

**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 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<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>RICH KROES</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>16-1535724</b> <b>E</b> Telephone number <b>518-523-9904</b> <b>G</b> Gross receipts \$ <b>41,918,176.</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>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ENHANCING THE LIVES OF PEOPLE IN THE ADIRONDACKS THROUGH PHILANTHROPY.</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> <span style="float:right"><b>17</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>17</b></span> <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>10</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>143</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>																									
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**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>RICH KROES, 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 <b>BARBARA A. MARTEN</b>	Date	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>16-1207215</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 IS THAT AGAINST A BACKDROP OF SCENIC BEAUTY, OUR COMMUNITIES ARE STRONG, JUST AND INCLUSIVE; FAMILY WELLBEING IS SUPPORTED THROUGH QUALITY

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 \$ 5,783,338. including grants of \$ 5,161,198. ) (Revenue \$ 155,089. ) 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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,783,338.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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

	Yes	No
<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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 10		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	17	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	17	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**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 (1024 or 1024-A, 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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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 **LINDA BATTIN - 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.
- See instructions for the order in which to list the persons above.

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) CALI BROOKS PRESIDENT & CEO	40.00			X				132,533.	0.	0.
(2) RICH KROES CHAIR	3.00	X		X				0.	0.	0.
(3) JOE STEINIGER VICE CHAIR	1.00	X		X				0.	0.	0.
(4) BILL CREIGHTON TREASURER	1.00	X		X				0.	0.	0.
(5) HOLLY WOLFF SECRETARY	1.00	X		X				0.	0.	0.
(6) LAWSON PRINCE ALLEN TRUSTEE	1.00	X						0.	0.	0.
(7) JIM ALLISON TRUSTEE	1.00	X						0.	0.	0.
(8) DAVID BRUNNER TRUSTEE	1.00	X						0.	0.	0.
(9) MARGOT ERNST TRUSTEE	1.00	X						0.	0.	0.
(10) REG GIGNOUX TRUSTEE	1.00	X						0.	0.	0.
(11) JOAN GRABE TRUSTEE	1.00	X						0.	0.	0.
(12) LEA PAINE HIGHET TRUSTEE	1.00	X						0.	0.	0.
(13) JAY IRELAND TRUSTEE	1.00	X						0.	0.	0.
(14) CATHY JOHNSTON TRUSTEE	1.00	X						0.	0.	0.
(15) NANCY MONETTE TRUSTEE	1.00	X						0.	0.	0.
(16) DAVID SAND TRUSTEE	1.00	X						0.	0.	0.
(17) CAROLYN SICHER 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) RICHARD STROWGER TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								132,533.	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>								132,533.	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 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, 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>	146,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,748,364.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,529,059.				
	<b>h Total.</b> Add lines 1a-1f			11,894,864.			
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES	<b>Business Code</b>	561000	136,653.	136,653.		
	<b>b</b> SEMINAR FEES		561000	18,436.	18,436.		
	<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			155,089.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,475,163.		1,475,163.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	28,393,060.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	24,292,820.				
	<b>c</b> Gain or (loss)	<b>7c</b>	4,100,240.				
<b>d</b> Net gain or (loss)			4,100,240.		4,100,240.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</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>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			17,625,356.	155,089.	0.	5,575,403.	

**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	5,146,198.	5,146,198.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,000.	15,000.		
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	139,176.	64,780.	29,001.	45,395.
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	597,355.	278,039.	124,476.	194,840.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,144.	9,146.	3,039.	3,959.
9 Other employee benefits	32,173.	18,228.	6,055.	7,890.
10 Payroll taxes	58,640.	33,223.	11,037.	14,380.
11 Fees for services (nonemployees):				
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	80,979.		80,979.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	60,442.	13,410.	20,712.	26,320.
12 Advertising and promotion	50,705.	41,008.		9,697.
13 Office expenses	70,487.	31,642.	17,919.	20,926.
14 Information technology				
15 Royalties				
16 Occupancy	7,587.	3,441.	1,871.	2,275.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,479.	1,540.	4,797.	142.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,441.	4,281.	2,329.	2,831.
23 Insurance	4,992.	1,377.	2,705.	910.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM DEVELOPMENT</b>	77,124.	77,124.		
b <b>WEBSITE</b>	20,619.	7,721.	6,449.	6,449.
c <b>PREMIUMS FOR PLANNED GI</b>	20,146.		20,146.	
d <b>ANNUAL REPORT</b>	17,500.	13,125.		4,375.
e All other expenses	60,278.	24,055.	24,256.	11,967.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	6,506,865.	5,783,338.	371,171.	352,356.
26 <b>Joint costs.</b> 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 .....	719,325.	<b>1</b>	943,301.
	<b>2</b> Savings and temporary cash investments .....	381,485.	<b>2</b>	359,643.
	<b>3</b> Pledges and grants receivable, net .....	473,511.	<b>3</b>	1,390,469.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<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> 319,964.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 68,925.	260,480.	<b>10c</b> 251,039.
	<b>11</b> Investments - publicly traded securities .....	46,705,037.	<b>11</b>	80,392,092.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	18,475,582.	<b>12</b>	7,298,828.
	<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 .....	67,235.	<b>15</b>	62,528.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	67,082,655.	<b>16</b>	90,697,900.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	30,520.	<b>17</b>	23,900.
	<b>18</b> Grants payable .....	109,000.	<b>18</b>	86,280.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	137,500.	<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 .....	22,723,672.	<b>25</b>	28,785,369.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	23,000,692.	<b>26</b>	28,895,549.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	43,402,572.	<b>27</b>	61,105,063.
	<b>28</b> Net assets with donor restrictions .....	679,391.	<b>28</b>	697,288.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	44,081,963.	<b>32</b>	61,802,351.
<b>33</b> Total liabilities and net assets/fund balances .....	67,082,655.	<b>33</b>	90,697,900.	

**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)	17,625,356.
2	Total expenses (must equal Part IX, column (A), line 25)	6,506,865.
3	Revenue less expenses. Subtract line 2 from line 1	11,118,491.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	44,081,963.
5	Net unrealized gains (losses) on investments	6,620,221.
6	Donated services and use of facilities	-18,324.
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	61,802,351.

**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		
b 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		
c 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 on 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization **ADIRONDACK FOUNDATION** Employer identification number **16-1535724**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4518784.	6593379.	3934468.	8838901.	11894864.	35780396.
<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 .....	4518784.	6593379.	3934468.	8838901.	11894864.	35780396.
<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.						35780396.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4518784.	6593379.	3934468.	8838901.	11894864.	35780396.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	529,941.	572,645.	666,971.	448,064.	1475073.	3692694.
<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						39473090.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	686,997.
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	90.65 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	89.61 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>1</b>		
<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.		
<b>2</b>		

**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).		
<b>1</b>		

**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>1</b>		
<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>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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.		
<b>3</b>		

**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 line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b 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>2a</b>			
<b>b</b> Did the activities described in line 2a, above, 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>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</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.			
<b>3b</b>			

**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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

Ruled area with horizontal lines for providing supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**ADIRONDACK FOUNDATION**

Employer identification number

**16-1535724**

Organization type (check one):

Filers of:

Section:

Omitted details

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**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

**2020**

**Open to Public Inspection**

Name of the organization **ADIRONDACK FOUNDATION** Employer identification number **16-1535724**

**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 .....	123	
2 Aggregate value of contributions to (during year) .....	6,050,333.	
3 Aggregate value of grants from (during year) .....	2,870,668.	
4 Aggregate value at end of year .....	20,727,706.	
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 (for example, 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? .....

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)? .....

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

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

**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 make 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 program
  - 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	50,298,225.	47,733,169.	45,917,789.	38,899,579.	31,997,524.
b Contributions	11,270,351.	8,797,192.	4,415,279.	6,807,276.	4,714,147.
c Net investment earnings, gains, and losses	14,074,938.	-345,785.	1,316,869.	3,314,942.	5,149,967.
d Grants or scholarships	5,317,491.	4,815,975.	3,143,760.	2,384,855.	2,120,222.
e Other expenditures for facilities and programs	455,192.	468,365.	172,272.	183,053.	408,671.
f Administrative expenses	733,464.	602,010.	600,736.	536,100.	433,166.
g End of year balance	69,137,367.	50,298,225.	47,733,169.	45,917,789.	38,899,579.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  99.6510 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  .3490 %
- 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:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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.	56,965.	250,999.
d Equipment		12,000.	11,960.	40.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				251,039.

