

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ADIRONDACK FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 288</b> City or town, state or province, country, and ZIP or foreign postal code <b>LAKE PLACID, NY 12946</b> <b>F</b> Name and address of principal officer: <b>NANCY KEET</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>** - *** 5724</b> <b>E</b> Telephone number <b>518-523-9904</b> <b>G</b> Gross receipts \$ <b>16,072,873.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.ADIRONDACKFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1997</b>		<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>ENCOURAGING PHILANTHROPY TO SERVE THE ADIRONDACK REGION.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>8</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>130</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,518,784.</b>	<b>Current Year</b> <b>6,593,379.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>118,316.</b>	<b>132,390.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,148,000.</b>	<b>989,337.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,745.</b>	<b>8,700.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,786,845.</b>	<b>7,723,806.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,938,734.</b>	<b>2,323,940.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>465,469.</b>	<b>584,434.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>82,240.</b>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>343,583.</b>	<b>404,112.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,747,786.</b>	<b>3,312,486.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>3,039,059.</b>	<b>4,411,320.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>54,666,419.</b>	<b>End of Year</b> <b>62,500,882.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21,715,633.</b>	<b>22,796,086.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>32,950,786.</b>	<b>39,704,796.</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer <b>NANCY KEET, CHAIR</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BARBARA A. MARTEN</b>	Preparer's signature _____	Date <b>11/13/18</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00369551</b>
	Firm's name ▶ <b>PINTO MUCENSKI HOOPER VANHOUSE &amp; CO.</b>	Firm's EIN ▶ <b>** - *** 7215</b>			
	Firm's address ▶ <b>42 MARKET STREET, P.O. BOX 109 POTSDAM, NY 13676-0109</b>		Phone no. <b>315-265-6080</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ADIRONDACK FOUNDATION, FOUNDED IN 1997 AS ADIRONDACK COMMUNITY TRUST, STRENGTHENS COMMUNITY THROUGH PHILANTHROPY. ITS VISION FOR A THRIVING ADIRONDACKS IS WHERE COMMUNITIES ARE STRONG, JUST AND INCLUSIVE, FAMILIES HAVE ACCESS TO QUALITY HEALTHCARE AND EDUCATION,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,102,246. including grants of \$ 2,323,940. ) (Revenue \$ 141,090. ) ADIRONDACK FOUNDATION PLAYS A UNIQUE ROLE IN THE REGION BY 1) STEWARDING CHARITABLE ASSETS FROM GENEROUS PEOPLE WHO CARE ABOUT THE AREA AND WANT TO MAKE A DIFFERENCE, 2) MAKING GRANTS TO NONPROFITS, SCHOOLS, AND MUNICIPALITIES, AND 3) SERVING AS A COMMUNITY LEADER. THE FOUNDATION VALUES COLLABORATION, ACCOUNTABILITY, INCLUSION, DIVERSITY, AND COMPASSION IN ITS WORK. IT STEWARDS MORE THAN 250 CHARITABLE FUNDS AND ITS PRIMARY GRANTMAKING AREAS ARE: EDUCATION, COMMUNITY VITALITY, ECONOMIC OPPORTUNITY, ENVIRONMENT, HUMAN WELL-BEING, AND ARTS AND CULTURE. ITS LEADERSHIP WORK INCLUDES ESTABLISHING THE ADIRONDACK NONPROFIT NETWORK, HELPING TO DEVELOP THE ADIRONDACK COMMON GROUND ALLIANCE, AND COORDINATING THE ADIRONDACK BIRTH TO THREE ALLIANCE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,102,246.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question number, description, sub-column (e.g., 1a, 1b), and Yes/No columns. Contains questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (22), 1b (22), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: RUSSELL CRONIN - 518-523-9904 304 BEAR CUB LANE, LAKE PLACID, NY 12946

