

# FILED UNDER EXTENSION

Form **990**

## Return of Organization Exempt from Income Tax

OMB No 1545 0047

2001

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

Open to Public Inspection

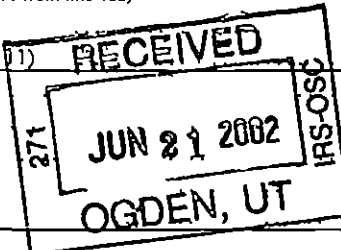
Department of the Treasury  
Internal Revenue Service

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

<b>A For the 2001 calendar year, or tax year beginning</b>		<b>2001, and ending</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C Name of organization</b>	
		THE NEW YORK STATE CASA ASSOC, INC	
		Number street (or P.O. box if mail is not delivered to street addr) Room/suite	
		99 PINE STREET	
		City/Town or Country State ZIP code + 4	
ALBANY NY 12207		<b>D Employer identification number</b> 14-1782329	
		<b>E Telephone number</b> (518) 426-5354	
		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
		<b>H and I are not applicable to Section 527 organizations</b> <b>H (a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H (b)</b> If yes, enter number of affiliates ▶ <b>H (c)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If 'no' attach a list. See instructions.) <b>H (d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Enter 4 digit group GEN ▶	
<b>J Organization type</b> (check only one) <input checked="" type="checkbox"/> 501(c) 3 (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>M</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>K</b> Check here <input type="checkbox"/> 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.			
<b>L</b> Gross receipts. Add lines 6b, 8b, 9b and 10b to line 12 ▶ 512,759			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see instructions)

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Direct public support	1a	203,328	
<b>b</b>	Indirect public support	1b		
<b>c</b>	Government contributions (grants)	1c	277,849	
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 481,177 noncash \$ 0)	1d		481,177
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2		21,503
<b>3</b>	Membership dues and assessments	3		1,350
<b>4</b>	Interest on savings and temporary cash investments	4		
<b>5</b>	Dividends and interest from securities	5		
<b>6a</b>	Gross rents	6a		
<b>b</b>	Less rental expenses	6b		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
<b>7</b>	Other investment income (describe ▶ )	7		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	8a	8b	
<b>c</b>	Gain or (loss) (attach schedule)	8c		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
<b>9</b>	Special events and activities (attach schedule)			
<b>a</b>	Gross revenue (not including \$ 8,065 of contributions reported on line 1a)	9a	8,729	
<b>b</b>	Less direct expenses other than fundraising expenses	9b	8,729	
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	See L-9 Stmt	0
<b>10a</b>	Gross sales of inventory, less returns and allowances	10a		
<b>b</b>	Less cost of goods sold	10b		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
<b>11</b>	Other revenue (from Part VII, line 103)	11		
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		504,030
<b>13</b>	Program services (from line 44, column (B))	13		457,551
<b>14</b>	Management and general (from line 44, column (C))	14		53,167
<b>15</b>	Fundraising (from line 44, column (D))	15		0
<b>16</b>	Payments to affiliates (attach schedule)	16		
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	17		510,718
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-6,688
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19		27,267
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	20		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		20,579



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**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 (att sch) (cash \$ 121,418 non cash \$ 0 )	22 121,418	121,418		
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 47,700	40,571	7,129	0
26	Other salaries and wages	26 88,084	74,845	13,239	0
27	Pension plan contributions	27			
28	Other employee benefits	28 6,100	5,185	915	0
29	Payroll taxes	29 11,312	9,615	1,697	0
30	Professional fundraising fees	30			
31	Accounting fees	31 14,775	0	14,775	0
32	Legal fees	32			
33	Supplies	33 7,410	6,299	1,111	0
34	Telephone	34 6,198	5,268	930	0
35	Postage and shipping	35 1,615	1,373	242	0
36	Occupancy	36 15,764	13,399	2,365	0
37	Equipment rental and maintenance	37 8,368	7,113	1,255	0
38	Printing and publications	38 3,831	3,256	575	0
39	Travel	39 7,155	6,082	1,073	0
40	Conferences, conventions, and meetings	40 34,023	31,259	2,764	0
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 2,087	1,774	313	0
43	Other expenses not covered above (itemize)				
a	PROFESSIONAL DEVELOPMENT	43a 1,505	1,505	0	0
b	DUES & SUBSCRIPTIONS	43b 1,837	1,561	276	0
c	INSURANCE	43c 2,091	1,777	314	0
d	CONSULTING	43d 22,793	19,374	3,419	0
e	See Other Expenses Stmt	43e 106,652	105,877	775	0
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 510,718	457,551	53,167	0