**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	406,653.	END-OF-YEAR MARKET VALUE
(B) CEVIAN CAPITAL	2,407,195.	END-OF-YEAR MARKET VALUE
(C) MARBLE RIDGE OFFSHORE		
(D) PARTNERS	70,407.	END-OF-YEAR MARKET VALUE
(E) FIRST LIGHT FOCUS	1,985,703.	END-OF-YEAR MARKET VALUE
(F) KONTIKI	1,531,782.	END-OF-YEAR MARKET VALUE
(G) FOSSE CAPITAL	897,088.	END-OF-YEAR MARKET VALUE
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>7,298,828.</b>	

**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	9,411,243.
(4) FUNDS HELD FOR SUPPORTING	
(5) ORGANIZATIONS	19,374,126.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>28,785,369.</b>

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 FASB 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>	24,186,274.
<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>	6,620,221.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	21,676.	
<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>	6,641,897.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	17,544,377.
<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>	80,979.	
<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>	80,979.
<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>	17,625,356.

**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>	6,465,886.
<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>	6,425,886.
<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>	80,979.	
<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>	80,979.
<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>	6,506,865.

**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, 2021 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

**2020**

**Open to Public  
Inspection**

Name of the organization **ADIRONDACK FOUNDATION** Employer identification number **16-1535724**

**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
ADIRONDACK CENTER FOR WRITING PO BOX 956 SARANAC LAKE, NY 12983	01-0562418	501(C)(3)	10,000.	0.			FOR THE "SPECIAL" CAMPAIGN
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	50,000.	0.			FOR THE FUND FOR FOLLENSBY POND
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	50,000.	0.			FOR PERMANENT PROTECTION OF FOLLENSBY POND
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	50,000.	0.			FOR PERMANENT PROTECTION OF FOLLENSBY POND
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	50,000.	0.			FOR FOLLENSBY POND
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	25,000.	0.			FOR THE BENEFIT OF THE FOLLENSBY POND PROJECT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 192.**

**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) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	10,000.	0.			TO FURTHER THE CARBON SEQUESTRATION WORK IN THE ADIRONDACKS IN MEMORY OF CHRIS SONNE
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT IN HONOR OF TIM BARNETT TO MARK THE 50TH ANNIVERSARY OF THE
ADIRONDACK COMMUNITY ACTION PROGRAMS - 7572 COURT STREET, SUITE 2 - ELIZABETHTOWN, NY 12932	14-1490418	501(C)(3)	5,000.	0.			FOR THE BENEFIT OF WILLSBORO
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	11,000.	0.			FOR ESSEX FARM INSTITUTE - MOTHER CABRINI FOOD RELIEF GRANT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	30,000.	0.			FOR THE ADIRONDACK CREATIVITY PROJECT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	50,000.	0.			FOR THE ARTISTS AND INSPIRATION PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	5,000.	0.			FOR THE APA 50TH ANIVERSARY PROJECT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	6,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	5,000.	0.			IN HONOR OF JOHN FRITZINGER
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	7,500.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	5,000.	0.			FOR THE MATCHING GIFT CHALLENGE
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	5,000.	0.			FOR THE MATCHING GIFT CHALLENGE
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	10,000.	0.			FOR YEAR END SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	5,000.	0.			FOR THE GENERAL FUND
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF CAROLINE & SERGE LUSSI
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	15,000.	0.			FOR THE RAPID TESTING LAB
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	100,000.	0.			TO SUPPORT THE REGIONAL TESTING LAB PROJECT
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	25,000.	0.			IN SUPPORT OF THE LEGACY NURSING AWARD
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	5,000.	0.			IN SUPPORT OF THE BLACK FLY FUNDRAISER
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	5,000.	0.			FOR RAPID RESPONSE COVID TESTING LAB
ADIRONDACK HEALTH INSTITUTE 101 RIDGE STREET GLENS FALLS, NY 12801	14-1698269	501(C)(3)	6,000.	0.			FOR ADIRONDACK FOOD SYSTEM NETWORK STORY MAP
ADIRONDACK HEALTH INSTITUTE 101 RIDGE STREET GLENS FALLS, NY 12801	14-1698269	501(C)(3)	10,000.	0.			FOR THE ADIRONDACK REGIONAL FOOD ADVISORY COUNCIL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 LAKES CENTER FOR THE ARTS - 3446 NYS ROUTE 28 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	35,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	5,000.	0.			SUPPORT FOR THE CONCERT AT FLAT ROCK CAMP
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	10,000.	0.			TO HELP WITH STEWARDSHIP OF ALT PROJECTS IN THE LOWER BOQUET RIVER VALLEY
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	40,000.	0.			TO SUPPORT STEWARDSHIP ENDOWMENTS OF ALT PROJECTS ON THE LOWER BOQUET RIVER IN THE TOWN
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 12845-4117	15-0586270	501(C)(3)	6,400.	0.			FOR SUPPORT OF 2021 SUMMIT STEWARD PROGRAM

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ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	10,000.	0.			FOR ADI COMMUNITY POLICING PROJECT --RENZ CONSULTING POLICE TRAINING SESSIONS AT THE
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	5,000.	0.			FOR THE ADIRONDACK DIVERSITY INITIATIVE, POLICE TRAINING PROJECT
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	5,000.	0.			IN SUPPORT OF INCREASING CULTURAL CONSCIOUSNESS PROGRAMMING
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	5,000.	0.			IN SUPPORT OF INCREASING CULTURAL CONSCIOUSNESS PROGRAMMING
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	20,000.	0.			FOR THE ADIRONDACK DIVERSITY INITIATIVE POLICING PROGRAM
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	5,000.	0.			FOR THE ADI COMMUNITY POLICING INITIATIVE
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	25,000.	0.			FOR THE ADI - POLICING INITIATIVE
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	5,000.	0.			TO ACCELERATE THE TRANSITION TO CLEAN ENERGY AND A SUSTAINABLE ECONOMY IN THE
ADIRONDACK TRAIL IMPROVEMENT SOCIETY - P.O. BOX 565 - KEENE VALLEY, NY 12943	14-1486436	501(C)(3)	5,000.	0.			FOR YEAR END SUPPORT

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ADIRONDACK WATERSHED INSTITUTE PAUL SMITHS COLLEGE PAUL SMITHS, NY 12970-0244	15-0533545	501(C)(3)	15,100.	0.			FOR ADIRONDACK WATERSHED INSTITUTE LAKE STEWARD PROGRAM
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	17,028.	0.			FOR THE FAIR FOOD PRICING FUND
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	10,000.	0.			FOR THE LEADERSHIP CIRCLE
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT IN MEMORY AND HONOR OF TOM BOOTHE
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	20,000.	0.			FOR THE LEADERSHIP CIRCLE
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	30,000.	0.			FOR UNRESTRICTED SUPPORT
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	10,970.	0.			FOR ADKACTION'S FARM RELIEF PROGRAM
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	10,970.	0.			FOR JULY FUNDING FOR ADKACTION'S EMERGENCY FOOD PACKAGE PROGRAM
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	27-4514665	501(C)(3)	62,920.	0.			FOR THE MOTHER CABRINI FOOD RELIEF PROJECT

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AKWESASNE BOYS & GIRLS CLUB ST. REGIS MOHAWK TRIBE - 37 ROOSEVELTOWN RD. - AKWESASNE, NY 13655	16-1607731	501(C)(3)	5,000.	0.			FOR PROGRAM FUNDING FOR AKWESASNE YOUTH
AKWESASNE BOYS & GIRLS CLUB ST. REGIS MOHAWK TRIBE - 37 ROOSEVELTOWN RD. - AKWESASNE, NY 13655	16-1607731	501(C)(3)	7,000.	0.			FOR PROGRAM FUNDING FOR AKWESASNE YOUTH
AMERICAN FOREST FOUNDATION 2000 M STREET NW, SUITE 550 WASHINGTON, DC 20036	52-1235124	501(C)(3)	7,500.	0.			FOR THE FAMILY FOREST CARBON PROGRAM
AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS ROUTE 22 WILLSBORO, NY 12996	56-2390129	501(C)(3)	10,000.	0.			TO SUPPORT THE ENDOWMENT OF THE EDWARD H. BURN LAW TUTORSHIP
AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS ROUTE 22 WILLSBORO, NY 12996	56-2390129	501(C)(3)	10,000.	0.			TO SUPPORT THE ENDOWMENT OF THE EDWARD H. BURN LAW TUTORSHIP
AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS ROUTE 22 WILLSBORO, NY 12996	56-2390129	501(C)(3)	5,000.	0.			FOR THE EDWARD H. BURN LAW TUTORSHIP ENDOWMENT
AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS ROUTE 22 WILLSBORO, NY 12996	56-2390129	501(C)(3)	5,000.	0.			FOR THE BENEFIT OF THE ENDOWMENT OF THE EDWARD H. BURN LAW TUTORSHIP
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102-1403	23-1352010	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
AOPA FOUNDATION, INC. 421 AVIATION WAY FREDERICK, MD 21701	20-8817225	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT