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY KEET CHAIR	3.00	X		X				0.	0.	0.
(2) RICH KROES VICE-CHAIR	1.00	X		X				0.	0.	0.
(3) SUSAN WATERS SECRETARY	1.00	X		X				0.	0.	0.
(4) JOE STEINIGER TREASURER	1.00	X		X				0.	0.	0.
(5) LAWSON PRINCE ALLEN TRUSTEE	1.00	X						0.	0.	0.
(6) DAVID BRUNNER TRUSTEE	1.00	X						0.	0.	0.
(7) BILL CREIGHTON TRUSTEE	1.00	X						0.	0.	0.
(8) MARGOT ERNST TRUSTEE	1.00	X						0.	0.	0.
(9) REG GIGNOUX SECRETARY	1.00	X						0.	0.	0.
(10) BARBARA LINELL GLASER TRUSTEE	1.00	X						0.	0.	0.
(11) JOAN GRABE TRUSTEE	1.00	X						0.	0.	0.
(12) JEREMIAH HAYES TRUSTEE	1.00	X						0.	0.	0.
(13) DAVID HEIDECORN TRUSTEE	1.00	X						0.	0.	0.
(14) LEA PAINE HIGHET TRUSTEE	1.00	X						0.	0.	0.
(15) CATHY JOHNSTON TRUSTEE	1.00	X						0.	0.	0.
(16) CLAIRE H. LOVE TRUSTEE	1.00	X						0.	0.	0.
(17) NANCY MONETTE TRUSTEE	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM OWENS TRUSTEE	1.00	X						0.	0.	0.
(19) JOHN ROSENTHAL TRUSTEE	1.00	X						0.	0.	0.
(20) RICHARD STROWGER TRUSTEE	1.00	X						0.	0.	0.
(21) HOLLY WOLFF TRUSTEE	1.00	X						0.	0.	0.
(22) CECIL WRAY TRUSTEE	1.00	X						0.	0.	0.
(23) CATHERINE BROOKS PRESIDENT & CEO	40.00			X				117,640.	0.	0.
<b>1b Sub-total</b> .....								117,640.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								117,640.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,593,379.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		1,759,656.				
	<b>h Total.</b> Add lines 1a-1f		6,593,379.				
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES	<b>Business Code</b>	561000	122,049.	122,049.		
	<b>b</b> SEMINAR FEES		561000	10,341.	10,341.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			132,390.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			572,645.		572,645.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		8,765,759.					
		Less: cost or other basis and sales expenses		8,349,067.			
		<b>d</b> Net gain or (loss)		416,692.	416,692.		416,692.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
<b>b</b> Less: direct expenses		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS INCOME		561000	8,700.	8,700.			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			8,700.				
<b>12 Total revenue.</b> See instructions.			7,723,806.	141,090.	0.	989,337.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,261,940.	2,261,940.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	62,000.	62,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,709.	91,988.	15,814.	7,907.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	392,327.	311,901.	53,618.	26,808.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,276.	6,579.	1,131.	566.
9 Other employee benefits	41,254.	32,992.	5,662.	2,600.
10 Payroll taxes	26,868.	21,165.	3,648.	2,055.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,400.		15,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	71,669.	70,510.		1,159.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	30,089.	30,089.		
12 Advertising and promotion	20,604.	15,453.		5,151.
13 Office expenses	54,613.	43,420.	7,462.	3,731.
14 Information technology				
15 Royalties				
16 Occupancy	7,949.	6,319.	1,087.	543.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,228.	10,548.	1,623.	4,057.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,744.	7,746.	1,332.	666.
23 Insurance	8,158.		8,158.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM DEVELOPMENT	79,721.	79,721.		
b ANNUAL REPORT	15,540.	11,655.		3,885.
c PREMIUMS FOR PLANNED GI	11,468.			11,468.
d DUES AND FEES	10,803.		10,803.	
e All other expenses	52,126.	38,220.	2,262.	11,644.
25 Total functional expenses. Add lines 1 through 24e	3,312,486.	3,102,246.	128,000.	82,240.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	44,385.	<b>1</b>	21,384.
	<b>2</b> Savings and temporary cash investments .....	503,806.	<b>2</b>	379,489.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	507,583.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 327,611.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 46,035.	281,995.	<b>10c</b> 281,576.
	<b>11</b> Investments - publicly traded securities .....	31,980,483.	<b>11</b>	35,672,855.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	21,790,918.	<b>12</b>	25,570,557.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	64,832.	<b>15</b>	67,438.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	54,666,419.	<b>16</b>	62,500,882.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	17,626.	<b>17</b>	23,544.
	<b>18</b> Grants payable .....	208,108.	<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	21,489,899.	<b>25</b>	22,772,542.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	21,715,633.	<b>26</b>	22,796,086.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	32,679,495.	<b>27</b>	38,956,718.
	<b>28</b> Temporarily restricted net assets .....	271,291.	<b>28</b>	748,078.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	32,950,786.	<b>33</b>	39,704,796.	
<b>34</b> Total liabilities and net assets/fund balances .....	54,666,419.	<b>34</b>	62,500,882.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,723,806.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,312,486.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,411,320.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,950,786.
5	Net unrealized gains (losses) on investments	5	1,835,107.
6	Donated services and use of facilities	6	507,583.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	39,704,796.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)



**Part II 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3912279.	2567785.	3478839.	4518784.	6593379.	21071066.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3912279.	2567785.	3478839.	4518784.	6593379.	21071066.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						21071066.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	3912279.	2567785.	3478839.	4518784.	6593379.	21071066.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	766,824.	1031053.	956,228.	529,941.	572,645.	3856691.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						24927757.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	570,773.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	84.53 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	82.23 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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 fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**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	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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.)

Horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **ADIRONDACK FOUNDATION** Employer identification number **\*\* - \*\*\* 5724**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	73	
2 Aggregate value of contributions to (during year) .....	4,876,458.	
3 Aggregate value of grants from (during year) .....	1,139,198.	
4 Aggregate value at end of year .....	12,259,682.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,899,579.	31,997,524.	32,074,483.	31,199,501.	26,184,277.
b Contributions	6,807,276.	4,714,147.	3,659,630.	3,229,440.	3,983,998.
c Net investment earnings, gains, and losses	3,314,942.	5,149,967.	-1,158,789.	226,416.	3,569,934.
d Grants or scholarships	2,384,855.	2,120,222.	2,002,183.	2,064,265.	2,130,847.
e Other expenditures for facilities and programs	183,053.	408,671.	185,147.	126,531.	67,834.
f Administrative expenses	536,100.	433,166.	390,470.	390,078.	340,027.
g End of year balance	45,917,789.	38,899,579.	31,997,524.	32,074,483.	31,199,501.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  99.48 %
- b Permanent endowment  %
- c Temporarily restricted endowment  .52 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		307,964.	28,413.	279,551.
d Equipment		19,647.	17,622.	2,025.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				281,576.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) CASH & CASH EQUIVALENTS	2,130,823.	END-OF-YEAR MARKET VALUE
(B) LONE JUNIPER	1,554,230.	END-OF-YEAR MARKET VALUE
(C) CEVIAN CAPITAL	1,882,965.	END-OF-YEAR MARKET VALUE
(D) COLCHESTER GLOBAL BOND		
(E) FUND	1,763,257.	END-OF-YEAR MARKET VALUE
(F) CANYON VALUE REALIZATION		
(G) FUND (CAYMAN), LTD.	1,910,232.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	25,570,557.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS ORGANIZATION	
(3) ENDOWMENTS	6,944,005.
(4) FUNDS HELD FOR SUPPORTING	
(5) ORGANIZATIONS	15,828,537.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	22,772,542.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	10,106,496.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,835,107.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	547,583.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,382,690.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	7,723,806.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	7,723,806.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,352,486.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	40,000.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	40,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,312,486.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,312,486.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE FOUNDATION TO EVALUATE ALL SIGNIFICANT TAX POSITIONS. AS OF JUNE 30, 2018 THE FOUNDATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT SHOULD BE RECORDED.





