

# 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

2002

**Open to Public Inspection**

A For the 2002 calendar year, or tax year period beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable

Please use IRS label or print or type  
See Specific Instructions

C Name of organization

CAPTAIN YOUTH &amp; FAMILY SERVICES 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

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

D Employer identification number

14-1637304

E Telephone number

(518) 371-1185

F	Accounting method
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☐ Cash ☒ Accrual☐ Other (specify) 

**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

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**

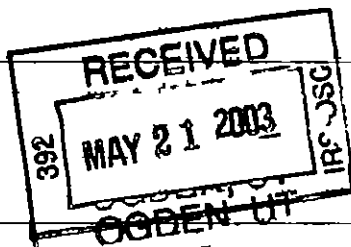
J Organization type (check only one) ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**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 **1,286,457.**

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances
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Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	370,320.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	764,785.		
d	Total (add lines 1a through 1c) (cash \$ 1,135,105. noncash \$ )	1d	1,135,105.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	34,772.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	3,637.		
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	3,929.		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-3,929.		
9	Special events and activities (attach schedule)				
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	112,943.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,282,528.		
13	Program services (from line 44, column (B))	13	637,442.		
14	Management and general (from line 44, column (C))	14	67,578.		
15	Fundraising (from line 44, column (D))	15	116,493.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 13 and 14, column (A))	17	821,513.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	461,015.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	416,848.		
20	Other changes in net assets or fund balances (attach explanation)	20	-11.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	877,852.		



SEE STATEMENT 2

**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

Page 2

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	9,570.	9,570.	STATEMENT 5
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	29,197.	29,197.	0.
26	Other salaries and wages	26	437,246.	332,360.	42,332.
27	Pension plan contributions	27	11,563.	7,458.	1,792.
28	Other employee benefits	28	31,645.	20,564.	4,838.
29	Payroll taxes	29	42,327.	27,301.	6,561.
30	Professional fundraising fees	30			
31	Accounting fees	31	11,078.	3,088.	7,990.
32	Legal fees	32			
33	Supplies	33	12,443.	11,504.	247.
34	Telephone	34	12,257.	10,886.	457.
35	Postage and shipping	35	5,163.	3,949.	243.
36	Occupancy	36	59,292.	57,154.	1,425.
37	Equipment rental and maintenance	37	15,762.	15,762.	
38	Printing and publications	38	3,423.	2,600.	137.
39	Travel	39	8,939.	8,879.	14.
40	Conferences, conventions, and meetings	40	189.	189.	
41	Interest	41	2,142.	2,142.	
42	Depreciation, depletion, etc. (attach schedule)	42	23,608.	22,792.	544.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 3	43e	105,669.	72,047.	998.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	821,513.	637,442.	67,578.

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? **SEE STATEMENT 4**

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 \$ _____)	637,442.
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)	637,442.

**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
<b>Assets</b>	45 Cash - non-interest bearing	2,610.	45	3,483.
	46 Savings and temporary cash investments	176,843.	46	233,059.
	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	8,516.	49	28,110.
	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	2,514.	53	2,959.
	54 Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 6	391.	56	380.
57 a Land, buildings, and equipment: basis	57a	717,731.		
b Less: accumulated depreciation	57b	180,324.	57c	537,407.
58 Other assets (describe ► SEE STATEMENT 7 )		16,939.	58	126,097.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		543,092.	59	931,495.
<b>Liabilities</b>	60 Accounts payable and accrued expenses	51,960.	60	53,643.
	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	74,284.	64b	
	65 Other liabilities (describe ► )		65	
66 <b>Total liabilities</b> (add lines 60 through 65)		126,244.	66	53,643.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	244,642.	67	366,193.
	68 Temporarily restricted	171,206.	68	327,182.
	69 Permanently restricted	1,000.	69	184,477.
	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 column (B) must equal line 21)	416,848.	73	877,852.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	543,092.	74	931,495.

