

PINTO MUCENSKI HOOPER VANHOUSE & CO.
42 MARKET STREET, P.O. BOX 109
POTSDAM, NY 13676-0109

ADIRONDACK FOUNDATION
P.O. BOX 288
LAKE PLACID, NY 12946



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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prepared for	Adirondack Foundation P.O. Box 288 Lake Placid, NY 12946
Prepared by	Pinto Mucenski Hooper VanHouse & Co. 42 Market Street, P.O. Box 109 Potsdam, NY 13676-0109
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

ADIRONDACK FOUNDATION

16-1535724

Name and title of officer

**RICH KROES
CHAIR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>10,116,331.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PINTO MUCENSKI HOOPER VANHOUSE & CO. to enter my PIN 15724
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

14395213676
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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 for instructions and the latest information.

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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	C Name of organization ADIRONDACK FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 288 City or town, state or province, country, and ZIP or foreign postal code LAKE PLACID, NY 12946	D Employer identification number 16-1535724 E Telephone number 518-523-9904
I 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		G Gross receipts \$ 43,457,539.
J Website: ▶ WWW.ADIRONDACKFOUNDATION.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1997 M State of legal domicile: NY
F Name and address of principal officer: RICH KROES SAME AS C ABOVE		
H(c) Group exemption number ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENHANCING THE LIVES OF PEOPLE IN THE ADIRONDACKS THROUGH PHILANTHROPY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 10 6 Total number of volunteers (estimate if necessary) 6 132 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,934,468. 8,838,901. 9 Program service revenue (Part VIII, line 2g) 143,316. 137,886. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,125,811. 1,139,544. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,052. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,204,647. 10,116,331.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,871,600. 4,394,078. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 648,509. 721,318. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 163,842. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 318,464. 474,265. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,838,573. 5,589,661. 19 Revenue less expenses. Subtract line 18 from line 12 2,366,074. 4,526,670.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 64,418,338. 67,082,655. 21 Total liabilities (Part X, line 26) 23,465,381. 23,000,692. 22 Net assets or fund balances. Subtract line 21 from line 20 40,952,957. 44,081,963.	Beginning of Current Year End of Year

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.

Sign Here	Signature of officer RICH KROES, CHAIR Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name BARBARA A. MARTEN	Preparer's signature BARBARA A. MARTEN	Date	Check if self-employed <input type="checkbox"/>	PTIN P00369551
	Firm's name ▶ PINTO MUCENSKI HOOPER VANHOUSE & CO.	Firm's EIN ▶ 16-1207215			
	Firm's address ▶ 42 MARKET STREET, P.O. BOX 109 POTSDAM, NY 13676-0109		Phone no. 315-265-6080		

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 \$ 5,228,109. including grants of \$ 4,394,078.) (Revenue \$ 137,886.) 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 5,228,109.

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
22 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	
23 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
24a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 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
27 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
28 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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 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
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
1a	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.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 17		
2	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
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
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).		
16a	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	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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (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) RICH KROES CHAIR	3.00	X		X				0.	0.	0.
(2) JOE STEINIGER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) BILL CREIGHTON TREASURER	1.00	X		X				0.	0.	0.
(4) HOLLY WOLFF SECRETARY	1.00	X		X				0.	0.	0.
(5) LAWSON PRINCE ALLEN TRUSTEE	1.00	X						0.	0.	0.
(6) DAVID BRUNNER TRUSTEE	1.00	X						0.	0.	0.
(7) MARGOT ERNST TRUSTEE	1.00	X						0.	0.	0.
(8) REG GIGNOUX TRUSTEE	1.00	X						0.	0.	0.
(9) JOAN GRABE TRUSTEE	1.00	X						0.	0.	0.
(10) LEA PAINE HIGHET TRUSTEE	1.00	X						0.	0.	0.
(11) JAY IRELAND TRUSTEE	1.00	X						0.	0.	0.
(12) CATHY JOHNSTON TRUSTEE	1.00	X						0.	0.	0.
(13) NANCY MONETTE TRUSTEE	1.00	X						0.	0.	0.
(14) WILLIAM OWENS TRUSTEE	1.00	X						0.	0.	0.
(15) RICHARD STROWGER TRUSTEE	1.00	X						0.	0.	0.
(16) CRAIG WEATHERUP TRUSTEE	1.00	X						0.	0.	0.
(17) NANCY WOLCOTT TRUSTEE	1.00	X						0.	0.	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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,838,901.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,571,697.				
	h Total. Add lines 1a-1f		8,838,901.				
Program Service Revenue	2 a MANAGEMENT FEES	Business Code					
		561000	123,279.	123,279.			
	b SEMINAR FEES	561000	14,607.	14,607.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		137,886.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		448,065.			448,065.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	34,032,687.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	33,341,208.				
	c Gain or (loss)	7c	691,479.				
	d Net gain or (loss)		691,479.			691,479.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			10,116,331.	137,886.	0.	1,139,544.	