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **ADIRONDACK FOUNDATION** Employer identification number **\*\* - \*\*\* 5724**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
350.ORG 20 JAY STREET, SUITE 732 BROOKLYN, NY 11201	** - *** 0699	501 (C) (3)	6,000.	0.			GENERAL SUPPPORT
ADIRONDACK ARCHITECTURAL HERITAGE 1745 MAIN STREET KEESEVILLE, NY 12944-3743	** - *** 7009	501 (C) (3)	7,053.	0.			GENERAL SUPPORT
ADIRONDACK CENTER FOR WRITING PO BOX 956 SARANAC LAKE, NY 12983	** - *** 2418	501 (C) (3)	13,117.	0.			UNRESTRICTED SUPPORT; 2017 HIGH SCHOOL WRITING RETREAT; ADIRONDACK DIVERSITY INITIATIVE
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY & ADIRONDACK LAND TRUST - 8 NATURE WAY P.O. BOX 65 - KEENE VALLEY, NY 12943	** - *** 2652	501 (C) (3)	30,750.	0.			GENERAL SUPPORT; BOQUET RIVER NATURE PRESERVE; MONGOLIA PROGRAM; MOOSE RIVER PROJECT; ANNUAL
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3, P.O. BOX D ELIZABETHTOWN, NY 12932	** - *** 4386	501 (C) (3)	7,250.	0.			GENERAL SUPPORT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812	** - *** 5801	501 (C) (3)	52,900.	0.			GENERAL SUPPORT; MINNOW POND PROJECT; ANNUAL FUND; JOHN COLLINS MEMORIAL LECTURE SERIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	** - ***1617	501 (C) (3)	6,860.	0.			GENERAL/ANNUAL SUPPORT
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86, P.O. BOX 120 SARANAC LAKE, NY 12983	** - ***8554	501 (C) (3)	91,000.	0.			GENERAL SUPPORT; LAKE PLACID PROJECT; FUTURE OF CARE CAMPAIGN; ADIRONDACK HEALTH CAPITAL CAMPAIGN;
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	** - ***9576	501 (C) (3)	46,600.	0.			GENERAL SUPPORT; ANNUAL FUND
ADIRONDACK NORTH COUNTY ASSOCIATION - 67 MAIN STREET SUITE 201 - SARANAC LAKE, NY 12983	** - ***3934	501 (C) (3)	16,000.	0.			GENERAL SUPPORT; NEW ECONOMY FUND; COMMON GROUND ALLIANCE
ADIRONDACK WATERSHED INSTITUTE PAUL SMITH'S COLLEGE PO BOX 265 PAUL SMITHS, NY 12970-0244	** - ***3545	501 (C) (3)	20,000.	0.			SUPPORT OF 2017 LAKE STEWARD COVERAGE ON LAKE PLACID
AMERICAN CIVIL LIBERTIES UNION 125 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	** - ***1360	501 (C) (4)	20,000.	0.			SUPPORT OF CIVIL LIBERTIES
AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS RT 22 WILLSBORO, NY 12996	** - ***0129	501 (C) (3)	10,000.	0.			SUPPORT OF THE CATHEDRAL MUSIC TRUST; ENDOWMENT FUNDING CHRIST CHURCH CHOIR'S NORTH AMERICAN
AMERICAN HEART ASSOCIATION 4 ATRIUM DRIVE SUITE 100 ALBANY, NY 12205-3890	** - ***3797	501 (C) (3)	7,000.	0.			GENERAL SUPPORT; 2018 COLLIER HEART WALK
AMERICAN IMMIGRATION COUNCIL 1331 G ST. NW SUITE 200 WASHINGTON, DC 20005	** - ***9711	501 (C) (3)	5,000.	0.			IMMIGRATION RIGHTS; IMMIGRANT PROTECTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPLEBY FOUNDATION INC. 579 BROADWAY 4B NEW YORK, NY 10012-5415	** - *** 2239	501 (C) (3)	20,000.	0.			INSTALLING HEAT FOR THE TAHAWUS CENTER
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD PO BOX 8 WILMINGTON, NY 12997	** - *** 9764	501 (C) (3)	11,625.	0.			GENERAL SUPPORT; MIRROR LAKE FUND; AUSABLE WATERSHED LAKE AND STREAM MONITORING PROGRAM
CENTER FOR CONSTITUTIONAL RIGHTS 666 BROADWAY 7TH FLOOR NEW YORK, NY 10012	** - *** 2880	501 (C) (3)	5,000.	0.			UNRESTRICTED SUPPORT
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY - 194 US OVAL, PO BOX 2640 - PLATTSBURGH, NY 12901	** - *** 1550	501 (C) (3)	10,690.	0.			SUPPORT OF CHILDCARE PROVIDERS; ADMINISTRATION OF SMALL GRANTS PROGRAM
CITIZEN ADVOCATES 31 SIXTH ST PO BOX 608 MALONE, NY 12953	** - *** 7715	501 (C) (3)	5,000.	0.			SUPPORT OF THE BACKPACK PROGRAM FOR THE 2017-2018 YEAR
CLIFTON COMMUNITY LIBRARY 7171 STATE HIGHWAY 3 CRANBERRY LAKE, NY 12927	** - *** 8415	501 (C) (3)	15,000.	0.			UNRESTRICTED SUPPORT
CLIFTON-FINE CENTRAL SCHOOL DISTRICT - 11 HALL AVENUE - STAR LAKE, NY 13690	** - *** 2316	509(A)(1)	15,000.	0.			SUPPORT DAMOTH SCHOLARSHIP FOR 2018
CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION - P.O. BOX 115 - WANAKENA, NY 13695	** - *** 7609	501 (C) (3)	20,000.	0.			IN SUPPORT OF DOH COMPLIANT SEPTIC SYSTEM UPGRADE FOR ST. HUBERTS; OTHER UNRESTRICTED
COLBY FOUNDATION PO BOX 934 SARANAC LAKE, NY 12983	** - *** 1663	501 (C) (3)	10,000.	0.			SUPPORT OF EURASIAN WATER MILFOIL CONTROL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY 622 WEST 113TH ST NEW YORK, NY 10027	**-***8093	501 (C) (3)	15,000.	0.			SUPPORT RETINA RESEARCH FUND
CRANBERRY LAKE VOLUNTEER FIRE DEPARTMENT - P.O. BOX 549 - CRANBERRY LAKE, NY 12927	**-***5414	501 (C) (3)	15,000.	0.			UNRESTRICTED SUPPORT
CRANE MOUNTAIN VALLEY HORSE RESCUE, INC. - 7556 NYS ROUTE 9N - WESTPORT, NY 12993	**-***7903	501 (C) (3)	5,500.	0.			UNRESTRICTED SUPPORT
ENVIRONMENTAL DEFENSE FUND 257 PARK AVE SOUTH NEW YORK, NY 10010	**-***7128	501 (C) (3)	11,000.	0.			GENERAL SUPPORT
FAMILIES FIRST IN ESSEX COUNTY, INC. - 196 WATER STREET PO BOX 565 - ELIZABETHTOWN, NY 12932	**-***3863	501 (C) (3)	11,130.	0.			GENERAL SUPPORT, SUPPORT OF YOUTH ATTENDING BRANTWOOD SUMMER CAMP
FAMILY YMCA OF THE GLENS FALLS AREA - 600 GLEN STREET - GLENS FALLS, NY 12801	**-***0008	501 (C) (3)	6,000.	0.			SUMMER LITERACY PROGRAM
FOUNDATION OF CVPH MEDICAL CENTER 75 BEEKMAN ST PLATTSBURGH, NY 12901-1438	**-***7048	501 (C) (3)	6,100.	0.			SUPPORT THE PRIMARY CARE RESIDENCY PROGRAM; STEPPING OUT FOR YOUR HEART
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	**-***1803	501 (C) (3)	12,591.	0.			GENERAL SUPPORT
HEALING WINDS VERMONT 174 BATTERY ST 2ND FLOOR BURLINGTON, VT 05401	**-***0637	501 (C) (3)	5,890.	0.			UNRESTRICTED SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INFANT JESUS OF PRAGUE PO BOX 840 TUPPER LAKE, NY 12986	**-***6247	501 (C) (3)	51,643.	0.			FURTHER DISTRIBUTION TO THE COMMUNITY
KEENE VALLEY LIBRARY ASSOCIATION 1796 RT 73 PO BOX 86 KEENE VALLEY, NY 12943	**-***9842	501 (C) (3)	6,000.	0.			2017 ANNUAL FUND; GENERAL SUPPORT
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	**-***0874	501 (C) (3)	52,881.	0.			GENERAL SUPPORT, ANNUAL FUND; ARTS PROGRAMMING; WINDOWS APPEAL; PROFESSIONAL DEVELOPMENT
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	**-***1627	509 (A) (1)	91,106.	0.			LPMS 2018 8TH GRADE TRIP TO WASHINGTON DC; SUMMER READING; SCHOOL LITTLE LIBRARY; LAKE PLACID
LAKE PLACID LAND CONSERVANCY PO BOX 1250 LAKE PLACID, NY 12946	**-***2565	501 (C) (3)	5,315.	0.			GENERAL SUPPORT; ANNUAL FUND; CONSERVATION IN ACTION; STAFF TRAVEL TO LAND TRUST ALLIANCE RALLY
LAKE PLACID PUBLIC LIBRARY 2471 MAIN ST LAKE PLACID, NY 12946	**-***5847	501 (C) (3)	6,361.	0.			GENERAL SUPPORT; STAFF COMPUTER UPGRADES; STAFF DEVELOPMENT
LAKE PLACID SINFONIETTA PO BOX 1303 LAKE PLACID, NY 12946	**-***8012	501 (C) (3)	30,850.	0.			GENERAL SUPPORT, ANNUAL FUND, ENDOWMENT SUPPORT; BETH MASTER CHAIR
LEGAL AID SOCIETY - NORTHEASTERN NY - 55 COLVIN AVE - ALBANY, NY 12206	**-***8448	501 (C) (3)	5,000.	0.			SUPPORT OF SERVICES IN SARANAC LAKE
MALONE CENTRAL SCHOOL DISTRICT 42 HUSKIE LANE MALONE, NY 12953	**-***3586	509 (A) (1)	6,354.	0.			MALONE MIDDLE SCHOOL GOING GREEN PROJECT; MALONE CENTRAL SCHOOL MUSIC BOOSTERS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALONE MINOR HOCKEY ASSOCIATION PO BOX 186 MALONE, NY 12953	**-***7840	501 (C) (3)	7,500.	0.			BOOSTER CLUB; GIRLS VARSITY PROGRAM; MALONE CIVIC CENTER PROGRAM
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	**-***0121	501 (C) (3)	19,450.	0.			GENERAL SUPPORT; ELDER CARE IN THE ADIRONDACKS; ANNUAL APPEAL
MY SISTER'S PLACE 1 WATER STREET, 3RD FLOOR WHITE PLAINS, NY 10601	**-***0628	501 (C) (3)	5,000.	0.			UNRESTRICTED SUPPORT
NEW YORK SKI FOUNDATION 5021 NYS RT 86 PO BOX 300 WILMINGTON, NY 12997	**-***7846	501 (C) (3)	37,100.	0.			GENERAL SUPPORT; PURCHASE OF A NORDIC WAX TRAILER; SKI JUMPING "DARE TO DREAM" WISH LIST
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	**-***2239	501 (C) (3)	146,641.	0.			GENERAL SUPPORT; NEXT GENERATION FUND; ANNUAL FUND
NORTH COUNTRY SPCA 7700 ROUTE 9N PO BOX 55 ELIZABETHTOWN, NY 12932	**-***4608	501 (C) (3)	15,350.	0.			FRIENDS FOR LIFE MEDICAL CRISIS FUND; GENERAL SUPPORT
NORTH ELBA COMMUNITY CHRISTMAS FUND - 2693 MAIN STREET - LAKE PLACID, NY 12946	**-***5577	501 (C) (3)	11,500.	0.			2017 NE COMMUNITY CHRISTMAS FUND
NORTHERN ARIZONA UNIVERSITY PO BOX 15020 FLAGSTAFF, AZ 86011-5020	**-***3726		10,000.	0.			TRIBAL LEADERSHIP INITIATIVE
NORTHERN FOREST ATLAS FOUNDATION 484 HARDY ROAD WILMINGTON, NY 12997	**-***9949	501 (C) (3)	20,250.	0.			UNRESTRICTED SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	**-***1103	501 (C) (3)	10,250.	0.			GENERAL SUPPORT; ALLYN BUILDING DORM PROJECT; 2018 ANNUAL FUND
NY FUNDERS ALLIANCE 431 E. FAYETTE ST SYRACUSE, NY 13202	**-***2634	501 (C) (3)	5,000.	0.			NEW YORK FUNDERS ALLIANCE PUBLIC POLICY FELLOW
ONE REVOLUTION FOUNDATION PO BOX 681026 PARK CITY, UT 84068	**-***5601	501 (C) (3)	5,000.	0.			UNRESTRICTED SUPPORT
PARKS AND TRAILS NEW YORK 29 ELK ST ALBANY, NY 12207	**-***3475	501 (C) (3)	5,000.	0.			SUPPORT OF TRAILS (INCLUDING ADIRONDACK RAIL TRAIL)
PAUL SMITHS COLLEGE 7777 SR 86 AND 30, P.O. BOX 265 PAUL SMITHS, NY 12970	**-***3545	501 (C) (3)	42,014.	0.			GENERAL SUPPORT; ADIRONDACK WILDLIFE REHABILITATION PROJECT; PURCHASE OF WINTER SPORTS
PENDRAGON 15 BRANDY BROOK AVE SARANAC LAKE, NY 12983	**-***7124	501 (C) (3)	7,414.	0.			"PENDRAGON: SEE IT, FEEL IT... AND HEAR IT!" CAMPAIGN; GENERAL SUPPORT; YOUNG PLAYWRITES
PERU FREE LIBRARY PO BOX 96 PERU, NY 12972	**-***6807	501 (C) (3)	10,304.	0.			UNRESTRICTED SUPPORT
PLANNED PARENTHOOD OF THE NCNY 66 BRINKERHOFF STREET PLATTSBURGH, NY 12901	**-***9175	501 (C) (3)	6,995.	0.			GENERAL SUPPORT
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER RD - LATHAM, NY 12110	**-***0885	501 (C) (3)	11,500.	0.			TICONDEROGA BACKPACK PROGRAM; ADIRONDACK COMMUNITY OUTREACH CENTER BACKPACK PROGRAM; ACAP

