Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| A I | or the | 2016 calend | ar year, or tax year beginning 01/01 , 2016, and ending | 12/31 | , 20 ₁₆ |
|------------|------------------------|--------------|--|-------------|-----------------------------------|
| В | Check if ap | oplicable: | C Name of organization D I | Employer id | entification number |
| | Address o | change | 4 | 7-1735490 | |
| | Name cha | ange | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E | Telephone n | umber |
| = | Initial retu | | PO Box 121 | 51 | 8-368-1211 |
| = | Final retur Amended | n/terminated | Group Exe | mption | |
| = | | n pending | Number • | • | |
| _ | | ting Method: | Duanesburg, NY, 12056 ✓ Cash Accrual Other (specify) ► H Che | ck ▶ □ | if the organization is not |
| | Vebsite | · | | | ach Schedule B |
| | | | | | 0-EZ, or 990-PF). |
| _ | | | ✓ Corporation ☐ Trust ☐ Association ☐ Other | | , , |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass | ets | |
| | | | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | 56,706 |
| | art I | | e, Expenses, and Changes in Net Assets or Fund Balances (see the ins | Ψ | |
| | 0.1 (1 | | the organization used Schedule O to respond to any question in this Part I. | | |
| _ | 1 | | ons, gifts, grants, and similar amounts received | | 55,631 |
| | 2 | | ervice revenue including government fees and contracts | . 2 | |
| | 3 | _ | ip dues and assessments | . 3 | 913 |
| | 4 | Investment | · | . 4 | 0 |
| | | | | | 0 |
| | 5a | | · · · · · · · · · · · · · · · · · · · | 0 | |
| | b | | or other basis and sales expenses | 0 - | |
| | C | | . <u>5c</u> | 0 | |
| | 6 | _ | nd fundraising events | | |
| Φ | а | | ome from gaming (attach Schedule G if greater than | | |
| Revenue | | | 6a | 0 | |
| š | b | | ome from fundraising events (not including \$ 0 of contributions | | |
| æ | | | raising events reported on line 1) (attach Schedule G if the | | |
| | | | | 162 | |
| | С | | et expenses from gaming and fundraising events 6c | 0 | |
| | d | | e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra | ct | |
| | | , | | · 6d | 162 |
| | 7a | Gross sale | s of inventory, less returns and allowances | 0 | |
| | b | | of goods sold | 0 | |
| | С | | it or (loss) from sales of inventory (Subtract line 7b from line 7a) | . 7с | 0 |
| | 8 | Other reve | nue (describe in Schedule O) | . 8 | 0 |
| | 9 | Total reve | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | ▶ 9 | 56,706 |
| | 10 | Grants and | d similar amounts paid (list in Schedule O) | . 10 | 0 |
| | 11 | Benefits pa | aid to or for members | . 11 | 0 |
| Se | 12 | Salaries, o | ther compensation, and employee benefits | . 12 | 0 |
| Expenses | 13 | Profession | al fees and other payments to independent contractors | . 13 | 60 |
| be | 14 | Occupanc | y, rent, utilities, and maintenance | . 14 | 48 |
| ш | 15 | | ublications, postage, and shipping | | 72 |
| | 16 | | enses (describe in Schedule O) .See Schedule O, Statement 1 | | 12,645 |
| | 17 | | enses. Add lines 10 through 16 | | 12,825 |
| | 18 | | (deficit) for the year (Subtract line 17 from line 9) | | 43,881 |
| iets | 19 | | s or fund balances at beginning of year (from line 27, column (A)) (must agree wi | | 15,001 |
| 1SS | | | ar figure reported on prior year's return) | | 8,765 |
| Net Assets | 20 | = | nges in net assets or fund balances (explain in Schedule O) | | 0,703 |
| ž | 21 | | or fund balances at end of year. Combine lines 18 through 20 | <u>.</u> 21 | 52,646 |
| For | | | ion Act Notice, see the separate instructions. Cat. No. 10642 | | Form 990-EZ (2016) |