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	4,361,828.	4,361,828.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	32,250.	32,250.		
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	126,189.	103,475.	16,405.	6,309.
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	501,326.	395,400.	69,355.	36,571.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,882.	11,036.	1,897.	949.
9 Other employee benefits	30,705.	24,410.	4,197.	2,098.
10 Payroll taxes	49,216.	39,127.	6,726.	3,363.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,700.		14,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	75,273.		59,817.	15,456.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	80,952.	50,910.		30,042.
12 Advertising and promotion	50,925.	38,193.		12,732.
13 Office expenses	59,081.	46,970.	8,074.	4,037.
14 Information technology				
15 Royalties				
16 Occupancy	6,584.	5,234.	900.	450.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,628.	9,508.	1,463.	3,657.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,691.	7,705.	1,324.	662.
23 Insurance	50.		50.	
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 PROGRAM DEVELOPMENT	34,408.	34,408.		
b PUBLIC RELATIONS	25,279.	18,959.		6,320.
c WEBSITE	24,415.	10,987.	2,441.	10,987.
d PREMIUMS FOR PLANNED GI	17,623.			17,623.
e All other expenses	60,656.	37,709.	10,361.	12,586.
25 Total functional expenses. Add lines 1 through 24e	5,589,661.	5,228,109.	197,710.	163,842.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	267,330.	1	719,325.
	2 Savings and temporary cash investments	380,670.	2	381,485.
	3 Pledges and grants receivable, net	490,963.	3	473,511.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 319,964.		
	b Less: accumulated depreciation	10b 59,484.	270,171.	10c 260,480.
	11 Investments - publicly traded securities	33,529,135.	11	46,705,037.
	12 Investments - other securities. See Part IV, line 11	29,414,713.	12	18,475,582.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	65,356.	15	67,235.
16 Total assets. Add lines 1 through 15 (must equal line 33)	64,418,338.	16	67,082,655.	
Liabilities	17 Accounts payable and accrued expenses	7,112.	17	30,520.
	18 Grants payable	103,250.	18	109,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	137,500.
	25 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	23,355,019.	25	22,723,672.
	26 Total liabilities. Add lines 17 through 25	23,465,381.	26	23,000,692.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	40,235,333.	27	43,402,572.
	28 Net assets with donor restrictions	717,624.	28	679,391.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	40,952,957.	32	44,081,963.
33 Total liabilities and net assets/fund balances	64,418,338.	33	67,082,655.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,116,331.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,589,661.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,526,670.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,952,957.
5	Net unrealized gains (losses) on investments	5	-1,380,212.
6	Donated services and use of facilities	6	-17,452.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	44,081,963.

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 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3478839.	4518784.	6593379.	3934468.	8838901.	27364371.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3478839.	4518784.	6593379.	3934468.	8838901.	27364371.
5 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)						
6 Public support. Subtract line 5 from line 4.						27364371.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3478839.	4518784.	6593379.	3934468.	8838901.	27364371.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	956,228.	529,941.	572,645.	666,971.	448,064.	3173849.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						30538220.
12 Gross receipts from related activities, etc. (see instructions)					12	666,848.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	89.61 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	84.88 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b 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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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.