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL OFFICE OF SUSTAINABLE TOURISM - 2608 MAIN ST - LAKE PLACID, NY 12946	**-***5538	501 (C) (3)	10,000.	0.			LAKE PLACID'S PREPARATION FOR WINTER SPORTING EVENTS; WORLD UNIVERSITY & INTERNATIONAL
SAGAMORE INSTITUTE OF THE ADIRONDACKS - PO BOX 40 - RAQUETTE LAKE, NY 13436	**-***1872	501 (C) (3)	21,785.	0.			GENERAL SUPPORT; SAGAMORE INTERPRETIVE TOUR SCRIPT; SUMMER TRAIL STEWARDSHIP; SAGAMORE KITCHEN WATER
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	**-***6563	501 (C) (3)	5,000.	0.			PLAY ADK MOBILE PLAY CENTER
ST. LAWRENCE COUNTY COMMUNITY DEVELOPMENT PROGRAM - 1 COMMERCE LANE - CANTON, NY 13617	**-***2922	501 (C) (3)	25,000.	0.			WINTER CLOTHING TO LOW INCOME CHILDREN THROUGHOUT ST. LAWRENCE COUNTY
ST. PAUL'S SCHOOL 325 PLEASANT STREET CONCORD, NH 03301	**-***2227	501 (C) (3)	50,000.	0.			SUPPORT EDUCATIONAL CURRICULUM; PAINE FAMILY ENVIRONMENTAL EDUCATION FUND; HIRSCHFIELD
THE JOSHUA FUND 188 NEWMAN ROAD LAKE PLACID, NY 12946	**-***8870	501 (C) (3)	5,000.	0.			YEAR END CHALLENGE MATCH
THE STRAND CENTER FOR THE ARTS 23 BRINKERHOFF STREET PLATTSBURGH, NY 12901	**-***5779	501 (C) (3)	5,000.	0.			ANNUAL SUPPORT
THE WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986	**-***1534	501 (C) (3)	5,350.	0.			OPERATING SUPPORT; YOUTH CLIMBING SUMMIT
TOWN OF CHATEAUGAY 191 EAST MAIN ST CHATEAUGAY, NY 12920	**-***0895	501 (C) (3)	5,885.	0.			NEW BASKETBALL COURT; NEW BALL FIELD AT RECREATION PARK