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ARISE OF NORTHERN NEW YORK, INC. PO BOX 1200 TUPPER LAKE, NY 12986	27-0927525	501(C)(3)	5,000.	0.			FOR THE TUPPER LAKE BACK PACK PROGRAM
AUSABLE CLUB PRESERVATION FOUNDATION - 137 AUSABLE ROAD - KEENE VALLEY, NY 12943	20-3719078	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD WILMINGTON, NY 12997	14-1809764	501(C)(3)	5,000.	0.			FOR SALT EQUIPMENT
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD WILMINGTON, NY 12997	14-1809764	501(C)(3)	15,000.	0.			FOR PAYMENT DUE UNDER CONTRACT FOR A LAKE MANAGEMENT PLAN
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD WILMINGTON, NY 12997	14-1809764	501(C)(3)	15,000.	0.			FOR MIRROR LAKE SALT REDUCTION INITIATIVE
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD WILMINGTON, NY 12997	14-1809764	501(C)(3)	5,000.	0.			FOR MIRROR LAKE WATER QUALITY
AUSABLE VALLEY CENTRAL SCHOOL DISTRICT - 1273 RTE. 9N - CLINTONVILLE, NY 12924	14-1505002	501(C)(3)	10,000.	0.			FOR SUMMER SCHOOL: ACADEMIC MEETS ENGAGEMENT
BEHAVIORAL HEALTH SERVICES NORTH 22 U.S. OVAL, SUITE 218 PLATTSBURGH, NY 12903	14-1338346	501(C)(3)	5,400.	0.			FOR ENHANCING COMPREHENSIVE HOME VISITING SERVICES
CARE USA 151 ELLIS STREET NE ATLANTA, GA 30303	13-1685039	501(C)(3)	6,000.	0.			FOR UNRESTRICTED SUPPORT

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CATHOLIC CHARITIES OF THE DIOCESE OF OGDENSBURG - 1349 MILITARY TURNPIKE - PLATTSBURGH, NY 12901	15-0614025	501(C)(3)	25,000.	0.			TO SUPPORT BRIDGING THE GAP- COVID-19
CEREBRAL PALSY ASSOCIATION OF THE NORTH COUNTRY - 4 COMMERCE LANE - CANTON, NY 13617	16-1568985	501(C)(3)	5,000.	0.			FOR THE COMMUNITY FRIENDSHIP VOLUNTEER PROGRAM OF FRANKLIN COUNTY
CEREBRAL PALSY ASSOCIATION OF THE NORTH COUNTRY - 4 COMMERCE LANE - CANTON, NY 13617	16-1568985	501(C)(3)	8,000.	0.			IN SUPPORT OF THE COMMUNITY FRIENDSHIP VOLUNTEER PROGRAM ENHANCEMENT
CFES BRILLIANT PATHWAYS 2303 MAIN STREET ESSEX, NY 12936	22-3159630	501(C)(3)	5,000.	0.			FOR BUILDING A COLLEGE & CAREER READINESS ADVISOR CORPS IN THE ADIRONDACKS
CFES BRILLIANT PATHWAYS 2303 MAIN STREET ESSEX, NY 12936	22-3159630	501(C)(3)	5,000.	0.			FOR BUILDING A COLLEGE & CAREER READINESS ADVISOR CORPS IN THE ADIRONDACKS
CHATEAUGAY CENTRAL SCHOOL DISTRICT 42 RIVER STREET CHATEAUGAY, NY 12920	15-6002532	501(C)(3)	5,000.	0.			FOR CHATEAUGAY ATHLETICS
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY - 194 US OVAL - PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	10,000.	0.			TO SUPPORT KINSHIP CAREGIVERS IN CLINTON COUNTY
CITIZEN ADVOCATES 125 FINNEY BLVD. MALONE, NY 12953	14-1577715	501(C)(3)	5,000.	0.			FOR THE BACKPACK PROGRAM
CITIZEN ADVOCATES 125 FINNEY BLVD. MALONE, NY 12953	14-1577715	501(C)(3)	5,000.	0.			FOR THE BACKPACK PROGRAM

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CLARKSON UNIVERSITY 321 SCIENCE CENTER POTSDAM, NY 13699	15-0543659	501(C)(3)	5,000.	0.			SCHOLARSHIP/LAVAIR, JEFFREY ID#:79920213
CLIFTON COMMUNITY LIBRARY 7171 STATE HWY 3 CRANBERRY LAKE, NY 12927	90-0918415	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE LIBRARY AND IMPROVE ITS IMPACT ON
CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION - PO BOX 115 - WANAKENA, NY 13695	16-1607609	501(C)(3)	15,000.	0.			FOR FURTHER DISTRIBUTIONS TO THE COMMUNITY IN 2021-22
COLUMBIA UNIVERSITY DEPT. OF OPHTHALMOLOGY, VITREORETINAL DIVISION - NEW YORK, NY 10032	13-5598093	501(C)(3)	15,000.	0.			FOR DEPT. OF OPHTHALMOLOGY, VITREORETINAL DIVISION-TONGALP TEZEL,
COLUMBIA UNIVERSITY DEPT. OF OPHTHALMOLOGY, VITREORETINAL DIVISION - NEW YORK, NY 10032	13-5598093	501(C)(3)	15,000.	0.			TO SUPPORT THE DEPT. OF OPHTHALMOLOGY, VITREORETINAL DIVISION, ATTN: DR. STANLEY CHANG
CORNELL COOPERATIVE EXTENSION - ESSEX COUNTY - 8487 U.S. ROUTE 9 - LEWIS, NY 12950	16-1159507	501(C)(3)	15,000.	0.			FOR HELPING ADIRONDACK SCHOOLS PURCHASE FOOD FROM LOCAL FARMS.
CORNELL COOPERATIVE EXTENSION - FRANKLIN COUNTY - 355 WEST MAIN STREET, SUITE 150 - MALONE, NY 12953	14-6037203	501(C)(3)	5,000.	0.			FOR CREATING QUALITY LEADERS AT 4-H CAMP OVERLOOK 2021
CORNELL LAW SCHOOL 260 MYRON TAYLOR HALL ITHACA, NY 14853	15-0532082	501(C)(3)	5,000.	0.			FOR THE CLASS OF 1966
CRAIGARDAN 9216 NYS RT 9N ELIZABETHTOWN, NY 12932	81-4700195	501(C)(3)	10,000.	0.			FOR CRAIGARDAN FARM STORE & COMMUNITY RESOURCE PROJECT

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CROWN POINT CENTRAL SCHOOL DISTRICT - 2758 MAIN STREET - CROWN POINT, NY 12928	14-6001392	501(C)(3)	10,000.	0.			FOR A BRIGHTER PATHWAY TO READING
DELAWARE VALLEY FRIENDS SCHOOL 19 EAST CENTRAL AVENUE PAOLI, PA 19301	23-2416737	501(C)(3)	10,000.	0.			FOR THE ANNUAL FUND
DIRECT RELIEF INTERNATIONAL 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
DOCTORS WITHOUT BORDERS 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
DOWNEAST LAKES LAND TRUST 3 WATER ST. PMB 75 GRAND LAKE STREAM, ME 04637	01-0541131	501(C)(3)	10,000.	0.			FOR THE NEW HEADQUARTERS FUND IN HONOR OF SYD AND JAKE LEA
ECUMENICAL COUNCIL OF SARANAC LAKE PO BOX 194 SARANAC LAKE, NY 12983	27-1883973	501(C)(3)	10,000.	0.			FOR SAMARITAN HOUSE OPERATING FUND SUPPORT
ELIZABETHTOWN COMMUNITY HOSPITAL 75 PARK STREET ELIZABETHTOWN, NY 12932-0277	14-1364513	501(C)(3)	5,000.	0.			FOR YEAR END SUPPORT
ELIZABETHTOWN-LEWIS EMERGENCY SQUAD - PO BOX 443 - ELIZABETHTOWN, NY 12932	14-1591510	501(C)(3)	5,000.	0.			FOR PERSONAL PROTECTIVE EQUIPMENT FOR THE EMERGENCY SQUAD
EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK, INC. - 3 WASHINGTON SQUARE - ALBANY, NY 12205	14-1637156	501(C)(3)	45,000.	0.			TO PROVIDE RESOURCES FOR INSTITUTIONS TO BUILD AWARENESS & UNDERSTANDING OF THE NATURE & IMPACT OF