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 for instructions and the latest information.**

OMB No. 1545-0047

2019

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	88	
2 Aggregate value of contributions to (during year)	4,660,569.	
3 Aggregate value of grants from (during year)	2,000,708.	
4 Aggregate value at end of year	14,113,895.	
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

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

Schedule D (Form 990) 2019

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	47,733,169.	45,917,789.	38,899,579.	31,997,524.	32,074,483.
b Contributions	8,797,192.	4,415,279.	6,807,276.	4,714,147.	3,659,630.
c Net investment earnings, gains, and losses	-345,785.	1,316,869.	3,314,942.	5,149,967.	-1,158,789.
d Grants or scholarships	4,815,975.	3,143,760.	2,384,855.	2,120,222.	2,002,183.
e Other expenditures for facilities and programs	468,365.	172,272.	183,053.	408,671.	185,147.
f Administrative expenses	602,010.	600,736.	536,100.	433,166.	390,470.
g End of year balance	50,298,225.	47,733,169.	45,917,789.	38,899,579.	31,997,524.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 99.53 %
 - b Permanent endowment _____ %
 - c Term endowment .47 %
- 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"/> | <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.	47,524.	260,440.
d Equipment		12,000.	11,960.	40.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				260,480.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CASH & CASH EQUIVALENTS	2,603,568.	END-OF-YEAR MARKET VALUE
(B) CEVIAN CAPITAL	1,645,923.	END-OF-YEAR MARKET VALUE
(C) CANYON VALUE REALIZATION		
(D) FUND (CAYMAN), LTD.	1,696,822.	END-OF-YEAR MARKET VALUE
(E) ECM FEEDER FUND 1	1,575,229.	END-OF-YEAR MARKET VALUE
(F) HENGISTBURY	949,491.	END-OF-YEAR MARKET VALUE
(G) TYBOURNE	1,247,036.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	18,475,582.	

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)		
Total. (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)	
Total. (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	7,062,616.
(4) FUNDS HELD FOR SUPPORTING	
(5) ORGANIZATIONS	15,661,056.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	22,723,672.

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.

1	Total revenue, gains, and other support per audited financial statements		1	8,698,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,380,212.	
b	Donated services and use of facilities	2b	22,548.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-1,357,664.
3	Subtract line 2e from line 1		3	10,056,514.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,817.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	59,817.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	10,116,331.

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.

1	Total expenses and losses per audited financial statements		1	5,569,844.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	40,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	40,000.
3	Subtract line 2e from line 1		3	5,529,844.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,817.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	59,817.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	5,589,661.

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, 2020 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 for the latest information.**

OMB No. 1545-0047

2019

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
350.ORG 20 JAY STREET, SUITE 732 BROOKLYN, NY 11201	261150699	501(C)(3)	6,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK ADULT CENTER 179 DEMARS BOULEVARD TUPPER LAKE, NY 12986-0198	141570399	501(C)(3)	5,000.	0.			FOR COVID RESPONSE EFFORTS
ADIRONDACK ADULT CENTER 179 DEMARS BOULEVARD TUPPER LAKE, NY 12986-0198	141570399	501(C)(3)	5,000.	0.			SUPPORT FOR HOME DELIVERED MEALS FOR SENIORS IN THE TUPPER LAKE COMMUNITY
ADIRONDACK ARCHITECTURAL HERITAGE 1745 MAIN STREET KEESEVILLE, NY 12944-3743	223117009	501(C)(3)	5,000.	0.			FOR THE KEESEVILLE WATERFRONT PARK PROJECT
ADIRONDACK ARCHITECTURAL HERITAGE 1745 MAIN STREET KEESEVILLE, NY 12944-3743	223117009	501(C)(3)	5,000.	0.			IN SUPPORT OF KEESEVILLE WATERFRONT PARK PROJECT AT THE REQUEST OF DR. KEITH JOHNSON
ADIRONDACK CENTER FOR LOON CONSERVATION - PO BOX 195 - RAY BROOK, NY 12977	814571117	501(C)(3)	20,000.	0.			FOR THE LOON EDUCATION AMBASSADOR PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 185.**