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF NEWCOMB PO BOX 405 NEWCOMB, NY 12852	** - ***2332	501 (C) (3)	40,000.	0.			NEWCOMB HISTORICAL MUSEUM AND NEWCOMB CEMETARY PROJECT
TOWN OF WEBB UFSD PO BOX 38 MAIN ST OLD FORGE, NY 13420	** - ***2323	501 (C) (3)	5,000.	0.			FURNITURE FOR MULTIGENERATIONAL COMMUNITY SPACE
TRINITY-PAWLING SCHOOL 700 ROUTE 22 PAWLING, NY 12564	** - ***1551	501 (C) (3)	10,000.	0.			TRINITY-PAWLING SCHOOL FUND
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	** - ***1413	501 (C) (3)	38,250.	0.			ANNUAL FUND; GENERAL SUPPORT; TB PROGRAM
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	** - ***2402	509 (A) (1)	20,518.	0.			2018 GINSBERG FAMILY FUND; SCHOLARSHIP FUNDS; TLCS MUSIC DEPARTMENT
UNITED WAY OF THE ADIRONDACK REGION - 45 TOM MILLER RD - PLATTSBURGH, NY 12901	** - ***8185	501 (C) (3)	16,060.	0.			SUPPORT URGENT NEED FOR FOSTER CARE IN THE ADIRONDACK REGION; ANNUAL SUPPORT; EARLY ADVANTAGE
UPPER VALLEY EDUCATORS INSTITUTE 194 DARTMOUTH COLLEGE HWY LEBANON, NH 03766	** - ***3502	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
USA FOR UNHCR 1775 K STREET NW SUITE 580 WASHINGTON, DC 20006	** - ***2800	501 (C) (3)	7,000.	0.			GENERAL SUPPORT; REFUGEE CRISIS
VERMONT PUBLIC RADIO 365 TROY AVE COLCHESTER, VT 05446	** - ***9051	501 (C) (3)	8,800.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN FUND