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ESSEX COUNTY OFFICE FOR THE AGING 132 WATER STREET ELIZABETHTOWN, NY 12932	14-6002889	501(C)(3)	10,000.	0.			FOR ASSISTANCE FOR OLDER ADULTS IN ESSEX COUNTY
FAMILY YMCA OF THE GLENS FALLS AREA - 600 GLEN STREET - GLENS FALLS, NY 12801	14-1340008	501(C)(3)	15,000.	0.			FOR THE ADIRONDACK CENTER NMLG/REGIONAL WELLNESS CENTER
FIELD & FORK NETWORK 487 MAIN STREET, SUITE 200 BUFFALO, NY 14203	26-4287659	501(C)(3)	25,000.	0.			FOR DOUBLE UP FOOD BUCKS NYS - LEVERAGING FEDERAL FUNDS
FOOTHILLS ARTSOCIETY PO BOX 701 MALONE, NY 12953	14-1829415	501(C)(3)	10,000.	0.			FOR THE DOWNTOWN MURAL PROJECT
FORT TICONDEROGA ASSOCIATION, INC. PO BOX 390 TICONDEROGA, NY 12883-0390	14-1440924	501(C)(3)	5,000.	0.			FOR PAVILION RESTORATION AT FORT TICONDEROGA
FORT TICONDEROGA ASSOCIATION, INC. PO BOX 390 TICONDEROGA, NY 12883-0390	14-1440924	501(C)(3)	30,000.	0.			FOR THE GENERAL CAPITAL CAMPAIGN
FORT TICONDEROGA ASSOCIATION, INC. PO BOX 390 TICONDEROGA, NY 12883-0390	14-1440924	501(C)(3)	20,000.	0.			FOR THE CAPITAL CAMPAIGN
FRENCH HERITAGE SOCIETY, INC 14 EAST 60TH STREET #605 NEW YORK, NY 10022-7131	13-3100091	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT IN MEMORY OF LILIBETH DEWAVRIN
FRESH AIR FUND 633 THIRD AVENUE, 14TH FLOOR NEW YORK, NY 10017	13-1656653	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT

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GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	15-6011803	501(C)(3)	10,000.	0.			IN SUPPORT OF THE PROJECT ARCHIVIST POSITION
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	15-6011803	501(C)(3)	7,750.	0.			FOR THE ORAL HISTORY PROJECT (YEAR 2)
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	15-6011803	501(C)(3)	9,800.	0.			FOR UNRESTRICTED SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL 322 W. LAMAR STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
HIGH PEAKS EDUCATION FOUNDATION PO BOX 475 KEENE VALLEY, NY 12943	141815377	501(C)(3)	5,000.	0.			FOR YEAR END SUPPORT
HISTORIC SARANAC LAKE 89 CHURCH ST., SUITE 2 SARANAC LAKE, NY 12983-1833	14-1635407	501(C)(3)	5,000.	0.			FOR THE ROOF REPAIR AT THE TRUDEAU MUSEUM
HISTORIC SARANAC LAKE 89 CHURCH ST., SUITE 2 SARANAC LAKE, NY 12983-1833	14-1635407	501(C)(3)	25,000.	0.			FOR CONSTRUCTION PROJECT
HISTORIC SARANAC LAKE 89 CHURCH ST., SUITE 2 SARANAC LAKE, NY 12983-1833	14-1635407	501(C)(3)	5,000.	0.			FOR THE PORCH IN MEMORY OF ELSIE WOLFF
HISTORIC SARANAC LAKE 89 CHURCH ST., SUITE 2 SARANAC LAKE, NY 12983-1833	14-1635407	501(C)(3)	5,000.	0.			FOR MUSEUM REPAIRS EMERGENCY FUNDRAISER

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HUB ON THE HILL 545 MIDDLE ROAD ESSEX, NY 12936	14-1826563	501(C)(3)	5,000.	0.			FOR FAIR FOOD PRICING DISTRIBUTION SUPPORT
HUB ON THE HILL 545 MIDDLE ROAD ESSEX, NY 12936	14-1826563	501(C)(3)	10,439.	0.			FOR THE CONTINUATION OF HUB ON THE HILL'S FOOD RELIEF OPERATIONS
HUB ON THE HILL 545 MIDDLE ROAD ESSEX, NY 12936	14-1826563	501(C)(3)	5,000.	0.			FOR ESSEX CO. FARM AND FOOD WORKER HOUSING
HUDSON HEADWATERS HEALTH FOUNDATION - 9 CAREY ROAD - QUEENSBURY, NY 12804	65-1261242	501(C)(3)	10,000.	0.			FOR THE HUDSON HEADWATERS MOBILE HEALTH PROGRAM
HUDSON HEADWATERS HEALTH FOUNDATION - 9 CAREY ROAD - QUEENSBURY, NY 12804	65-1261242	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
INFANT JESUS OF PRAGUE PO BOX 1238 TUPPER LAKE, NY 12986	16-1536247	501(C)(3)	23,950.	0.			FOR FURTHER DISTRIBUTION TO THE COMMUNITY IN 2020-21
INFANT JESUS OF PRAGUE PO BOX 1238 TUPPER LAKE, NY 12986	16-1536247	501(C)(3)	23,950.	0.			FOR FURTHER DISTRIBUTION TO THE COMMUNITY IN 2021-22
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
ITHACA COLLEGE OFFICE OF STUDENT FINANCIAL SERVICE ITHACA, NY 14850	15-0532204	501(C)(3)	5,000.	0.			SCHOLARSHIP/CLARK, GRACE ID#:704715952

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
JCEO OF CLINTON & FRANKLIN COUNTIES, INC. - 54 MARGARET ST. - PLATTSBURGH, NY 12901	14-1494810	501(C)(3)	10,000.	0.			FOR THE CORNERSTONE/JCEO "FARMACY"
JCEO OF CLINTON & FRANKLIN COUNTIES, INC. - 54 MARGARET ST. - PLATTSBURGH, NY 12901	14-1494810	501(C)(3)	10,000.	0.			FOR EMERGENT NEEDS FOR IMMIGRANTS DURING COVID-19 PANDEMIC
JOHN BROWN LIVES! PO BOX 357 WESTPORT, NY 12993	45-4553106	501(C)(3)	5,000.	0.			TO SUPPORT FACILITATED DIALOGUE FOR PERSONAL AND COLLECTIVE CHANGE
KEENE VALLEY CONGREGATIONAL CHURCH 1791 NYS ROUTE 73 KEENE VALLEY, NY 12943	14-1341182	501(C)(3)	5,000.	0.			FOR YEAR END SUPPORT
KEENE VALLEY HOSE AND LADDER CO. #1 - PO BOX 699 - KEENE VALLEY, NY 12943	45-3053393	501(C)(3)	10,000.	0.			FOR YEAR END SUPPORT
KEENE VALLEY LIBRARY ASSOCIATION 1796 RTE 73 KEENE VALLEY, NY 12943	14-1409842	501(C)(3)	7,500.	0.			FOR YEAR END SUPPORT
KEUKA COLLEGE 141 CENTRAL AVENUE KEUKA PARK, NY 14478	16-6054295	501(C)(3)	5,000.	0.			SCHOLARSHIP/LEIBECK, STEPHEN, ID#:0420883
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	5,000.	0.			FOR THE GENERAL FUND-\$2500 AND FOR JOY TO THE CHILDREN-\$2500
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT

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LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	25,200.	0.			TO SUPPORT PERFORMANCE IN DANCE, MUSICALS, CONCERTS, FILM, CHILDREN'S PROGRAMMING AS
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	5,000.	0.			FOR ANNUAL FUND SUPPORT
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	5,000.	0.			FOR ANNUAL SUPPORT AND JOY TO THE CHILDREN
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	20,000.	0.			IN SUPPORT OF CONSTRUCTION OF ACCESSIBLE RESTROOMS
LAKE PLACID LAND CONSERVANCY PO BOX 1250 LAKE PLACID, NY 12946	16-1452565	501(C)(3)	10,000.	0.			FOR LAKE PLACID LAKE
LAKE PLACID SINFONIETTA PO BOX 1303 LAKE PLACID, NY 12946	11-2608012	501(C)(3)	7,000.	0.			FOR UNRESTRICTED SUPPORT
LAKES REGION SCHOLARSHIP FOUNDATION - PO BOX 7312 - LACONIA, NH 03247	02-6012236	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT IN MEMORY OF SUZANNE PERLEY
LAKESIDE HOUSE 33 RIVERSIDE DRIVE SARANAC LAKE, NY 12983	14-1601762	501(C)(3)	10,000.	0.			TO SUPPORT REQUEST FOR TRANSPORTATION FUNDS
LAKESIDE SCHOOL 6 LEANING ROAD ESSEX, NY 12936	36-4608520	501(C)(3)	5,000.	0.			FOR COVID-19 TESTING COVERAGE AND OPERATIONAL SUPPORT