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 Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/> SUPPORT CASA PROGRAMS IN NY STATE	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a PROVIDE SUPPORT TO NYS CASA PROGRAMS BY FACILITATING COMMUNICATION AMONG PROGRAMS, COLLECTING AND DISSEMINATING DATA AND STATISTICS, AND CONSULTING IN PROGRAM DEVELOPMENT AND CASE MANAGEMENT (Grants and allocations \$ 121,418 )	457,551
b _____ (Grants and allocations \$ _____ )	
c _____ (Grants and allocations \$ _____ )	
d _____ (Grants and allocations \$ _____ )	
e Other program services (Grants and allocations \$ _____ )	
f Total of Program Service Expenses (should equal line 44 column (B), program services)	457,551

**Part IV Balance Sheets** (See instructions)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of year amounts only		Beginning of year		End of year	
ASSETS	45	Cash – non-interest bearing	38,264	45	25,189
	46	Savings and temporary cash investments	3,000	46	3,356
	47a	Accounts receivable			
	47b	Less allowance for doubtful accounts		47c	
	48a	Pledges receivable			
	48b	Less allowance for doubtful accounts		48c	
	49	Grants receivable	37,850	49	23,819
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes & loans receivable (attach sch)			
	51b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	1,793	53	2,076
	54	Investments – securities (attach schedule)		54	
	55a	Investments – land, buildings, & equipment basis			
	55b	Less accumulated depreciation (attach schedule)		55c	
56	Investments – other (attach schedule)		56		
57a	Land, buildings, and equipment basis	12,036			
57b	Less accumulated depreciation (attach schedule) L-57 Stmt	10,649	3,475	57c	1,387
58	Other assets (describe ▶ )			58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	84,382	59	55,827	
LIABILITIES	60	Accounts payable and accrued expenses	9,770	60	11,547
	61	Grants payable		61	
	62	Deferred revenue	47,345	62	23,701
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	64b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶ )		65	
	66	<b>Total liabilities</b> (add lines 60 through 65)	57,115	66	35,248
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	27,267	67	20,579
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	27,267	73	20,579	
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	84,382	74	55,827	

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.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions )

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	504,030
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	504,030
<b>d</b>	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	504,030

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	510,718
<b>b</b>	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	510,718
<b>d</b>	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	510,718

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
DARLENE WARD ALBANY, NY	EXEC DIR 35	47,700	0	0
SEE ATTACHED LIST OF UNPAID DIRECTORS	AS NEEDED -	0	0	0
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If 'Yes,' attach schedule -- see instructions

Part VI Other Information (See specific instructions)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b If 'Yes,' has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement. 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization? 80b If 'Yes,' enter the name of the organization and check whether it is exempt or nonexempt. 81a Enter direct or indirect political expenditures. See line 81 instructions. 81b Did the organization file Form 1120-POL for this year? 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? b Did the organization make only in house lobbying expenditures of \$2,000 or less? c Dues, assessments, and similar amounts from members. d Section 162(e) lobbying and political expenditures. e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices. f Taxable amount of lobbying and political expenditures (line 85d less 85e). g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f? h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 86 501(c)(7) organizations a Initiation fees and capital contributions included on line 12. b Gross receipts, included on line 12, for public use of club facilities. 87 501(c)(12) organizations a Gross income from members or shareholders. b Gross income from other sources. 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX. 89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911, Section 4912, and Section 4955. 89b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction. 90a List the states with which a copy of this return is filed. 90b Number of employees employed in the pay period that includes March 12, 2001. 91 The books are in care of Darlene Ward, Telephone number (518) 426-5354, Located at 99 Pine Street, Albany, NY, ZIP + 4 12210. 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year.

**Part VII Analysis of Income-Producing Activities** (See instructions)

**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) Exclusion code	(D) Amount	
93 Program service revenue					
a CONFERENCES/SEMINARS					21,503
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					1,350
95 Interest on savings & temporary cash invmnts					
96 Dividends & 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 pers prop					
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 _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					22,853
105 Total (add line 104, columns (B), (D), and (E))					22,853

**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 instructions)

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/94	FEES COLLECTED FOR CONFERENCES AND SEMINARS AND DUES ARE USED TO PAY FOR THE DIRECT COSTS OF THESE EDUCATIONAL GATHERINGS IN ACCORDANCE WITH THE ORGANIZATIONS MISSION

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions) N/A

(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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- 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)

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.

Date 6/4/02

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Schedule A  
(Form 990 or 990-EZ)

Organization Exempt Under  
Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)  
Nonexempt Charitable Trust Supplementary Information - (See separate instructions)

2001

Department of the Treasury  
Internal Revenue Service

Supplementary Information - (see separate instructions)

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

Name of the Organization

THE NEW YORK STATE CASA ASSOC , INC

Employer Identification Number

14-1782329

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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 ▶	None			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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 ▶	None	

**Part III** Statements About Activities (See instructions )

	Yes	No
<p>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 1 of Part VI-B)</p> <p>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</p>		X
<p>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 )</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p style="text-align: right;">See Pt V, Fm 990</p>	X	
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 Does the organization make grants for scholarships, fellowships student loans, etc? (See Note below )</p>		X
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	X	
<p><b>Note</b> 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</p>		