Schedule I (Form 990)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICAL TRAVEL ASSISTANCE	1	5,000.	0.		
OLYMPIC TRAINING SUPPORT	1	5,000.	0.		
EDUCATION SCHOLARSHIPS	8	45,000.	0.		
WHEELCHAIR ACCESSIBILITY EXPENSE ASSISTANCE	1	7,000.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE RECORD KEEPING PROCEDURES TO SUBSTANTIATE THE AMOUNT OF GRANTS OR ASSISTANCE AND/OR GRANTEE'S ELIGIBILITY:

"DUE DILIGENCE" IS THE PROCESS OF REVIEW AND ASSESSMENT OF A POTENTIAL GRANT THAT IS THE BASIS FOR ACCEPTING OR DECLINING THE GRANT. THE PRIMARY PURPOSE OF DUE DILIGENCE IS TO ENSURE THAT GRANTS ARE MADE FOR PURPOSES THAT ARE CONSISTENT WITH IRS REGULATIONS (I.E. CHARITABLE PURPOSES) AND DONOR INTENT AND THAT THE ORGANIZATION RECEIVING THE GRANT IS BOTH

**Part IV** Supplemental Information

LEGITIMATE AND CAPABLE OF CARRYING OUT THE PURPOSE FOR WHICH THE GRANT IS INTENDED.

ALL GRANTS MADE BY ADIRONDACK FOUNDATION SHALL BE FOR CHARITABLE PURPOSES. GENERALLY, THE DETERMINATION OF WHETHER AN ORGANIZATION'S ACTIVITIES ARE CHARITABLE IS MADE BY THE IRS IN ASSIGNING TAX-EXEMPT STATUS.

ORGANIZATIONS WITH A 501(C)(3) ARE ENGAGED IN CHARITABLE ACTIVITIES.

ADIRONDACK FOUNDATION MAY ALSO MAKE GRANTS TO UNINCORPORATED GROUPS OR INDIVIDUALS AND NON-501(C)(3) ORGANIZATIONS, FOLLOWING EXPENDITURE RESPONSIBILITY RULES, PROVIDING THE GRANT IS FOR A CHARITABLE PURPOSE.

PROCEDURE:

FOR NON-COMPETITIVE GRANTS:

1. ALL POTENTIAL GRANT RECIPIENT INFORMATION IS RESEARCHED ON GUIDESTAR TO DETERMINE 501(C)(3) STATUS AND SAVED IN THE DATABASE. IF THE 990 IS AVAILABLE ON GUIDESTAR, VERIFICATION OF SUPPORTING ORGANIZATION STATUS IS CONDUCTED INCLUDING WHAT TYPE OF SUPPORTING ORGANIZATION AND WHETHER THEY ONLY SUPPORT ONE ORGANIZATION.

2. IF THERE IS NOT A 990 ON FILE WITH GUIDESTAR AND GUIDESTAR INDICATES IT IS A 509(A)(2) OR (3) THE ORGANIZATION IS CONTACTED AND A COPY OF THE IRS DETERMINATION LETTER IS REQUESTED.

3. IF THE NONPROFIT IS NOT REGISTERED WITH GUIDESTAR, THE ORGANIZATION IS CONTACTED AND A COPY OF THE IRS DETERMINATION LETTER AND PROPER 501(C)(3) OR 501(C)(7) CODE UNDER IRC IS REQUESTED AND ADDED IN THE DATABASE.

**Part IV** Supplemental Information

4. FOR INTERNATIONAL GRANTMAKING AND GRANTS TO A NON-501(C)(3), ALL GRANTEES ARE REQUIRED TO SIGN AN AGREEMENT STIPULATING THAT THEY WILL MAINTAIN PROGRAM AND FINANCIAL RECORDS ADEQUATE TO VERIFY EXPENDITURES AND ACTIVITY RELATED TO THE GRANT. THEY ARE ALSO PROVIDED WITH AN ANNUAL REPORT FORM THAT MUST BE COMPLETED AND SUBMITTED TO ADIRONDACK FOUNDATION.

5. ONCE GRANT RECIPIENT RECORD KEEPING IS COMPLETE IN THE DATABASE, THE STAFF APPROVE THE GRANTS AND SEND CHECK WITH A LETTER DEATILING ANY RESTRICTIONS. QUARTERLY, THE STAFF SUBMITS THE LIST OF GRANTS PROCESSED TO THE BOARD OF TRUSTEES FOR RATIFICATION.

FOR COMPETITIVE GRANTS:

1. ALL GRANT RECIPIENTS MUST BE SELECTED IN AN OBJECTIVE, NONDISCRIMINATORY FASHION FROM A BROAD GROUP OF CANDIDATES.

2. ALL GRANT APPLICATIONS ARE WIDELY PUBLICIZED AND DISTRIBUTED AND THE SUBMITTED APPLICATIONS ARE REVIEWED BY AN IMPARTIAL COMMITTEE MADE UP OF COMMUNITY MEMBERS.

3. ALL GRANT COMMITTEES ARE APPROVED ANNUALLY BY ADIRONDACK FOUNDATION'S BOARD OF TRUSTEES AND MUST SIGN THE FOUNDATION'S CONFLICT OF INTEREST AND CONFIDENTIALITY POLICY FORMS ANNUALLY.

4. QUALIFIED GRANT RECIPIENTS ARE SELECTED BASED ON THEIR SUCCESSFUL FULFILLMENT OF THE APPLICATION CRITERIA.

5. ONCE GRANT RECIPIENTS ARE SELECTED, WE FOLLOW NON-COMPETITIVE GRANTS

**Part IV** Supplemental Information

PROCEDURES #1-5 LISTED ABOVE.

6. CERTAIN GRANT RECIPIENTS ARE REQUIRED TO COMPLETE GRANT AGREEMENTS BASED ON THE TYPES OF GRANTS ISSUED. (INDIVIDUALS, NON-501(C)(3) ORGANIZATIONS, ETC.)

7. FOR FOLLOW-UP REPORTING PURPOSES, COMPETITIVE GRANTS PROGRAM GRANTEES ARE REQUIRED TO COMPLETE A SIX MONTH REPORT ON HOW THE FUNDS WERE UTILIZED IN ORDER TO DETERMINE THE SUCCESS OF THE FUNDED PROGRAM(S).