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| | Balance Sheets (see the instructions f | , | | S | | |
|--|---|--|--|---|---|--|
| | Check if the organization used Schedule | O to respond to ar | • | Part II | | (B) End of year |
| 00 | Cook assisses and inscrete auto | | | ., , , | 00 | • |
| 22 | Cash, savings, and investments | | | 135 | | 44,016 |
| 23 | Land and buildings | | | | 23 | 0 (22 |
| 24 25 | Other assets (describe in Schedule O) See.Sche | | | 8,630 | - | 8,630 |
| 26 | Total assets | | | 8,765 | 26 | 52,646 0 |
| 27 | Net assets or fund balances (line 27 of column | | | 8,765 | _ | 52,646 |
| Pari | , | · , · · | | | 21 | 52,040 |
| · a. | Check if the organization used Schedule | • | | • | | Expenses |
| What | | See Schedule O, Sta | · ' | <u> </u> | | equired for section |
| | ribe the organization's program service accomplis | · · · · · · | | rogram convices | | 1(c)(3) and 501(c)(4) anizations; optional for |
| as m | neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea | anner, describe the | | | | ers.) |
| 28 | Establish and mentor FIRST LEGO League (FLL) Tea | ıms in preparation for | the regional FLL Ch | allenge. | | |
| | Includes all costs for equipment, material, registration | on, and field trips nee | ded during the year. | Three teams, | | |
| | 16 students in grades 4-8. participated in the regiona | al FLL Challenge | | | | |
| | (Grants \$ 5,500) If this amount | includes foreign gra | nts, check here . | ▶ 🗆 | 28 | a 2,900 |
| 29 | Establish and mentor SeaPerch Teams in preparatio | n for the regional Sea | Perch Challenge. Inc | ludes all | | |
| | costs for equipment and material needed during the | year. Eleven teams, 2 | 25 students in grades | 6-8, | | |
| | participated in the regional SeaPerch Challenge | | | | | |
| | (Grants \$ 913) If this amount | | | | 29 | a 1,091 |
| 30 | Summer Programs which included SeaPerch and bu | ilding a Rube Goldbe | rg machine using litt | leBits. 25 | | |
| | students in grades 4-8 participated in the summer pr | ogram | | | | |
| | 72 | | | | | |
| 0.4 | | includes foreign gra | | | 30 | a 0 |
| 31 | Other program services (describe in Schedule O) | | | | | _ |
| 20 | (Grants \$ 0) If this amount Total program service expenses (add lines 28a t | includes foreign gra | | | 31 | |
| Pari | | | | | 32 | |
| rai | Check if the organization used Schedule | | · · | | 115110 | |
| | Officer if the organization used beneatile | O to respond to ai | | | | |
| | | (In) A | | | Ť | |
| | (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employ benefit plans, and deferred compensatio | | e) Estimated amount of other compensation |
| Walte | (a) Name and title | hours per week | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employ benefit plans, and | | |
| | | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employ benefit plans, and | n . | other compensation |
| Pres | er Silva | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employ benefit plans, and | n . | other compensation |
| Pres Jimn | er Silva ident | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employ benefit plans, and | n 0 | other compensation |
| Pres Jimn Vice- | er Silva ident ny Burns | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employ benefit plans, and | n 0 | other compensation |
| Pres Jimn Vice- Aaro | er Silva ident ny Burns -President | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employ benefit plans, and | n 0 0 | other compensation 0 |
| Pres Jimn Vice- Aaro Treas | er Silva ident ny Burns -President in Heller | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employ benefit plans, and | n 0 0 | other compensation 0 |
| Pres Jimn Vice- Aaro Treas Lisa | er Silva ident ny Burns -President in Heller surer | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 | (d) Health benefits, contributions to employ benefit plans, and | n 0 0 0 | other compensation 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secre | er Silva ident ny Burns -President in Heller surer Meaney | hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 | (d) Health benefits, contributions to employ benefit plans, and | n 0 0 0 | other compensation 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie | er Silva ident ny Burns -President in Heller surer Meaney etary | hours per week devoted to position 15 4 3 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 | (d) Health benefits, contributions to employ benefit plans, and | n 0 0 0 0 0 | other compensation 0 0 0 |
| Pres Jimn Vice- Aaro Treas Lisa Secre Julie Direc Kim | er Silva ident ny Burns -President nn Heller surer Meaney etary Drexel ctor of Development Lohret | hours per week devoted to position 15 4 3 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 | (d) Health benefits, contributions to employ benefit plans, and | n 0 0 0 0 0 | other compensation 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secre Julie Direc Kim Direc | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie Direc Kim Direc Dem | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications arcus Hamm | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | n 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie Direc Kim Direc Dem | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie Direc Kim Direc Dem | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications arcus Hamm | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie Direc Kim Direc Dem | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications arcus Hamm | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie Direc Kim Direc Dem | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications arcus Hamm | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie Direc Kim Direc Dem | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications arcus Hamm | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie Direc Kim Direc Dem | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications arcus Hamm | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie Direc Kim Direc Dem | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications arcus Hamm | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie Direc Kim Direc Dem | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications arcus Hamm | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 0 |
| Pres Jimn Vice- Aaro Trea: Lisa Secr Julie Direc Kim Direc Dem | er Silva ident ny Burns -President in Heller surer Meaney etary Drexel ctor of Development Lohret ctor of Communications arcus Hamm | hours per week devoted to position 15 4 3 1.5 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | (d) Health benefits, contributions to employ benefit plans, and | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | other compensation 0 0 0 0 0 0 |