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.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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a	Total expenses and losses per audited financial statements	▶	a	928,221.
b	Amounts included on line a but not on line 17, Form 990			
(1)	Donated services and use of facilities	\$ 102,779.		
(2)	Prior year adjustments reported on line 20, Form 990	\$		
(3)	Losses reported on line 20, Form 990	\$		
(4)	Other (specify)			
	<b>STMT 8</b>	\$ 3,929.		
	Add amounts on lines (1) through (4)	▶	b	106,708.
c	Line a minus line b	▶	c	821,513.
d	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)	▶	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	▶	e	821,513.

(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 & deferred compensation	(E) Expense account and other allowances
SUE ALLEN	ADMINISTRATIVE DIRECTOR			
	25	29,197.	0.	0.

☐ Yes ☒ No

**Part VI Other Information**

		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	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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?	82a	X
b	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. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
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? N/A	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2002	90b	25
91	The books are in care of JOYCE LOOMIS Telephone no 518-371-1185		

Located at 6 CLIFTON COMMON COURT, CLIFTON PARK NY

ZIP + 4 12065

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

92

N/A

**Part VII Analysis of Income-Producing Activities** (See page 31 of the 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>PROGRAM SERVICE REVENUE</b>					34,772.
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	3,637.	
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			18	-3,929.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>OTHER REVENUE - EXCLUDE</b>			05	104,800.	
b <b>MISCELLANEOUS</b>					8,143.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		104,508.	42,915.
105 Total (add line 104, columns (B), (D), and (E))					147,423.

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 page 32 of the 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	<b>INCOME RECEIVED FROM COURTS PERTAINING TO THE OPERATION OF CAPTAIN'S INTERVENTION AND DIVERSION SUBSTANCE ABUSE AND DIVERSION PROGRAM.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(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 page 33 of the 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 penalty 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 and correct.

Date 12/13/03

Schuyler L. H. Treasurer

Type or print name and title

Date

12/13/03

Check if self-

Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(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 )**

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

OMB No 1545-0047

**2002**

Name of the organization

**CAPTAIN YOUTH & FAMILY SERVICES INC.**

Employer identification number

**14 1637304**

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

(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
<b>NONE</b>				

Total number of other employees paid over \$50,000

**0**

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

(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
<b>NONE</b>		

Total number of others receiving over \$50,000 for professional services

**0**

**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 1 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 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	616,279.	605,411.	577,522.	498,382.	2,297,594.
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	27,260.	10,109.	6,512.	5,197.	49,078.
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	5,980.	10,043.	13,038.	17,749.	46,810.
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.	94,172.	94,038.	SEE STATEMENT 10 94,924.	84,112.	367,246.
23 Total of lines 15 through 22	743,691.	719,601.	691,996.	605,440.	2,760,728.
24 Line 23 minus line 17	716,431.	709,492.	685,484.	600,243.	2,711,650.
25 Enter 1% of line 23	7,437.	7,196.	6,920.	6,054.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 54,233.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,711,650.
d Add: Amounts from column (e) for lines 18 46,810. 19 _____ 22 367,246. 26b _____					26d 414,056.
e Public support (line 26c minus line 26d total)					26e 2,297,594.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 84.7305%
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	(2001)	(2000)	(1999)	(1998)	
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	(2001)	(2000)	(1999)	(1998)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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 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?	29	
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?	30	
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.)	31	
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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	
<hr/>		
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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	
<hr/>		
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34 a 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 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	35	

Schedule A (Form 990 or 990-EZ) 2002

**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
		<b>N/A</b>	
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 -			
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			
The lobbying nontaxable amount is -			
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			
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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



FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
DISPOSAL OF ASSETS			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	7,500.	0.	3,571.
TO FM 990, PART I, LN 8		7,500.	0.	3,571.
				NET GAIN OR (LOSS)
				-3,929.
				-3,929.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
NET UNREALIZED LOSS IN INVESTMENTS	-11.
TOTAL TO FORM 990, PART I, LINE 20	-11.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ACTIVITIES	1,717.	1,717.		
ADVERTISING	3,480.	3,424.	56.	
AMORTIZATION	4,278.	4,278.		
CLEANING SUPPLIES	358.	358.		
CONSULTANTS	8,924.	8,924.		
DUES & SUBSCRIPTIONS	1,317.	1,317.		
EFSP EXPENSE	3,007.	3,007.		
EVENTS	45,040.	12,646.		32,394.
FOOD	2,660.	2,660.		
INSURANCE	15,077.	14,291.	786.	
PAYROLL SERVICE	1,627.	1,391.	106.	130.
SCHOLARSHIP	250.	250.		
STAFF DEVELOPMENT	3,863.	3,713.	50.	100.
TAB EXPENSES	516.	516.		
TRANSPORTATION	5,810.	5,810.		
VOLUNTEER				
APPRECIATION	197.	197.		