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LEGAL AID SOCIETY- NORTHEASTERN NY 95 CENTRAL AVE # 2 ALBANY, NY 12206	14-1338448	501(C)(3)	5,000.	0.			IN SUPPORT OF COVID RESPONSE IN THE NORTH COUNTRY
LEGAL AID SOCIETY- NORTHEASTERN NY 95 CENTRAL AVE # 2 ALBANY, NY 12206	14-1338448	501(C)(3)	15,000.	0.			IN SUPPORT OF COVID RESPONSE IN THE NORTH COUNTRY
LITERACY VOLUNTEERS OF CLINTON, ESSEX AND FRANKLIN COUNTIES - PO BOX 2864 - PLATTSBURGH, NY 12901	23-7330109	501(C)(3)	10,000.	0.			FOR ADULT AND FAMILY LITERACY SUPPORT
LITERACY VOLUNTEERS OF CLINTON, ESSEX AND FRANKLIN COUNTIES - PO BOX 2864 - PLATTSBURGH, NY 12901	23-7330109	501(C)(3)	5,400.	0.			FOR SUPPORT OF LEGAL COSTS OF ORGANIZATIONAL MERGER
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	15,000.	0.			FOR INFANT/TODDLER FURNISHINGS
LONG LAKE CENTRAL SCHOOL DISTRICT 20 SCHOOL LANE LONG LAKE, NY 12847	14-6001640	501(C)(3)	5,000.	0.			FOR PPE, DISINFECTION TOOLS AND OUTDOOR LEARNING SPACE SUPPLIES FOR LLCSD
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	10,000.	0.			SUPPORT FOR CREATING AGE-FRIENDLY COMMUNITIES
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT

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MINERVA CENTRAL SCHOOL DISTRICT PO BOX 39 OLMSTEDVILLE, NY 12857	14-6001683	501(C)(3)	5,000.	0.			IN SUPPORT OF PURCHASE OF CHROMEBOOKS FOR MCSD
MOUNTAIN LAKE PBS 1 SESAME STREET PLATTSBURGH, NY 12901-0617	14-1513789	501(C)(3)	10,000.	0.			FOR LEARNING AT HOME BROADCAST AND DIGITAL OUTREACH
MOUNTAIN LAKE SERVICES 10 ST. PATRICK'S PLACE PORT HENRY, NY 12974	14-1563885	501(C)(3)	10,000.	0.			FOR CONSIGNMENT SHOP
MOUNTAIN LAKE SERVICES 10 ST. PATRICK'S PLACE PORT HENRY, NY 12974	14-1563885	501(C)(3)	5,000.	0.			FOR THE MOUNTAIN WEAVERS' FARM STORE FOOD DELIVERY
NATIONAL ASSOCIATION OF COMMUNITY AND RESTORATIVE JUSTICE - 16650 HUEBNER RD - SAN ANTONIO, TX 78248	46-1809518	501(C)(3)	20,000.	0.			FOR THE NACRJ MINI-GRANT PROGRAM
NATIONAL ASSOCIATION OF COMMUNITY AND RESTORATIVE JUSTICE - 16650 HUEBNER RD - SAN ANTONIO, TX 78248	46-1809518	501(C)(3)	125,000.	0.			FOR UNRESTRICTED SUPPORT
NATIONAL IMMIGRATION LAW CENTER 3450 WILSHIRE BOULEVARD, BOX 108-62 LOS ANGELES, CA 90010	95-4539765	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
NEW YORK SKI EDUCATION FOUNDATION 5021 NYS RT. 86 WILMINGTON, NY 12997	14-1577846	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF CAROLINE & SERGE LUSSI
NEW YORK WEILL CORNELL MEDICAL CENTER FUND INC. - 1300 YORK AVE., BOX 314 - NEW YORK, NY 10065	13-6094042	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT IN HONOR OF DR. MARK PASMANTIER & DR. ROGER HARTL AT THE REQUEST OF

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

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NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION - PO BOX 89 - SARANAC LAKE, NY 12983-0089	23-7316021	501(C)(3)	10,000.	0.			FOR SUPPORTING COLLEGE AND CAREER ASPIRATIONS FOR ADULTS - YEAR #2
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	5,000.	0.			FOR ANNUAL SUPPORT
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	93,000.	0.			FOR UNRESTRICTED SUPPORT
NORTH COUNTRY SCHOOL/CAMP TREETOPS 4382 CASCADE ROAD LAKE PLACID, NY 12946	14-1430542	501(C)(3)	5,000.	0.			FOR THE HOCK LEGACY
NORTH COUNTRY SPCA 7700 ROUTE 9N ELIZABETHTOWN, NY 12932-0055	14-6034608	501(C)(3)	10,000.	0.			FOR DIRECTOR SALARY AND SUPPORT
NORTH COUNTRY SPCA 7700 ROUTE 9N ELIZABETHTOWN, NY 12932-0055	14-6034608	501(C)(3)	25,000.	0.			FOR ED POSITION AND ANNUAL SUPPORT
NORTH ELBA COMMUNITY CHRISTMAS FUND - 2693 MAIN STREET - LAKE PLACID, NY 12946	14-1675577	501(C)(3)	9,700.	0.			IN SUPPORT OF THE 2020 NE COMMUNITY CHRISTMAS FUND
NORTHERN FOREST ATLAS FOUNDATION, INC. - C/O RAY CURRAN - SARANAC LAKE, NY 12983-5528	46-1349949	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT

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NORTHERN FOREST ATLAS FOUNDATION, INC. - C/O RAY CURRAN - SARANAC LAKE, NY 12983-5528	46-1349949	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
NORTHERN FOREST ATLAS FOUNDATION, INC. - C/O RAY CURRAN - SARANAC LAKE, NY 12983-5528	46-1349949	501(C)(3)	50,000.	0.			FOR UNRESTRICTED SUPPORT
NORTHERN FOREST ATLAS FOUNDATION, INC. - C/O RAY CURRAN - SARANAC LAKE, NY 12983-5528	46-1349949	501(C)(3)	50,000.	0.			FOR UNRESTRICTED SUPPORT
NORTHERN FOREST CANOE TRAIL 4403 MAIN STREET WAITSFIELD, VT 05673	03-0363813	501(C)(3)	5,000.	0.			FOR TRANSITIONING OWNERSHIP OF THE ADIRONDACK WATERSHED ALLIANCE FOR COMMUNITY
NORTHERN FOREST CENTER, INC. 18 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	10,000.	0.			TO SUPPORT ATTRACTING NEW RESIDENTS TO ADIRONDACK COMMUNITIES
NORTHERN FOREST CENTER, INC. 18 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	50,000.	0.			FOR THE ATTRACTING NEW RESIDENTS INITIATIVE
NORTHERN FOREST CENTER, INC. 18 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	10,000.	0.			FOR THE ANR PROJECT
NORTHERN FOREST CENTER, INC. 18 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	10,000.	0.			TO SUPPORT ATTRACTING NEW RESIDENTS TO ADIRONDACK COMMUNITIES
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	10,000.	0.			FOR COVID SUPPORT FUND

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NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	5,000.	0.			FOR RING THE BELL
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	5,000.	0.			FOR TECHNOLOGY AND LEADERSHIP DEVELOPMENT SUMMER INSTITUTE FOR GIRLS IN GRADES 6-8
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	10,000.	0.			FOR THE SOCCER FIELD AT THE REQUEST OF KATRINA AND RICH KROES
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	10,000.	0.			FOR TECHNOLOGY AND LEADERSHIP DEVELOPMENT SUMMER INSTITUTE FOR GIRLS IN GRADES 6-8
NY TIMES NEEDIEST CASES FUND 620 8TH AVENUE NEW YORK, NY 10018	13-6066063	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
OPEN SPACE INSTITUTE, INC. 1350 BROADWAY, SUITE 201 NEW YORK, NY 10018-7702	52-1053406	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
PAINE MEMORIAL FREE LIBRARY 2 GILLILAND LANE WILLSBORO, NY 12996	14-1407061	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT IN MEMORY OF ANNE CHOATE
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	30,600.	0.			FOR THE ENDOWED CHAIR IN LAKE ECOLOGY & PALEOECOLOGY AT THE REQUEST OF CAROLINE &
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	20,000.	0.			TO SUPPORT NORDIC SKIING ATHLETES AND THE SKI PROGRAM AT THE REQUEST OF CAROLINE & SERGE LUSSI

