

Short Form
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)

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
- ▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" 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	C Name of organization Underground Railroad History Project of The Capital Region, Inc.		D Employer identification number 56-2389806
		Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone number 518-465-8708	
		PO Box 10851 City, town, or country State ZIP + 4 Albany NY 12201	F Group Exemption Number n/a	

G Accounting method Cash Accrual
 Other (specify) ▶

I Website: ▶ www.ugrworkshop.com

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

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check 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.**

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 26,691

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	19,912
2	Program service revenue including government fees and contracts	2	6,778
3	Membership dues and assessments	3	
4	Investment income	4	1
5 a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 19,912 of contributions reported on line 1)	6a	0
b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0
7 a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
8	Other revenue (describe ▶)	8	0
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	26,691
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,500
14	Occupancy, rent, utilities, and maintenance	14	2,217
15	Printing, publications, postage, and shipping	15	2,858
16	Other expenses (describe ▶ See attached statement.)	16	8,394
17	Total expenses (add lines 10 through 16)	17	14,969
18	Excess or (deficit) for the year (line 9 less line 17)	18	11,722
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,593
20	Change in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	14,315

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,593	11,249
23 Land and buildings		1,950
24 Other assets (describe ▶ See attached statement.)	0	1,244
25 Total assets	2,593	14,443
26 Total liabilities (describe ▶ See attached statement.)	0	128
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,593	14,315

SCANNED AUG 0 2005

RECEIVED
 JUL 15 2004
 UGR

69 10

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>Historical research re: history of Underground RR</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	Acquisition of Underground Railroad site at 194 Livingston Ave., Albany, (cost of \$1,500 plus legal expenses of \$450) and beginning restoration as a living museum (Grants \$)	28a 2,217
29	Programs including walking tours of historic sites, and conference with speakers regarding history of Underground Railroad in Albany (Grants \$)	29a 12,752
30		
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 14,969

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the 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 & deferred compensation	(E) Expense account and other allowances
Name <u>Paul Stewart</u> Str <u>54 Bertha St</u> City <u>Albany</u> ST NY ZIP <u>12209</u>	Title <u>President</u> Hr/WK <u>10-40</u>	0	0	0
Name <u>Jay Bouchard</u> Str <u>80 S. Allen St</u> City <u>Albany</u> ST NY ZIP <u>12208</u>	Title <u>Treasurer</u> Hr/WK <u>1-2</u>	0	0	0
Name <u>Benita Law-Diao</u> Str <u>23 Dyke Rd.</u> City <u>Latham</u> ST NY ZIP <u>12110</u>	Title <u>Secretary</u> Hr/WK <u>1-2</u>	0	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 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 (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 an explanation.		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958. ▶ 0		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization. ▶		
41	List the states with which a copy of this return is filed ▶ NY		
42	The books are in care of ▶ Name <u>Paul Stewart</u> Business check here <input type="checkbox"/> Telephone no. ▶ <u>518-432-4432</u> Located at ▶ <u>54 Bertha St</u> City <u>Albany</u> ST NY ZIP + 4 ▶ <u>12209</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		

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.

7/5/05
Date

President

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

2004

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

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

Name of the organization Underground Railroad History Project of The Capital Region, Inc.	Employer identification number 56-2389806
---	---

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
Name Str none ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000 ▶				

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
Name Str none ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str ----- City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the 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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i 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>		
a Sale, exchange, or leasing of property		X
b Lending of money or other extension of credit		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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 ► _____ City _____ ST _____ Country _____
- 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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants See line 28)	2,530				2,530
16 Membership fees received					0
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					0
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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	2,530	0	0	0	2,530
24 Line 23 minus line 17	2,530	0	0	0	2,530
25 Enter 1% of line 23	25	0	0	0	0

26 Organizations described on lines 10 or 11:	a	Enter 2% of amount in column (e), line 24	▶	26a	51
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 2000 through 2003 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	▶	26b		
c	Total support for section 509(a)(1) test. Enter line 24, column (e)	▶	26c	2,530	
d	Add Amounts from column (e) for lines				
	18 0 19 0				
	22 0 26b 0				
e	Public support (line 26c minus line 26d total)	▶	26e	2,530	
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	100.00%	

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:			
	(2003)	(2002)	(2001)	(2000)	
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:				
	(2003)	(2002)	(2001)	(2000)	
c	Add Amounts from column (e) for lines				
	15 0 16 0				
	17 0 20 0 21 0				
d	Add Line 27a total	0	and line 27b total	0	
e	Public support (line 27c total minus line 27d total)	▶	27e	0	
f	Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	▶	27f	0	
g	Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	0.00%	
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	0.00%	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.)

(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)		
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)		
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)		
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		

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

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

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)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for lobbying expenditures and nontaxable amounts.

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.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include lines 45-50 for averaging period data.

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.)

Table with 3 columns: Yes, No, Amount. Rows include questions about lobbying activity (a-i) and a total line (i).

Line 16 (990-EZ) - Other expenses

1	Fund Raising	1	
2	conference speakers & expenses	2	4,089
3	insurance	3	2,193
4	marketing & memberships	4	589
5	charities registration annual fee	5	25
6	website	6	241
7	special events	7	1,232
8	bank fee	8	25
9		9	
10		10	
11	Total other expenses	11	8,394

Line 24 (990-EZ) - Other assets

		Beginning	End
1	accounts receivable - balance of grant owed	0	1,244
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	0	1,244

Line 26 (990-EZ) - Liabilities

		Beginning	End
1	accounts payable - water bill	0	128
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total liabilities	0	128

UNDERGROUND RAILROAD HISTORY PROJECT OF THE CAPITAL REGION, INC.

BOARD OF TRUSTEES

Jay W. Bouchard Treasurer	80 S. Allen Street Albany, New York 12208	Hartgen Archeological Associates, Inc. Archeologist
Andrew Feffer Vice President	144 Chestnut Street Albany, New York 12210	Union College Educator, Researcher
Elizabeth Griffin	399 Hamilton Street Albany, New York 12210	Historic Albany Foundation Director
Julia Holcomb Acting Secretary	1773 Avenue B Schenectady, New York 12308	Schenectady High School Educator
Deborah LaFond	P.O. Box 3094 Albany, New York 12203	SUNY-Albany Africana Studies Bibliographer
Benita Law-Diao	23 Dyke Road Latham, New York 12110	NYS Dept. of Health Program Research Specialist
Vera Michelson	13 Pennsylvania Avenue Albany, New York 12206	Self-employed Community advocate
Roy Pompey	80 Vandenberg Avenue Troy, New York 12180	Hudson Valley Community College Administrator
Richard Rugel	12 Greenridge Drive Clifton Park, New York 12065	Prudential Financial Financial counselor
Paul Stewart President	54 Bertha Street Albany, New York 12209	Capital District Community Loan Fund Senior Loan Officer
Charles Touhey	509 West Lawrence Street Albany, New York 12208	Touhey Associates Educator, philanthropist
Alfonza Wells	21 Second Street Troy, New York 12180	Pioneer Bank CRA Officer
Walter R. Wheeler	P.O. Box 1413 Troy, New York 12181-1413	Hartgen Archeological Associates, Inc. Architectural Historian

Revised August 2004