Form 990-EZ (2016)

| Part | · | | | |
|---------|---|------|-------|------------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | _ | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | Yes | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | 33 | | |
| | change on Schedule O (see instructions) | 34 | | 1 |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | ~ |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| С | Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | ~ |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ~ |
| 37a | 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? | 37b | | ~ |
| 38a | 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 outstanding at the end of the tax year covered by this return? . | 38a | | ~ |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved | - | | |
| 39 a | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | - | | |
| 40a | Section 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 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | ~ |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | ~ |
| 41 | List the states with which a copy of this return is filed ► NY | | | |
| 42a | | | 8-121 | 1 |
| b | Located at ► PO Box 121, Duanesburg, NY 12056 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 120 | 056 | NIO |
| J | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: | 42b | Yes | No 🗸 |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶ | 42c | | ~ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | . 1 | ▶ □ |
| 44- | Dilli 0.16 %/ 11 5 000 11 | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | ~ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | ~ |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ~ |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | ~ |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | |
| | Form 990-EZ (see instructions) | 45b | | / |

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| Form 99 | 90-EZ (20 | 016) | | | | | | | | Page |
|----------------------|------------------------------------|---|---|---|-----------------------------|-----------------|------------------------|-------------------------|--------------------|------------|
| 46 | Did th | ne organization engage, directly or in | ndirectly, in political c | ampaign activities | on behalt | of or i | n opposit | ion | Ye | es No |
| Part | VI | ndidates for public office? If "Yes," of Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl | s only s must answer que | estions 47–49b ar | ıd 52, an | d com | | | s for | ✓ lines |
| 47 | Did tl | the organization engage in lobbying of f"Yes," complete Schedule C, Par | activities or have a | | tion in et | | ring the | | Y 6 | es No |
| 48 49a b 50 | Is the Did th If "Ye Comp | organization a school as described in the organization make any transfers to es," was the related organization a se colete this table for the organization's oyees) who each received more than | n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organization five highest compen | aritable related orga on? | nization? other thar | officer | rs, directo | . 4 . 4 ors, trus | 9a 9b stees, | |
| | (a) | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS | contrib | | employee d deferred | | nated ar | mount of |
| None | | | | | | | | | | |
| f 51 | Comp \$100 | number of other employees paid over this table for the organization and of compensation from the organization and business address of each independent | s five highest compenization. If there is no | ensated independe | | actors v | | receiv | | ore tha |
| None | | | | | | | | | | |
| d 52 | Did 1 | number of other independent contra the organization complete Schedu oleted Schedule A | _ | | . ► ganizatio | ns mu | | n a . ▶ | 'es [| □ No |
| | | of perjury, I declare that I have examined this rd complete. Declaration of preparer (other than | | | | | | nowledge | and be | ief, it is |
| Sign Here | | Signature of officer Walter Silva, President Type or print name and title | | | | Date | | | | |
| Paid Prep Use | | Print/Type preparer's name Firm's name ▶ | Preparer's signature | | Date | | Check ☐ self-emplo | if yed | N | |
| Mav th | ne IRS | Firm's address ► discuss this return with the preparer | shown above? See | instructions | | Phone | no. | <u> </u> | es [| No |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** SCHOHARIE MOHAWK INITIATIVE FOR SCIENCE AND TECHNOLOGY INC 47-1735490 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 0 0 500 10,332 56,706 67,538 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 Total. Add lines 1 through 3. . . . 4 O 0 500 10,332 56,706 67,538 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 40,000 Public support. Subtract line 5 from line 4 27,538 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 500 56,706 0 0 10,332 67,538 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 0 0 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 **Total support.** Add lines 7 through 10 11 67,538 12 2.000 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2015 Schedule A, Part II, line 14 15 % 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