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PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR WALKER, ERINN ID#:000065335
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	5,000.	0.			IN SUPPORT OF SIGNAGE FOR THE VISITOR'S INTERPRETIVE CENTER
PENDRAGON 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983-2031	22-2717124	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
PENDRAGON 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983-2031	22-2717124	501(C)(3)	15,000.	0.			FOR THE CAPITAL CAMPAIGN
PENDRAGON 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983-2031	22-2717124	501(C)(3)	8,000.	0.			FOR THE NEW BUILDING
PLANNED PARENTHOOD OF THE NORTH COUNTRY NEW YORK - 66 BRINKERHOFF STREET - PLATTSBURGH, NY 12901	16-0919175	501(C)(3)	6,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF DOROTHY FEDERMAN
PLATTSBURGH FAMILY YMCA 17 OAK ST. PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	15,000.	0.			FOR 'WE GOT YOU' -SUSTAINING CHILD CARE DURING A PANDEMIC
PLATTSBURGH FAMILY YMCA 17 OAK ST. PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	20,000.	0.			FOR SUPPORT TO PROVIDE CHILD CARE FOR WORKING FAMILIES
PLAY ADK 165 NEIL STREET SARANAC LAKE, NY 12983	83-3183251	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT

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PRO PUBLICA 155 AVENUE OF THE AMERICAS, 13TH FL NEW YORK, NY 10013	14-2007220	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
PRO PUBLICA 155 AVENUE OF THE AMERICAS, 13TH FL NEW YORK, NY 10013	14-2007220	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
PROTECT THE ADIRONDACKS! PO BOX 48 NORTH CREEK, NY 12853	32-0290036	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
PROTECT THE ADIRONDACKS! PO BOX 48 NORTH CREEK, NY 12853	32-0290036	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT IN MEMORY OF AIMS "JOE" C. CONEY, JR.
REACH OUT AND READ, INC. 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	5,000.	0.			FOR THE REACH OUT AND READ PILOT AT TUPPER LAKE HEALTH CENTER
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER RD. - LATHAM, NY 12110	22-2470885	501(C)(3)	5,000.	0.			FOR BACKPACK OPERATIONS
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK - 230 W 41ST STREET, FL 7 - NEW YORK, NY 10036	13-1988190	501(C)(3)	15,000.	0.			FOR EXPANSION OF QUALITYSTARS NY IN CLINTON, ESSEX AND FRANKLIN COUNTIES
RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK - 230 W 41ST STREET, FL 7 - NEW YORK, NY 10036	13-1988190	501(C)(3)	25,000.	0.			FOR EXPANSION OF QUALITYSTARS NY IN CLINTON, ESSEX AND FRANKLIN COUNTIES
RONALD MCDONALD HOUSE CHARITIES OF BURLINGTON VT - 16 SOUTH WINOOSKI AVENUE - BURLINGTON, VT 05401	03-0287584	501(C)(3)	7,500.	0.			FOR ADDRESSING NEW PROTOCOL AND SAFETY MEASURES IN RESPONSE TO COVID-19

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RONALD MCDONALD HOUSE OF DALLAS 4707 BENGAL STREET DALLAS, TX 75235	75-1609401	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
RURAL PRESERVATION COMPANY OF CLINTON COUNTY - 48 GANONG DRIVE, SUITE 1 - SARANAC, NY 12981	14-1740611	501(C)(3)	5,000.	0.			FOR EMERGENCY HOME REPAIR FUND
SAGAMORE INSTITUTE OF THE ADIRONDACKS - PO BOX 40 - RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	15,000.	0.			FOR THE PORCH RESTORATION
SAGAMORE INSTITUTE OF THE ADIRONDACKS - PO BOX 40 - RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	10,000.	0.			ONE HALF IS DIRECTED TO THE "PORCH RENOVATION" AND ONE HALF FOR GENERAL OPERATIONS
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	14-1826563	501(C)(3)	5,000.	0.			TO SUPPORT THEORY OF CHANGE VIDEO(S)
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	14-1826563	501(C)(3)	6,000.	0.			TO SUPPORT THEORY OF CHANGE VIDEO(S)
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	14-1826563	501(C)(3)	5,000.	0.			IN SUPPORT OF PRIMARY SCHOOL REMOTE LEARNING CENTER
SARANAC LAKE VOLUNTEER RESCUE SQUAD - 110 BROADWAY - SARANAC LAKE, NY 12983	27-2310026	501(C)(3)	10,000.	0.			FOR THE SLVRS PARAMEDIC PROGRAM
SERVANTS OF THE WORD INC., DBA THE OPEN DOOR MISSION - 226 WARREN STREET - GLENS FALLS, NY 12801	22-2212538	501(C)(3)	10,000.	0.			FOR THE OPEN DOOR MISSION--OPERATING SUPPORT

