

This form is for organizations  
filing electronically with the  
IRS

Open to Public  
Inspection

**1. General Information**

A. For the organization's fiscal year beginning (mm/dd/yyyy) 01/01/2017 and ending (mm/dd/yyyy) 12/31/2017

B. Check all that apply:

- Final Filing  
 Amended Filing  
 Fiscal Year Change  
 None of the Above

C. Name of Organization (as on file with the IRS)

SCHOHARIE MOHAWK INITIATIVE FOR SCIENCE AND TECHNOLOGY  
INC

D. Fed. Employer ID No. (EIN)  
(##-#####)

47-1735490

E. Attorney General's Charity Bureau's  
Registration No. (##-##-##)

44-66-88

F. Telephone Number (###-###-####)

518-368-1211

Number and Street (or P.O. Box if mail not delivered to street address)

PO Box 121

Room/Suite

G. Email Address

smistny@smistny.org

City or Town, State or Country and Zip + 4

Duanesburg, NY, 12056

H. Web Address

www.smistny.org

I. Choose the New York Registration Category  EPTL  7A  Dual  Exempt

J. Is the registrant incorporated under Section 1411 of the NY Not-for-Profit Corporation Law?  Yes  No

**2. Revenue and Assets**

A. During the fiscal year, did the organization raise more than \$25,000 from New York State residents or entities located in New York (including foundations, corporations, or government agencies or legislative bodies)?

Yes  No

B. During the fiscal year, did the organization's gross receipts exceed \$25,000 OR did the organization's assets (market value) exceed \$25,000 at any time during this fiscal year? (Assets include land, buildings, funds, equipment, vehicles and other personal and real property.)

Yes  No

C. During the fiscal year, did the organization engage a fundraising professional in connection with fundraising activities in New York State? These terms are defined at [www.charitiesnys.com](http://www.charitiesnys.com).

Yes  No

If the answer to ANY of these questions is "Yes", please continue completing this form, beginning with Section 3.

If the answer to ALL of these questions is "No", please go directly to Section 8 of this form (Certification) to complete this form.

**3. Fundraising Professionals**

If the organization engaged a fundraising professional, complete Schedule 3.

**NOTE - A separate Schedule 3 must be completed for each fundraising professional engaged during the fiscal year.**

If the organization did not use a fundraising professional, continue to Section 4.

**Schedule 3. Fundraising Professionals  
Includes Professional Fundraisers, Fundraising Counsels, and Commercial Co-Venturers**

Complete this schedule for each fundraising professional that the organization engaged during fiscal year for fundraising activity in New York State. Please use a separate page for each fundraising professional.

1.a Name of fundraising professional

1.b Fundraising professional's Charities Bureau ID#

2. Type of fundraising professional

- Professional Fundraiser
- Fundraising Counsel
- Commercial Co-Venturer

3. Contact Information for the fundraising professional

Number and Street (or P.O. Box if mail not delivered to street address)

Room/Suite

City or Town, State or Country and Zip + 4

Telephone Number

4. Dates of Contract:  through   
(mm/dd/yyyy) (mm/dd/yyyy)

5. Describe the type and scope of the services provided by the fundraising professional:

6. Describe the financial terms of the contract, including the compensation paid to the fundraising professional:

7. Enter the amount paid to the fundraising professional

8. For a commercial co-venturer,

(a) enter the amount received by the organization from the commercial co-venturer \_\_\_\_\_, and

(b) whether the charity has received an accounting from the commercial co-venturer during the fiscal year  Yes  No

**4. Government Contributions/Grants**

Did the organization receive a contribution/grant from any federal, state or local governmental entity, including any legislative body?  Yes  No

If "Yes", list each government contribution/grant on Schedule 4.

If "No", please go to Section 5.

**Schedule 4. Government Contribution**

Enter name of Government Entity ----- Purpose of Grant/Contribution	Amount
<b>Total Government Contributions/Grants</b>	<b>\$0</b>

**5. Type of IRS Report Filed**

Which version of the IRS Form 990 is being filed electronically with the IRS?

- IRS form 990  
 IRS form 990EZ  
 IRS form 990PF

**6. Filing Fee Calculator**

Total Support & Revenue amount :

These amounts are from the IRS Form being filed electronically with the IRS.

Assets/Net Worth at End of Year amount :

**The annual filing fee(s) you owe are indicated below.**

You must pay the following fee under New York State's Executive Law Article 7A:

7A and DUAL filers, not exempt	\$25	<input type="checkbox"/>
7A exempt or EPTL only filers	\$0	<input checked="" type="checkbox"/>

You must pay the following under New York's Estates, Powers and Trusts Law (EPTL)

Assets/Net Worth at End of Year	Fee	
Less than \$50,000	\$25	<input checked="" type="checkbox"/>
\$50,000 or more, but less than \$250,000	\$50	<input type="checkbox"/>
\$250,000 or more, but less than \$1,000,000	\$100	<input type="checkbox"/>
\$1,000,000 or more, but less than \$10,000,000	\$250	<input type="checkbox"/>
\$10,000,000 or more, but less than \$50,000,000	\$750	<input type="checkbox"/>
\$50,000,000 or more	\$1500	<input type="checkbox"/>
Not Applicable	\$0	<input type="checkbox"/>

Your Total Fee: **7. Attachments****7A. Independent Certified Public Accountant's Report (For Executive Law Article 7-A and Dual Filers Only)**

Please check the box below indicating that you are attaching an Accountant's Report, if applicable

- Certified Public Accountant's Audit Report - Total support and revenue was more than \$750,000 during the fiscal year.  
 Certified Public Accountant's Review Report - Total support and revenue was between \$250,001 and \$750,000 during the fiscal year.  
 No Accountant's Report is required.

**8. Certification - Two Signatures Required**

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President  
or other Authorized Officer

Walter Silva  
Printed Name

President  
Title

05/06/2018  
Date

Chief Financial Officer  
or Treasurer

Aaron Heller  
Printed Name

Treasurer  
Title

05/06/2018  
Date

Submitter  
(if not one of those above)

Printed Name

Title

Date

## NYS CHAR500 Electronic Filing Summary

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### **Filing Detail**

Organization ID: 44-66-88

EIN: 47-1735490

Registration Category: Dual

Raised more than \$25,000 from New York State residents: No

Gross receipts exceeded \$25,000 or assets exceeded \$25,000: Yes

Fundraiser: No

Grants: No

### **IRS Form Submitted**

IRS Form Attached: Yes

IRS Form Type: 990EZ

### **Revenue**

Government Grants (Contributions): \$0

Total Contributions: \$6,979

Total Program Service Revenue: \$1,890

Total Revenue: \$9,246

### **Expenses**

Total Program Service Expenses: \$5,005

Salaries, Other Compensation, and Employee Benefits: \$0

Total Expenses: \$47,001

### **Net Assets**

Total Net Assets or Fund Balances at the End of the Year: \$47,677

### **CPA Audit or Review**

CPA Review or CPA Report Attached: No

### **FeeDue**

7A Fee: \$0

EPTL Fee: \$25

Total Fee Due: \$25

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