| | if the organization falls to qualify | under the te | sts listed bei | ow, please co | implete Fart | 11.) | |
|-------|---|-----------------|-----------------|----------------|----------------|-----------------|--|
| | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| • | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| - | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| 2 | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| _ | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | | _ |
| | dar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | (a) 2012 | (2) 2010 | (6) 2011 | (4) 2010 | (6) 2010 | (i) rotar |
| 10a | Gross income from interest, dividends, | | | | | | |
| IVa | payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | | | | | | |
| h | Unrelated business taxable income (less | | | | | | |
| b | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| • | Add lines 10a and 10b | | | | | | |
| | | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 40 | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 10 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 13 | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | o organization | a's first socon | d third fourth | or fifth tax w | or as a soctio | D 501(a)(3) |
| 14 | organization, check this box and stop he | • | | | | | ` ' : ' |
| Sacti | on C. Computation of Public Suppor | | | <u> </u> | | | |
| 15 | Public support percentage for 2016 (line 8 | | | 3 column (fl) | | 15 | % |
| 16 | Public support percentage from 2015 Sch | | - | | | 16 | |
| | on D. Computation of Investment Inc | | | | | 10 | 70 |
| 17 | Investment income percentage for 2016 (I | | | v line 13 colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2015 | | | - | | 18 | —————————————————————————————————————— |
| 19a | 33 ¹ / ₃ % support tests—2016. If the organi | | | | | | |
| isa | 17 is not more than 33 ¹ / ₃ %, check this box | | | | | | |
| b | 33 ¹ / ₃ % support tests—2015. If the organiz | _ | = | - | | _ | |
| D | line 18 is not more than 33 ¹ / ₃ %, check this k | | | | | | |
| 20 | Private foundation If the organization di | _ | | • | | | _ |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | | Yes | Na |
|----------|--|----------|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | res | No |
| 2 | class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | 1 | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| _ | purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | | | |
| 8 | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | 7 | | |
| Ū | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 00 | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9a 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9b 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | 30 | | |
| L | supporting organizations)? If "Yes," answer 10b below. | 10a | | |
| D | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | 406 | | |

| Part I | V Supporting Organizations (continued) | | | |
|---------|---|--------|--------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | <u> </u> |
| | A family member of a person described in (a) above? | 11b | | <u> </u> |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | | |
| Section | on B. Type I Supporting Organizations | | | I |
| _ | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the approximation approach fourth a homeful of any approximation at how there the approached | - | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i> | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Section | on C. Type II Supporting Organizations | | | <u> </u> |
| Occur | on or Type in Supporting Organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 163 | 140 |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | · |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | nstru | ctions | s). |
| а | ☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | | |
| b | ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in | struct | ions). |
| • | Activities Test Anguar (a) and (b) below | | Vaa | No |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | NO |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | a | | |
| J | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| - | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | zations | |
|---|-------|----------------------------|---|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionall | y int | tegrated Type III supporti | ng organization (see |
| instructions). | - | | - • • • • • • • • • • • • • • • • • • • |