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK CENTER FOR WRITING

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED SUPPORT; 2017 HIGH SCHOOL WRITING RETREAT; ADIRONDACK DIVERSITY INITIATIVE FORUM 2017

NAME OF ORGANIZATION OR GOVERNMENT:

ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY & ADIRONDACK LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; BOQUET RIVER NATURE PRESERVE; MONGOLIA PROGRAM; MOOSE RIVER PROJECT; ANNUAL FUND

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; LAKE PLACID PROJECT; FUTURE OF CARE CAMPAIGN; ADIRONDACK HEALTH CAPITAL CAMPAIGN; TIMBER TOTS EARLY CHILDHOOD DEVELOPMENT CENTER SUPPORT OF RURAL ENTREPRENEURIAL REPORT AND COMMON GROUND ALLIANCE

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN FRIENDS OF CHRIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF THE CATHEDRAL MUSIC

**Part IV** Supplemental Information

TRUST; ENDOWMENT FUNDING CHRIST CHURCH CHOIR'S NORTH AMERICAN TOURS

NAME OF ORGANIZATION OR GOVERNMENT: AUSALE RIVER ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; MIRROR LAKE FUND; AUSALE WATERSHED LAKE AND STREAM MONITORING PROGRAM CAMPAIGN; AUSALE RIVER PORTA JOHN PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF DOH COMPLIANT SEPTIC SYSTEM UPGRADE FOR ST. HUBERTS; OTHER UNRESTRICTED SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL FUND; ARTS PROGRAMMING; WINDOWS APPEAL; PROFESSIONAL DEVELOPMENT FOR LPCA STAFF; MAINTENANCE OF THEATER, GALLERIES, STUDIO AND PLANT OPERATIONS; LANDSCAPING, EXTERIOR SIGN MAINTENANCE; JOY TO THE CHILDREN; GLOBAL ARTS FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: LPMS 2018 8TH GRADE TRIP TO WASHINGTON DC; SUMMER READING; SCHOOL LITTLE LIBRARY; LAKE PLACID CONNECTIONS FOR CHANGE; BACKPACK PROGRAM; PROJECT PLAYGROUND; STUDENT IMMERSION TRIP TO CUBA; 2018 GERALD K. DOUGLASS SCHOLARSHIP; NASH WILLIAMS/FOUNDING FAMILIES SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: MALONE CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: MALONE MIDDLE SCHOOL GOING GREEN



**Part IV** Supplemental Information

PROJECT; MALONE CENTRAL SCHOOL MUSIC BOOSTERS SCHOLARSHIPS; CRAIG T.  
CHISUM MEMORIAL SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: PAUL SMITHS COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; ADIRONDACK WILDLIFE  
REHABILITATION PROJECT; PURCHASE OF WINTER SPORTS EQUIPMENT FOR PAUL  
SMITHS VIC

NAME OF ORGANIZATION OR GOVERNMENT: PENDRAGON

(H) PURPOSE OF GRANT OR ASSISTANCE: "PENDRAGON: SEE IT, FEEL IT... AND  
HEAR IT!" CAMPAIGN; GENERAL SUPPORT; YOUNG PLAYWRITES FESTIVAL; YOUTH  
PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TICONDEROGA BACKPACK PROGRAM;  
ADIRONDACK COMMUNITY OUTREACH CENTER BACKPACK PROGRAM; ACAP BACKPACK  
PROGRAM; CITIZEN ADVOCATES BACKPACK PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

REGIONAL OFFICE OF SUSTAINABLE TOURISM

(H) PURPOSE OF GRANT OR ASSISTANCE: LAKE PLACID'S PREPARATION FOR WINTER  
SPORTING EVENTS; WORLD UNIVERSITY & INTERNATIONAL CHILDREN'S GAMES

NAME OF ORGANIZATION OR GOVERNMENT: SAGAMORE INSTITUTE OF THE ADIRONDACKS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT; SAGAMORE  
INTERPRETIVE TOUR SCRIPT; SUMMER TRAIL STEWARDSHIP; SAGAMORE KITCHEN  
WATER PROJECT

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT EDUCATIONAL CURRICULUM;  
PAINE FAMILY ENVIRONMENTAL EDUCATION FUND; HIRSCHFIELD SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF THE ADIRONDACK REGION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT URGENT NEED FOR FOSTER CARE  
IN THE ADIRONDACK REGION; ANNUAL SUPPORT; EARLY ADVANTAGE AND BACKPACK  
PROGRAMS FOR CHILDREN

Multiple horizontal lines for additional supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **ADIRONDACK FOUNDATION** Employer identification number **\*\*-\*\*\*5724**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	36	1,759,656.	FMV AT DATE OF DONAT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number

\*\* - \*\*\*5724

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIRONMENTAL RESOURCES ARE PROTECTED, AND ECONOMIC AND CULTURAL  
OPPORTUNITIES ABOUND.

FORM 990, PART VI, SECTION B, LINE 11B:

UPON RECEIVING THE 990 AND NYS CHAR 500 RETURNS ELECTRONICALLY FROM THE  
PREPARERS, THE CHIEF FINANCIAL OFFICER AND ADMINISTRATION EMAIL THE 990 AND  
NYS CHAR 500 TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL. ONCE  
APPROVED BY THE AUDIT COMMITTEE, THE BOARD MEMBERS RECEIVE THE RETURNS AND  
HAVE ONE WEEK TO REVIEW BEFORE THE RETURNS ARE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE BOARD OF TRUSTEES, ADVISORY COUNCIL, COMMUNITY FUND  
COMMITTEE, SCHOLARSHIP COMMITTEE AND STAFF MUST SIGN A STATEMENT THAT  
AFFIRMS THAT THEY HAVE RECEIVED AND READ THE CONFLICT OF INTEREST POLICY,  
LIST ANY POTENTIAL CONFLICTS AND THAT THEY HAVE NOT RECEIVED ANY  
COMPENSATION, GRANTS OR OTHER ASSISTANCE FROM ADIRONDACK FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES OF ADIRONDACK FOUNDATION WILL CONDUCT A FORMAL REVIEW  
OF THE PRESIDENT & CEO ON AN ANNUAL BASIS. ALL NECESSARY SALARY  
COMPARABLES, SALARY RANGE RECOMMENDATIONS, AND STAFF SUPPORT WILL BE  
OBTAINED AND PROVIDED AS NEEDED.