MISCELLANEOUS	7,548.	7,548.		
TOTAL TO FM 990, LN 43	105,669.	72,047.	998.	32,624.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
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## 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	5
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DESCRIPTION	AMOUNT
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	9,570.
TOTAL TO FORM 990, PART II, LINE 23	9,570.

FORM 990	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	VALUATION METHOD	AMOUNT
DEAN WITTER STOCK	MARKET VALUE	380.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		380.

FORM 990	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	AMOUNT
OTHER RECEIVABLES	10,344.
CLOSING COSTS, NET OF AMORTIZATION	0.
PLEDGES RECEIVABLE	87,000.
CASH SURRENDER VALUE OF LIFE INSURANCE	28,753.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	126,097.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
LOSS ON DISPOSAL OF ASSETS	3,929.
TOTAL TO FORM 990, PART IV-B	3,929.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
LOSS ON DISPOSAL OF ASSETS	-3,929.
TOTAL TO FORM 990, PART IV-A	-3,929.

SCHEDULE A	OTHER INCOME	STATEMENT	10
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DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
CAPTAINS TREASURES	91,742.	90,900.	88,083.	74,852.
MISCELLANEOUS	2,430.	3,138.	6,841.	9,260.
TOTAL TO SCHEDULE A, LINE 22	94,172.	94,038.	94,924.	84,112.

## CAPTAIN BOARD OF DIRECTORS

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
Kenneth Clements (Judi) 9 Cathedral Court Clifton Park, NY 12065	371-9184	457-5642	457-8171	kclements@gw dot state ny us	2004
Michelle Deyette - Secretary 176 Arrowwood Place Ballston Spa, NY 12020	899-2282	884-8839	884-6964	SFDOC_2000@yahoo.com	2004
Jaime Elving 12 Village View Bluff Ballston Lake, NY 12019	899-4265			jelving1@nycap.rr.com	2003
Sarah Gunner (Teen Talk Volunteer) 10 Castle Pines Clifton Park, NY 12065	877-6513			Smg410@aol.com	Each Year
David Horan, Jr - 3 <sup>rd</sup> V P (Denise) 12 Dawson Lane Clifton Park, NY 12065	877-0285	433-2524	433-0295/ 433-0296	David Horan@JPMorgan.com	2003
Patty Kilgore 7 Coneflower Court Malta, NY 12020	581-8195	581-1230	581-1240	pattyrk@aol.com	2005
Mike Koneman 15 Shadow Wood Way Ballston Lake, NY 12019	877-6623			Yoikers1987@aol.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 (exchange)	373-6686	Wlong1@nycap.rr.com	2003
Sandra Jean Lyke 14 Bluestone Ridge Clifton Park, NY 12065	383-2332	383-2175		Lykelpaint@aol.com	2005
James Murphy, III 9 Victoria Lane Saratoga Springs, NY 12866	584-0859	885-2263	884-8627	SARDA1@govt.co.Saratoga.ny.us	2003
Susan Prud'homme-2 <sup>nd</sup> V P (Gerard) 97 Woodin Road Clifton Park, NY 12065	371-0267	Camp 963-1197		Superdome@Willex.com	2003
Thomas Reddy 7D Tupelo Drive Clifton Park, New York 12065	383-3011	237-8000	23700852	reddybro@nycap.rr.com	2004
Robert Rybak (Angie) 682 Route 146A Clifton Park, NY 12065	877-7129	457-5154	457-4021	Rrybak@nycap.rr.com	2004