| Part | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | |
|------------|---|-----------------------------|--|---|--|
| Secti | on D - Distributions | , | , | Current Year | |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | rted | | |
| | organizations, in excess of income from activity | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | |
| 8 | Distributions to attentive supported organizations to whic | h the organization is res | ponsive | | |
| | (provide details in Part VI). See instructions. | | | | |
| 9_ | Distributable amount for 2016 from Section C, line 6 | | | | |
| 10 | Line 8 amount divided by Line 9 amount | <u> </u> | | / | |
| S | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 | |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | | |
| a | | | | | |
| b | | | | | |
| c | From 2013 | | | | |
| d | From 2014 | | | | |
| e | From 2015 | | | | |
| f | Total of lines 3a through e | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2016 distributable amount | | | | |
| _ <u>i</u> | Carryover from 2011 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | |
| 4 | Distributions for 2016 from Section D, line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2016 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2017 . Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| a | 5 (0040 | | | | |
| b | Excess from 2013 | | | | |
| C | Excess from 2014 | | | | |
| d | Excess from 2015 | | | | |
| е | Excess from 2016 | | | | |

| Part VI | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---------|---|
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization SCHOHARIE MOHAWK INITIATIVE FOR SCIENCE AND TECHNOLOGY INC 47-1735490

Total:

SCHOHARIE MOHAWK INITIATIVE FOR SCIENCE AND TECHNOLOGY

INC

12,645

Form: **Form 990-EZ (2016)** EIN: **47-1735490**

Page: 1

Part I, Line 16

| Other Expenses Structured Explanation | | | | |
|--|--------|--|--|--|
| Description | Amount | | | |
| 3D Printer Equipment | 5,795 | | | |
| FIRST LEGO League Equipment and Registration | 2,121 | | | |
| littleBits Equipment | 2,046 | | | |
| Science Fun Day | 638 | | | |
| SeaPerch Equipment | 1,091 | | | |
| Laptops | 763 | | | |
| General and Infrastructure Costs | 191 | | | |

Schedule O, Statement 2

SCHOHARIE MOHAWK INITIATIVE FOR SCIENCE AND TECHNOLOGY

INC

Form: **Form 990-EZ (2016)** EIN: **47-1735490**

Page: 2

Part II, Line 24

| Other Assets Structured Explanation | | | | |
|-------------------------------------|------------|--|--|--|
| Description | EOY Amount | | | |
| Laptops | 2,200 | | | |
| littleBits Kits and Equipment | 1,900 | | | |
| LEGO EV3 Mindstorms | 2,200 | | | |
| Storage Locker | 130 | | | |
| Misc RC Car Kits Electronics | 1,200 | | | |
| SeaPerch Toolkits | 1,000 | | | |
| Total: | 8,630 | | | |

Schedule O, Statement 3

SCHOHARIE MOHAWK INITIATIVE FOR SCIENCE AND TECHNOLOGY

INC

Form: **Form 990-EZ (2016)** EIN: **47-1735490**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

To encourage students to pursue opportunities in science, technology, engineering and math (STEM) by identifying, developing, delivering and supporting STEM initiatives for communities in the Schoharie and Mohawk regions.

SCHOHARIE MOHAWK INITIATIVE FOR SCIENCE AND TECHNOLOGY

INC

Form: **Form 990-EZ (2016)** EIN: **47-1735490**

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Other Program Service Accomplishments

| Description | Grants And Allocations | Includes Foreign Grants | Program Service Expenses |
|--|---------------------------|-------------------------------|--------------------------------|
| Miscellaneous STEM activities which include sponsoring a Science Fun Day with the Society of Women Engineers as well as participating in the Schoharie STEAM Night, Duanesburg Science Fair and Duanesburg Screen-Free Week. | 0 | | 0 |
| Total: | | | 0 |