1) IN SPRING, THE PRESIDENT & CEO WILL HAVE A PREPARED SELF-ASSESSMENT  
COMPLETED BASED UPON ORGANIZATIONAL AND PROFESSIONAL GOALS. A MEMBER OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization ADIRONDACK FOUNDATION	Employer identification number **-***5724
---	--

THE EXECUTIVE COMMITTEE WILL E-MAIL OUT THE SELF-ASSESSMENT ALONG WITH A SURVEY TO ALL BOARD MEMBERS WITH RESULTS SENT TO COMMITTEE MEMBER.

2) THE INFORMATION WILL BE COMPILED BY THE COMMITTEE MEMBER. AFTER THAT, A MEETING WILL BE HELD WITH THE PRESIDENT & CEO AND CHAIR OF THE BOARD TO DISCUSS PERFORMANCE AND SALARY ADJUSTMENTS (IF ANY) AND FRINGE BENEFITS. BECAUSE THE BUDGET IS PRESENTED AT THE MAY TRUSTEE MEETING, THE PRESIDENT & CEO'S SALARY INFORMATION WILL BE AVAILABLE BY THE MAY MEETING AND WILL BE ENTERED INTO THE MINUTES. AN EXECUTIVE SESSION WILL BE HELD BY ALL TRUSTEES DISCUSSING THE PERFORMANCE BENEFITS AND SALARY.

3) AFTER A FINAL DECISION IS MADE, ALL DOCUMENTS REGARDING PERFORMANCE AND SALARY ADJUSTMENTS WILL BE KEPT IN THE PERSONNEL FILES AND RECORDED IN THE MINUTES ALONG WITH A COMMITTEE SIGNED SALARY AND BENEFIT AUTHORIZATION.

THE PRESIDENT & CEO IS REQUIRED TO CONDUCT AN ANNUAL PERFORMANCE REVIEW OF EACH STAFF. THE RESULTS WILL BE KEPT IN THE PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS CAN BE OBTAINED ON ADIRONDACK FOUNDATION'S WEBSITE.

FINANCIAL TRANSPARENCY

AS A PUBLIC CHARITY, ADIRONDACK FOUNDATION MAKES A POINT OF OPERATING IN AN OPEN MANNER THAT WELCOMES SCRUTINY. WE TAKE OUR OBLIGATION TO DONORS, COMMUNITY GROUPS, AND THE PUBLIC VERY SERIOUSLY. ACCORDINGLY, OUR FEDERAL INFORMATION RETURNS, AUDITED FINANCIAL STATEMENTS, AND OTHER RELATED DOCUMENTS ARE AVAILABLE ON OUR WEBSITE OR BY CALLING THE FOUNDATION'S

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number

\*\*-\*\*\*5724

OFFICE AT (518) 523-9904 AND ARE ON FILE WITH THE NEW YORK STATE ATTORNEY GENERAL.

## FINANCIAL STATEMENTS:

WE ARE ALSO PLEASED TO OFFER OUR FINANCIAL STATEMENT WHICH INCLUDES THE INDEPENDENT AUDITORS' REPORT FROM PINTO MUCENSKI HOOPER VANHOUSE & CO., CERTIFIED PUBLIC ACCOUNTANTS, P.C.

## FORM 990

THIS RETURN REPRESENTS THE INTERNAL REVENUE SERVICE (IRS) FEDERAL FORM 990 FOR ADIRONDACK FOUNDATION. THE PURPOSE OF THE FORM 990 IS TO PROVIDE THE PUBLIC WITH A RETURN THAT SUMMARIZES ALL OF THE ACTIVITY OF THE FOUNDATION. WE HAVE OUR TAX DETERMINATION LETTER AVAILABLE ON OUR WEBSITE FOR PUBLIC REVIEW.

IF YOU HAVE ANY QUESTIONS REGARDING THE INFORMATION INCLUDED IN THE RETURN, REPORTS OR LETTERS, OR WISH TO RECEIVE INFORMATION FROM PRIOR FISCAL YEARS, PLEASE CONTACT CALI BROOKS, PRESIDENT & CEO OF ADIRONDACK FOUNDATION AT (518) 523-9904 OR E-MAIL CALI@ADKFOUNDATION.ORG.

## DISCLOSURE-ANNUAL REPORT

ADIRONDACK FOUNDATION PUBLISHES AN ANNUAL REPORT WHICH INCLUDES A STATEMENT OF FINANCIAL POSITION AND A STATEMENT OF ACTIVITIES. INCLUDED IN THIS DOCUMENT IS THE FOLLOWING STATEMENT, "A COMPLETE AUDITED FINANCIAL STATEMENT WITH ACCOMPANYING NOTES AND OPINION IS AVAILABLE FROM THE FOUNDATION'S OFFICE OR FROM THE NEW YORK ATTORNEY GENERAL'S CHARITIES BUREAU, 120 BROADWAY, NEW YORK, 10271."

Name of the organization <b>ADIRONDACK FOUNDATION</b>	Employer identification number <b>** - *** 5724</b>
--	--

FORM 990, PART XII, LINE 2C:

THE FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE  
OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF AN INDEPENDENT  
ACCOUNTANT. THIS POLICY HAS NOT CHANGED SINCE THE PRIOR YEAR.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **ADIRONDACK FOUNDATION** Employer identification number **\*\*-\*\*\*5724**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BRUCE L. CRARY FOUNDATION, INC. - 23-7366844 P.O. BOX 396 ELIZABETHTOWN, NY 12932	SCHOLARSHIP AID TO STUDENTS	NEW YORK	509(A)(3)	TYPE I			X
LAKE PLACID EDUCATION FOUNDATION - 51-0243919, P.O. BOX 288, LAKE PLACID, NY 12946	GRANTS FOR EDUCATION PURPOSES	NEW YORK	509(A)(3)	TYPE I			X



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRUCE L. CRARY FOUNDATION, INC.	L	8,459.	CASH PAYMENTS
(2) LAKE PLACID EDUCATION FOUNDATION	L	28,579.	CASH PAYMENTS
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.



# CHAR500

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)