# CAPTAIN BOARD OF DIRECTORS

NAME/ADDRESS/SPOUSE	HOME PHONE	WORK PHONE	FAX #	E-MAIL	TERM EXPIR
Tom Schroeder (Roberta) 59 Chapman Street Ballston Spa, NY 12020	885-5493	885-3491	885-3491	tschroe1@nycap.rr.com	2005
Schuyler Tilly - Treasurer (Sharon) 9 Hendrik Hudson Way Halfmoon, NY 12065	664-1480	447-3747	447-3768	Schuyler_A_Tilly@Fleet.com	2004
John Wisniewski 10 Corporate Drive Clifton Park, NY 12065		688-2679 x337	688-0190	jwisniewski@centralbusinesssolutions.com	2003
Casey Zampella (TAB Volunteer) 35 Longview Drive Clifton Park, New York 12065	371-1865			daydrealvier@msn.com	Each Year
Gail Ziegler (Marshall Secunda) 106 Nottingham Way Clifton Park, New York 12065	877-5742	881-0463	<u>383-1490</u>	zieggail@shenet.org	2003
<b>EXECUTIVE DIRECTORSHIP</b>					
Bill Casey (Betty) CAPTAIN'S Executive Director	383-1004 692-1223	371-1185	383-7997	bill@captainyfs.com retirecasey@aol.com	-
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	Karylee1015@msn.com	--
Eileen Reardon (Joe) CAPTAIN'S Development Director	885-5119	371-1185	383-7997	bean900584@aol.com	--
<b>CAPTAIN</b> 6 Clifton Common Court Clifton Park, NY 12065	--	371-1185  after 5pm 371-1229	383-7997	CAPTAIN@empireone.net  Web www.CAPTAINYFS.com	--

The Executive Board meetings are held on the 2<sup>nd</sup> Wednesday and the Full Board meetings are held on the 4<sup>th</sup> Wednesday of each month at the CAPTAIN office at 6 Clifton Common Court, Clifton Park, NY 12065

Revised 3/24/03 Judy /Board of Directors

**CAPTAIN of Shen**  
**Comprehensive Depreciation Letter Size [Depreciation]**  
**GAAP**

**For the Period January 1, 2002 to December 31, 2002**

Asset GL Acct #	Selected Dates			Asset Balances			Depreciable Basis			Current & Accum Depreciation					Net Book Value
	Beginning	Additions	Deletions	Ending	Book Cost	ITC Reduction Amount	Net 1717MA & APFD	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr & APFD	Net Sec 1717MA	Net Additions/Deletions	Ending Accum Depr	
A290	143,332	24,577	0	167,909	167,909	0	0	0	120,273	66,233	120,273	8,892	0	0	38,745
A292	50,000	0	0	50,000	50,000	0	0	0	8,333	50,000	8,333	1,250	0	0	38,745
A294	25,882	0	0	25,882	25,882	0	0	0	3,603	25,882	3,603	647	0	0	40,417
A298	1,384	0	0	1,384	1,384	0	0	0	254	1,384	254	92	0	0	21,632
B191	2,171	0	0	2,171	2,171	0	0	0	643	2,171	643	142	0	0	1,038
C270	190,000	0	0	190,000	190,000	0	0	0	14,615	190,000	14,615	4,872	0	0	1,346
C222	37,194	178,642	0	215,836	215,836	0	0	0	921	215,836	921	2,099	0	0	170,513
C224	7,500	20,577	7,500	20,577	20,577	0	0	0	20,577	20,577	2,679	1,922	0	3,571	19,549
C225	8,332	5,443	0	13,775	13,775	0	0	0	3,052	13,775	3,052	1,507	0	0	9,216
C226	8,100	427	0	8,527	8,527	0	0	0	5,222	8,527	5,222	1,634	0	0	1,671
C227	21,670	0	0	21,670	21,670	0	0	0	648	21,670	648	556	0	0	20,468
Grand Total	495,566	229,665	7,500	717,731	717,731	0	0	0	157,604	615,115	160,283	23,613	0	3,571	537,407

Note: There may be differences due to rounding.