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) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	530242652	501(C)(3)	10,000.	0.			TO HELP WITH CARBON SEQUESTRATION WORK IN THE ADIRONDACKS IN MEMORY OF CHRIS SONNE
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	530242652	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	530242652	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
ADIRONDACK COMMUNITY ACTION PROGRAMS - 7572 COURT STREET, SUITE 2 - ELIZABETHTOWN, NY 12932	141490418	501(C)(3)	5,000.	0.			FOR THE BENEFIT OF WILLSBORO COMMUNITY
ADIRONDACK COMMUNITY ACTION PROGRAMS - 7572 COURT STREET, SUITE 2 - ELIZABETHTOWN, NY 12932	141490418	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE IN WILLSBORO
ADIRONDACK COMMUNITY ACTION PROGRAMS - 7572 COURT STREET, SUITE 2 - ELIZABETHTOWN, NY 12932	141490418	501(C)(3)	7,300.	0.			IN SUPPORT OF CHILD CARE PROVIDERS: CHARLTON, LINDSAY-FRENCH, E
ADIRONDACK COMMUNITY ACTION PROGRAMS - 7572 COURT STREET, SUITE 2 - ELIZABETHTOWN, NY 12932	141490418	501(C)(3)	7,500.	0.			FOR CHILD CARE PROVIDER ASSISTANCE FOR EMERGENCY SUPPLIES DURING THE PANDEMIC
ADIRONDACK COMMUNITY ACTION PROGRAMS - 7572 COURT STREET, SUITE 2 - ELIZABETHTOWN, NY 12932	141490418	501(C)(3)	5,625.	0.			FOR KIDS R US EARLY LEARNING CTR'S CHILD CARE PROGRAM FOR ESSENTIAL WORKERS AS A RESULT OF
ADIRONDACK COMMUNITY HOUSING TRUST 103 HAND AVENUE ELIZABETHTOWN, NY 12932	208657587	501(C)(3)	5,000.	0.			RESTRICTED TO THE HOUSING STUDY FOR LAKE PLACID

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK COMMUNITY OUTREACH CENTER - 2718 STATE ROUTE 28 - NORTH CREEK, NY 12853	320151813	501(C)(3)	5,000.	0.			IN SUPPORT OF 2020-2021BACKPACK PROGRAM
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	141594386	501(C)(3)	5,000.	0.			FOR ANNUAL SUPPORT
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	141594386	501(C)(3)	10,000.	0.			FOR ESSEX FARM INSTITUTE: BUILDING RESILIENT FARMS IN THE ADKS
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	141594386	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	141594386	501(C)(3)	50,000.	0.			FOR THE ADIRONDACK COUNCIL'S VISION PROJECT
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	141594386	501(C)(3)	10,000.	0.			FOR ESSEX FARM INSTITUTE-ADIRONDACK FARM FOOD RELIEF LOGISTICS
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	141594386	501(C)(3)	5,000.	0.			FOR ESSEX FARM INSTITUTE - LOCAL FOOD FOR LOCAL HEALTH NOW
ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION - 67 MAIN STREET, SUITE 200 - SARANAC LAKE, NY 12983-0747	222243540	501(C)(3)	7,500.	0.			FOR ADIRONDACK FINANCIAL LITERACY INITIATIVE
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	135635801	501(C)(3)	25,000.	0.			IN SUPPORT OF THE TRAIL TO MINNOW POND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	135635801	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	135635801	501(C)(3)	52,500.	0.			IN SUPPORT OF ADIRONDACK CREATIVITY-\$50,000 AND GENERAL OPERATIONS-\$2,500
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	135635801	501(C)(3)	10,000.	0.			IN SUPPORT OF THE VIRTUAL GALA
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	135635801	501(C)(3)	5,000.	0.			FOR THE BENEFIT OF THE APA 50TH ANNIVERSARY PROGRAM IN 2020
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	161528554	501(C)(3)	5,000.	0.			IN SUPPORT OF WOMEN'S HEALTH
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	161528554	501(C)(3)	9,000.	0.			FOR IPADS FOR NURSING HOME RESIDENTS AND PATIENTS IN ISOLATION FOR COMMUNICATION &
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	161528554	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	161528554	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	161528554	501(C)(3)	5,000.	0.			FOR THE NEW ENHANCED EQUIPMENT IN THE WOMEN'S HEALTH INITIATIVE FOR 2019

