	CAPTAIN@empireone.net Web www.CAPTAINYFS.com	--

Revise 1/30/2002/kuru /board of directors revised

CAPTAIN or shen
Comprehensive Depreciation Letter Size [Depreciation]
GAAP
For the Period January 1, 2001 to December 31, 2001

Class	Actual Balance				Depreciable Base				Current & Accum Depreciation					
	Beginning	Additions	Deletions	Ending	Book Cost	ITC Reduction Amount	Mid Size 178171A	Prior Reported Depreciation	Depreciable Base	Beginning Accum Depr	Current Depr	Mid Size 178171A	Mid Additions Deletions	Ending Accum Depr
BLDG	291 686	0	0	291 686	291 686	0	0	19 946	291 686	19 946	7 430	0	0	27 375
EQUIT	153 651	7 498	0	161 149	161 149	0	0	15 553	155 748	115 553	13 247	0	0	126 800
LHI	23 841	11 410	0	35 251	35 251	0	0	633	35 251	633	796	0	0	1 429
VEHI	7 500	0	0	7 500	7 500	0	0	1 607	7 500	1 607	1 071	0	0	2 679
Grand Total	478 658	18 908	0	495 566	495 566	0	0	137 739	493 166	137 739	22 544	0	0	180 283

Note: There may be differences due to rounding

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	CAPTAIN OF SHENENDEHOWA, INC.	14-1637304
	Number, street, and room or suite no. If a P.O. box, see instructions 6 CLIFTON COMMON COURT	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions CLIFTON PARK, NY 12065	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until AUGUST 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year 2001 or ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990 BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions. \$ _____

- b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

- c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► [Signature] Title ► CIA Date ► 5/1/02
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)