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SHELBURNE FARMS RESOURCES 1611 HARBOR ROAD SHELBURNE, VT 05482	03-0229347	501(C)(3)	6,000.	0.			FOR UNRESTRICTED SUPPORT
SHELBURNE FARMS RESOURCES 1611 HARBOR ROAD SHELBURNE, VT 05482	03-0229347	501(C)(3)	10,000.	0.			FOR THE 2020 WILSON CHALLENGE
SMALL TALES DAY CARE CENTER 101 RIVER STREET WARRENSBURG, NY 12885	84-4731995	501(C)(3)	10,000.	0.			FOR SMALL TALES EARLY LEARNING CENTER AND DAY CARE
SPECTRUM YOUTH & FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON, VT 05401	03-0253232	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
ST. EUSTACE EPISCOPAL CHURCH 2450 MAIN STREET LAKE PLACID, NY 12946	14-6022889	501(C)(3)	11,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF CAROLINE & SERGE LUSSI
ST. LAWRENCE UNIVERSITY UNIVERSITY ADVANCEMENT CANTON, NY 13617	15-0532239	501(C)(3)	5,000.	0.			IN SUPPORT OF THE SLU ALPINE SKI TEAM - ATTN: WILLI STEINROTTER AT THE REQUEST OF CRISTINA LUSSI
ST. LAWRENCE UNIVERSITY UNIVERSITY ADVANCEMENT CANTON, NY 13617	15-0532239	501(C)(3)	6,600.	0.			FOR FIGHTING HUNGER IN THE NORTH COUNTRY DURING THE COVID-19 PANDEMIC
ST. PAUL'S SCHOOL 325 PLEASANT STREET CONCORD, NH 03301-4926	02-0222227	501(C)(3)	5,000.	0.			FOR THE BENEFIT OF THE ALUMNI FUND IN MEMORY OF HOWLAND MURPHY, IN THE FORM OF 1971
ST. PAUL'S SCHOOL 325 PLEASANT STREET CONCORD, NH 03301-4926	02-0222227	501(C)(3)	5,000.	0.			FOR THE AMBASSADOR DUKE SPANISH PRIZE ENDOWMENT IN MEMORY OF MORRIS R. BROOKE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
STONY BROOK UNIVERSITY OFFICE OF STUDENT FINANCIAL AID SERVICES - STONY BROOK, NY 11790-0619	11-6077945	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR DUHAIME, JESSICA, R., ID#:114408668
STONY BROOK UNIVERSITY OFFICE OF STUDENT FINANCIAL AID SERVICES - STONY BROOK, NY 11790-0619	11-6077945	501(C)(3)	5,000.	0.			SCHOLARSHIP/KIPPING, KAILEY, ID#:114274140
SUNY ADIRONDACK STUDENT ACCOUNTS QUEENSBURY, NY 12804	14-6013244	501(C)(3)	5,000.	0.			SCHOLARSHIP/ROBERTS, LAUREN ID#:500187489
THE ANDREW GOODMAN FOUNDATION P.O. BOX 394 MAHWAH, NJ 07430	13-6207568	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
THE COLLEGE OF ST. ROSE BURSAR'S OFFICE ALBANY, NY 12203	14-1338371	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR PICKERING, DOMINIQUE ID#:719849736
THE JOSHUA FUND 188 NEWMAN ROAD LAKE PLACID, NY 12946	46-3928870	501(C)(3)	5,000.	0.			FOR OPERATING SUPPORT
THE JOSHUA FUND 188 NEWMAN ROAD LAKE PLACID, NY 12946	46-3928870	501(C)(3)	10,000.	0.			FOR ANNUAL SUPPORT
THE SALVATION ARMY OF MASSENA NY 178 VICTORY ROAD MASSENA, NY 13662	13-5562351	501(C)(3)	25,000.	0.			FOR SALVATION ARMY MOBILE MISSION CENTER FOR THE NORTH COUNTRY
THE SALVATION ARMY-EMPIRE STATE DIVISION-PLATTSBURGH - 4804 SOUTH CATHERINE STREET - PLATTSBURGH, NY 12901	13-5562351	501(C)(3)	9,000.	0.			FOR THE PLATTSBURGH SOUP KITCHEN\ FOOD LINE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THE STRAND CENTER FOR THE ARTS 23 BRINKERHOFF STREET PLATTSBURGH, NY 12901	14-1825779	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF NORTHERN INSURING AGENCY
THE WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986	14-1811534	501(C)(3)	5,000.	0.			FOR THE NANCY FUND TO ASSIST WITH EFFECTS OF COVID
TICONDEROGA CENTRAL SCHOOL DISTRICT - 5 CALKINS PLACE - TICONDEROGA, NY 12883	14-6001978	501(C)(3)	5,000.	0.			FOR THE TICONDEROGA AREA BACKPACK PROGRAM
TICONDEROGA CENTRAL SCHOOL DISTRICT - 5 CALKINS PLACE - TICONDEROGA, NY 12883	14-6001978	501(C)(3)	25,000.	0.			FOR SCHOOL TECHNOLOGY DURING COVID-19
TICONDEROGA CENTRAL SCHOOL DISTRICT - 5 CALKINS PLACE - TICONDEROGA, NY 12883	14-6001978	501(C)(3)	10,000.	0.			IN SUPPORT OF THE SUMMER FOOD PROGRAM
TICONDEROGA REVITALIZATION ALLIANCE - PO BOX 247 - TICONDEROGA, NY 12883	90-0642083	501(C)(3)	10,000.	0.			FOR THE TRADE EDUCATION ACCESS PROGRAM
TOWN OF JAY 11 SCHOOL LANE AUSABLE FORKS, NY 12912	14-6002254	501(C)(3)	5,000.	0.			FOR THE TOWN OF JAY CHILDREN'S PARK
TOWN OF LONG LAKE PO BOX 307 LONG LAKE, NY 12847	14-6002284	501(C)(3)	5,000.	0.			FOR THE BUCK MOUNTAIN TRAIL AND FIRE TOWER
TOWN OF NEWCOMB PO BOX 405 NEWCOMB, NY 12852	14-6002332	501(C)(3)	50,000.	0.			FOR NEWCOMB HISTORICAL MUSEUM AND NEWCOMB CEMETERY PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TROOPER FOUNDATION STATE OF NEW YORK INC. - 3 AIRPORT PARK BOULEVARD - LATHAM, NY 12110-1441	22-2552895	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF CAROLINE & SERGE LUSSI
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	5,000.	0.			TO SUPPORT RAPID COVID TESTING PROJECT AT THE REQUEST OF CAROLINE & SERGE LUSSI
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	100,000.	0.			FOR UNRESTRICTED SUPPORT
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	25,000.	0.			FOR RESEARCH ON DRUG RESISTANT TUBERCULOSIS
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	15,000.	0.			FOR RAPID RESPONSE TESTING
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	10,000.	0.			FOR RAPID RESPONSE TESTING
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	7,500.	0.			FOR UNRESTRICTED SUPPORT
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	10,000.	0.			FOR RAPID RESPONSE COVID TESTING LAB / PHASE 2, ROCHE COBAS 6800
TUPPER ARTS, INC 106 PARK ST TUPPER LAKE, NY 12986-1718	82-4186197	501(C)(3)	25,000.	0.			FOR THE CAPITAL CAMPAIGN
TUPPER ARTS, INC 106 PARK ST TUPPER LAKE, NY 12986-1718	82-4186197	501(C)(3)	5,000.	0.			FOR THE CAPITAL CAMPAIGN PLAN
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
UNITED WAY OF THE ADIRONDACK REGION - 45 TOM MILLER ROAD - PLATTSBURGH, NY 12901	14-1368185	501(C)(3)	5,000.	0.			FOR THE ALICE FUND
UNITED WAY OF THE ADIRONDACK REGION - 45 TOM MILLER ROAD - PLATTSBURGH, NY 12901	14-1368185	501(C)(3)	7,700.	0.			FOR EARNED INCOME TAX CREDIT ADIRONDACK COALITION-FREE TAX PREPARATION
UNIVERSITY OF CONNECTICUT UCONN HEALTH GRADUATE SCHOOL FARMINGTON, CT 06030	23-7187838	501(C)(3)	10,000.	0.			SCHOLARSHIP/WINKLER, CHARLOTTE, ID#: 2898516
UNIVERSITY OF WASHINGTON OFFICE OF STUDENT FISCAL SERVICES--SCHOLARSHIPS - SEATTLE, WA 98124-1967	94-3079432	501(C)(3)	5,000.	0.			SCHOLARSHIP/CAMPBELL, MAXWELL ID#:1867774

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
UPPER SARANAC LAKE FOUNDATION INC P.O. BOX 564 SARANAC LAKE, NY 12983	22-3041892	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
UPPER SARANAC LAKE FOUNDATION INC P.O. BOX 564 SARANAC LAKE, NY 12983	22-3041892	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
VERMONT PUBLIC RADIO PUBLIC RADIO CENTER COLCHESTER, VT 05446	03-0259051	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
WILDERNESS HEALTH CARE FOUNDATION, INC. - 1014 OSWEGATCHIE TRAIL - STAR LAKE, NY 13690	22-3235671	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE HOSPITAL AND IMPROVE ITS IMPACT ON
CLIFTON-FINE CENTRAL SCHOOL DISTRICT - 11 HALL AVENUE - STAR LAKE, NY 13690	15-6002316	509(A)(1)	15,000.	0.			IN SUPPORT OF DAMOTH SCHOLARSHIP FOR 3 STUDENTS ATTENDING A 4 YR COLLEGE
CLIFTON-FINE CENTRAL SCHOOL DISTRICT - 11 HALL AVENUE - STAR LAKE, NY 13690	15-6002316	509(A)(1)	5,000.	0.			FOR COVID RECOVERY- A BALANCED APPROACH FOR OUR STUDENTS
CLIFTON-FINE CENTRAL SCHOOL DISTRICT - 11 HALL AVENUE - STAR LAKE, NY 13690	15-6002316	509(A)(1)	10,000.	0.			IN SUPPORT OF ACCESS TO PUBLIC EDUCATION THROUGH TECHNOLOGY
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	509(A)1	43,100.	0.			IN SUPPORT OF 2021 8TH GRADE FIELD TRIP TO WASHINGTON DC
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	509(A)1	25,700.	0.			FOR THE 2021 NASH WILLIAMS/FOUNDING FAMILIES SCHOLARSHIP

Schedule I (Form 990)



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

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SARANAC LAKE CENTRAL SCHOOL DISTRICT - 79 CANARAS AVE. - SARANAC LAKE, NY 12983-1500	15-6002367	509(A)1	14,320.	0.			FOR SLCS D KINDERCAMP 2021
SARANAC LAKE CENTRAL SCHOOL DISTRICT - 79 CANARAS AVE. - SARANAC LAKE, NY 12983-1500	15-6002367	509(A)1	5,000.	0.			FOR THE SL BACK PACK PROGRAM
SARANAC LAKE CENTRAL SCHOOL DISTRICT - 79 CANARAS AVE. - SARANAC LAKE, NY 12983-1500	15-6002367	509(A)1	5,000.	0.			FOR SLCS WEEKEND BACKPACK PROGRAM
SARANAC LAKE CENTRAL SCHOOL DISTRICT - 79 CANARAS AVE. - SARANAC LAKE, NY 12983-1500	15-6002367	509(A)1	7,500.	0.			IN SUPPORT OF SLCS D VOLUNTEER & FAMILY NEEDS
ST. REGIS FALLS CENTRAL SCHOOL DISTRICT - 92 N. MAIN STREET - ST. REGIS FALLS, NY 12980	15-6002362	509(A)1	5,800.	0.			FOR SMART TECH FOR SMART TEACHING-ATTN: JAMIE LEROUX
SUNY CORTLAND FINANCIAL AID OFFICE CORTLAND, NY 13045	14-6013200	509(A)1	5,000.	0.			SCHOLARSHIP/GAY, MADELYN ID#:C00727674
SUNY PLATTSBURGH FINANCIAL AID OFFICE, KEHOE, SUITE 401-410 - PLATTSBURGH, NY 12901	14-6013200	509(A)1	5,000.	0.			SCHOLARSHIP FOR GEORGE HEARN ID#:701096217
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	15-6002402	509(A)1	7,000.	0.			FOR THE 2021 ALBERTA P. MOODY HIGHER EDUCATION SCHOLARSHIP
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	15-6002402	509(A)1	24,406.	0.			FOR SUPPORT OF ASK US FOR THE 2019-2020 SCHOOL YEAR

Schedule I (Form 990)