**Part IV** Reason for Non-Private Foundation Status (See 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 )
- 11 a  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 )
- 11 b  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 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 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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	247,424	175,513	152,447	214,552	789,936
<b>16</b> Membership fees received	1,170	1,865	900	900	4,835
<b>17</b> 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	68,273	69,340	46,064	4,424	188,101
<b>18</b> 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					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	316,867	246,718	199,411	219,876	982,872
<b>24</b> Line 23 minus line 17	248,594	177,378	153,347	215,452	794,771
<b>25</b> Enter 1% of line 23	3,169	2,467	1,994	2,199	
<b>26 Organizations described on lines 10 or 11</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 15,895
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 25a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b> 0
c Total support for Section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 794,771
d Add Amounts from column (e) for lines 18 _____ 19 _____					<b>26d</b> 0
22 _____ 26b _____ 0					<b>26e</b> 794,771
e Public support (line 26c minus line 26d total)					<b>26f</b> 100 00 %
<b>27 Organizations described on line 12.</b>					
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.	(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.	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
c Add Amounts from column (e) for lines 15 _____ 16 _____	17 _____	20 _____	21 _____		<b>27c</b> _____
d Add Line 27a total _____ and line 27b total _____					<b>27d</b> _____
e Public support (line 27c total minus line 27d total)					<b>27e</b> _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					<b>27f</b> _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> _____ %

**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.

**Part V Private School Questionnaire** (See instructions)  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	
		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 ) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 ) ----- -----	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	33h	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions)  
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group Check  **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
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 -- <b>If the amount on line 40 is --</b> Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 <b>The lobbying nontaxable amount is --</b> 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	
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	
<b>Caution</b> 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)

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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



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

THE NEW YORK STATE CASA ASSOC , INC

Employer Identification Number

14-1782329

Organization type (check one)

Filers of.

Form 990 or 990-EZ

Section

- 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 **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)

BAA

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

Name of Organization

Employer Identification Number

THE NEW YORK STATE CASA ASSOC , INC

14-1782329

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 40,353	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>2</u>		\$ 97,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>3</u>		\$ 90,696	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>4</u>		\$ 51,405	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>5</u>		\$ 135,748	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
<u>6</u>		\$ 47,345	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Form 990, Page 1, Part I, Line 9

**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
ROCKAPELLA	16,794	8,065	8,729	8,729	0
Total	<u>16,794</u>	<u>8,065</u>	<u>8,729</u>	<u>8,729</u>	<u>0</u>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
ADVERTISING	511	434	77	0
BANK CHARGES	697	592	105	0
MISCELLANEOUS	3,952	3,359	593	0
SUBCONTRACTOR	101,492	101,492	0	0
Total	<u>106,652</u>	<u>105,877</u>	<u>775</u>	<u>0</u>

Form 990, Page 3, Part IV, Lines 57a &amp; 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
EQUIPMENT	12,036	10,649	1,387
Total	<u>12,036</u>	<u>10,649</u>	<u>1,387</u>

**Supporting Statement of.**

Form 990 p 2/Line 22-Cash

Description	Amount
CASA ALBANY COUNTY	8,100
CASA OF CHEMUNG	6,600
CASA ERIE COUNTY	6,600
CASA JEFFERSON COUNTY	10,100
MONROE COUNTY CASA	6,600
CASA NYC	24,500
CASA ORANGE COUNTY	6,600
CASA ROCKLAND COUNTY	6,600
CASA SCHENECTADY COUNTY	6,440
CASA ULSTER COUNTY	10,100
WESTCHESTER COUNTY CASA	6,600
CASA GENESSE COUNTY	2,600
PEACEMAKER PROGRAM	1,000
BROOME COUNTY CASA	5,330
MHA IN DUTCHESS COUNTY	1,000
EAC, INC	200
CENTER FOR COMMUNITY	2,000
CASA SULLIVAN COUNTY	2,600
CENTRO CIVICO OF AMSTERDAM	1,000
SARATOGA CENTER	3,048
CASA NASSAU	1,600
CASA SUFFOLK	1,600
CASA OF ONONDAGA	600
OTHERS	
Total	<u>121,418</u>

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ 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 pntt File by the due date for filing your return See instructions	Name of Exempt Organization	Employer Identification Number
	THE NEW YORK STATE CASA ASSOC , INC	14-1782329
	Number Street and Room or Suite Number If a P O Box see instructions	
	99 PINE STREET,	
	City Town or Post Office For a foreign address see instructions	State ZIP Code
	ALBANY	NY 12207

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 (Section 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

- I request an automatic 3 month (6-month, for **990-T corporation**) extension of time until Aug 15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for
  - ▶  calendar year 20 01 or
  - ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- a 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 \$ \_\_\_\_\_

### Signature and Verification

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 and that I am authorized to prepare this form

Signature ▶ Kurt B. Clapp Title ▶ Accountant Date ▶ 5-14-02

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12 2000)