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

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CRANBERRY LAKE VOLUNTEER FIRE DEPT. - PO BOX 549 - CRANBERRY LAKE, NY 12927	16-0925414	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE FIRE DEPT. AND IMPROVE ITS
ESSEX COUNTY PUBLIC HEALTH 132 WATER STREET ELIZABETHTOWN, NY 12932	14-6002889	501(C)(3)	9,500.	0.			IN SUPPORT OF ESSEX CO. COVID-19 RESPONSE EFFORTS: ASSURING NUTRITIOUS STUDENT MEALS
HAMILTON COUNTY INDUSTRIAL DEVELOPMENT AGENCY - 102 COUNTY VIEW DRIVE - LAKE PLEASANT, NY 12108	14-6002632	501(C)(3)	20,000.	0.			FOR HAMILTON COUNTY SKI AREA COVID-19 RESILIENCE EFFORT
INVASIVE SOLUTIONS DIVE COMPANY, LLC - P.O. BOX 389 - SARANAC LAKE, NY 12983	82-3150520	501(C)(3)	5,984.	0.			FOR THE REMOVAL OF INVASIVE SPECIES FROM PARADOX BAY IN LAKE PLACID
INVASIVE SOLUTIONS DIVE COMPANY, LLC - P.O. BOX 389 - SARANAC LAKE, NY 12983	82-3150520	501(C)(3)	5,984.	0.			FOR INVASIVE SPECIES REMOVAL FROM LAKE PLACID
INVASIVE SOLUTIONS DIVE COMPANY, LLC - P.O. BOX 389 - SARANAC LAKE, NY 12983	82-3150520	501(C)(3)	5,984.	0.			PAYMENT DUE UNDER CONTRACT FOR INVASIVE SPECIES REMOVAL
INVASIVE SOLUTIONS DIVE COMPANY, LLC - P.O. BOX 389 - SARANAC LAKE, NY 12983	82-3150520	501(C)(3)	5,984.	0.			FOR INVASIVE SPECIES REMOVAL IN LAKE PLACID LAKE
OLYMPIC REGIONAL DEVELOPMENT AUTHORITY - 2634 MAIN ST. - LAKE PLACID, NY 12946	14-1634669	170(B)1	5,000.	0.			IN SUPPORT OF JAGS: JUMP, AIM, GLIDE, SLIDE PROGRAM
READY4REAL INC. 186 US OVAL PLATTSBURGH, NY 12901	83-3745248	501(C)(3)	14,000.	0.			FOR READY2WORK

Schedule I (Form 990)

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

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READY4REAL INC. 186 US OVAL PLATTSBURGH, NY 12901	83-3745248	501(C)(3)	7,500.	0.			FOR READY2VOTE
ROCHESTER INSTITUTE OF TECHNOLOGY OFFICE OF FINANCIAL AID AND SCHOLAR ROCHESTER, NY 14623	16-0743140	501(C)(3)	5,000.	0.			SCHOLARSHIP/NEWBY, TYLER, ID#:383001547
TOWN OF SANTA CLARA 5359 STATE ROUTE 30 SARANAC LAKE, NY 12983	15-6001130	170(B)1	5,000.	0.			FOR UNRESTRICTED SUPPORT DURING COVID
TOWN OF WEBB 3140 STATE ROUTE 28 OLD FORGE, NY 13420	15-6001193	170(B)1	10,000.	0.			FOR HEALTH CARE SUPPORT
TRINITY CHURCH OF PLATTSBURGH 18 TRINITY PLACE PLATTSBURGH, NY 12901	14-1378709	170(B)1	5,000.	0.			FOR SUPPORT FOR COMMUNITY MEAL PROGRAM IN PLATTSBURGH
VALLEY GROCERY STORE 1815 NYS ROUTE 73 KEENE VALLEY, NY 12943		501(C)(3)	21,909.	0.			TO SUPPORT REBUILDING AND RECOVERY FROM THE EFFECTS OF COVID-19
VILLAGE OF TUPPER LAKE 53 PARK STREET TUPPER LAKE, NY 12986	15-6001391	170(B)1	5,000.	0.			TO SUPPORT FUNDING SHORTFALL FOR LOCAL THEATER TO REPLACE SERVERS
WAKE THE NORTH COUNTRY 11621 NYS RTE 9N UPPER JAY, NY 12987		501(C)(3)	9,700.	0.			FOR THE BRIDGES TO LAND/BRONX FOOD PROJECT

**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	3	15,000.	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 DETAILING 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 GRANTEE 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 CHAPTER OF THE NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT IN HONOR OF TIM BARNETT TO MARK THE 50TH ANNIVERSARY OF THE CHAPTER

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STEWARDSHIP ENDOWMENTS OF ALT PROJECTS ON THE LOWER BOQUET RIVER IN THE TOWN OF WILLSBORO

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK NORTH COUNTRY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ADI COMMUNITY POLICING PROJECT --RENZ CONSULTING POLICE TRAINING SESSIONS AT THE REQUEST OF THE PROSPECT HILL FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK NORTH COUNTRY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ACCELERATE THE TRANSITION TO CLEAN ENERGY AND A SUSTAINABLE ECONOMY IN THE ADIRONDACKS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CLIFTON COMMUNITY LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE LIBRARY AND IMPROVE ITS IMPACT ON THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DEPT. OF OPHTHALMOLOGY, VITREORETINAL DIVISION-TONGALP TEZEL, MD

NAME OF ORGANIZATION OR GOVERNMENT:

EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE RESOURCES FOR INSTITUTIONS TO BUILD AWARENESS & UNDERSTANDING OF THE NATURE & IMPACT OF SEIZURES AND TO SUPPORT FAMILIES CARING FOR LOVED ONES WITH SEIZURES IN THE ADK REGION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PERFORMANCE IN DANCE, MUSICALS, CONCERTS, FILM, CHILDREN'S PROGRAMMING AS WELL AS MAINTENANCE OF THE THEATER, GALLERIES, STUDIOS, AND PLANT OPERATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

NEW YORK WEILL CORNELL MEDICAL CENTER FUND INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT IN HONOR OF DR. MARK PASMANTIER & DR. ROGER HARTL AT THE REQUEST OF CAROLINE & SERGE LUSSI



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN FOREST CANOE TRAIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TOR TRANSITIONING OWNERSHIP OF THE ADIRONDACK WATERSHED ALLIANCE FOR COMMUNITY BENEFIT

NAME OF ORGANIZATION OR GOVERNMENT: PAUL SMITH'S COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ENDOWED CHAIR IN LAKE ECOLOGY & PALEOECOLOGY AT THE REQUEST OF CAROLINE & SERGE LUSSI

NAME OF ORGANIZATION OR GOVERNMENT:

WILDERNESS HEALTH CARE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE HOSPITAL AND IMPROVE ITS IMPACT ON THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CRANBERRY LAKE VOLUNTEER FIRE DEPT.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE FIRE DEPT. AND IMPROVE ITS IMPACT ON THE COMMUNITY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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 instructions and the latest information.

Name of the organization **ADIRONDACK FOUNDATION** Employer identification number **16-1535724**

**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	77	5,529,059.	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 V, 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) 2020



**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

**2020**

Open to Public  
Inspection

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number

16-1535724

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

HEALTHCARE, EDUCATION, AND ECONOMIC OPPORTUNITY; NATURE IS VALUED AND  
PROTECTED; AND ARTS AND CULTURE THRIVE.

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) ANNUALLY, THE PRESIDENT & CEO PREPARES A SELF-ASSESSMENT BASED UPON  
ORGANIZATIONAL AND PROFESSIONAL GOALS. RESULTS ARE SENT TO THE BOARD

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number

16-1535724

CHAIR. THE BOARD CHAIR AND EXECUTIVE COMMITTEE EVALUATE THE ASSESSMENT.

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

Name of the organization ADIRONDACK FOUNDATION	Employer identification number 16-1535724
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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."

FORM 990, PART XII, LINE 2C

THE FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE

Name of the organization <b>ADIRONDACK FOUNDATION</b>	Employer identification number <b>16-1535724</b>
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OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF AN INDEPENDENT  
ACCOUNTANT. THIS POLICY HAS NOT CHANGED SINCE THE PRIOR YEAR.

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**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

**2020**  
Open to Public  
Inspection

Name of the organization **ADIRONDACK FOUNDATION** Employer identification number **16-1535724**

**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	501(C)(3)	LINE 12A, I		X	
LAKE PLACID EDUCATION FOUNDATION - 51-0243919, P.O. BOX 288, LAKE PLACID, NY 12946	GRANTS FOR EDUCATION PURPOSES	NEW YORK	501(C)(3)	LINE 12A, I		X	

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

Schedule R (Form 990) 2020



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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	9,670.	CASH PAYMENTS
(2) LAKE PLACID EDUCATION FOUNDATION	L	30,641.	CASH PAYMENTS
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.