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	161528554	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	161528554	501(C)(3)	5,000.	0.			FOR COVID RESPONSE EFFORTS
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	161528554	501(C)(3)	7,500.	0.			FOR THE GUARDIAN ANGEL FUND
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	222559576	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	222559576	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	222559576	501(C)(3)	20,000.	0.			FOR ADIRONDACK LAND TRUST INTERNSHIP
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	222559576	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	222559576	501(C)(3)	15,000.	0.			IN SUPPORT OF THE FLAT ROCK CONCERT-\$5,000, FOR THE CAPITAL CAMPAIGN-\$10,000
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 12845-4117	150586270	501(C)(3)	5,000.	0.			IN SUPPORT OF THE NEIL WOODWORTH CONSERVATION FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 12845-4117	150586270	501(C)(3)	6,184.	0.			IN SUPPORT OF 2020 SUMMIT STEWARD PROGRAM
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	150563934	501(C)(3)	5,000.	0.			FOR SMALL BUSINESS LIFELINE - EXPANDING E-COMMERCE CAPABILITIES
ADIRONDACK REGIONAL FEDERAL CREDIT UNION - 280 PARK STREET - TUPPER LAKE, NY 12986	150554823	501(C)(1)	7,600.	0.			FOR FINANCIAL LITERACY FOR THE UNDERSERVED
ADIRONDACK SKY CENTER 36 HIGH STREET TUPPER LAKE, NY 12986	770616930	501(C)(3)	17,361.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF MARY C. MICHELFELDER
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	274514665	501(C)(3)	7,500.	0.			FOR ADKACTION'S EMERGENCY FOOD PROGRAM IN RESPONSE TO COVID-19
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	274514665	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	274514665	501(C)(3)	7,000.	0.			FOR EMERGENCY FOOD PACKAGES FOR ADK RESIDENTS DUE TO COVID-19
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	274514665	501(C)(3)	12,571.	0.			FOR HUB ON THE HILL'S FARM FOOD RELIEF PROGRAM
ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	274514665	501(C)(3)	10,000.	0.			FOR EMERGENCY FOOD PACKAGES-SCALING THE PROJECT

Schedule I (Form 990)

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ADKACTION.ORG PO BOX 655 SARANAC LAKE, NY 12983	274514665	501(C)(3)	10,970.	0.			FOR ADKACTION'S EMERGENCY FOOD PACKAGE MANAGEMENT COSTS
AKWESASNE BOYS & GIRLS CLUB ST. REGIS MOHAWK TRIBE - 37 ROOSEVELTOWN RD. - AKWESASNE, NY 13655	161607731	501(C)(3)	10,000.	0.			TO SUPPORT THE PURCHASE OF A STOVE, CONVECTION OVEN & MEAL KITS FOR THE CHILDREN'S MEAL PROGRAM
AKWESASNE HOUSING AUTHORITY 378 STATE ROUTE 37, SUITE A HOGANSBURG, NY 13655	161387585	501(C)(3)	10,000.	0.			FOR SUNRISE ACRES COMMUNITY ACCESS
ALICE HYDE HOSPITAL ASSOCIATION FOUNDATION - 133 PARK ST. - MALONE, NY 12953-0729	150346515	501(C)(3)	12,000.	0.			FOR DEFIBRILLATOR CAMPAIGN TO REPLACE ESSENTIAL LIFE-SAVING CARDIAC EQUIPMENT
AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS ROUTE 22 WILLSBORO, NY 12996	562390129	501(C)(3)	10,000.	0.			AT THE REQUEST OF PETER S. PAINE JR. AND PETER S. PAINE IIIRD IN SUPPORT OF THE ENDOWMENT OF A LAW
AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS ROUTE 22 WILLSBORO, NY 12996	562390129	501(C)(3)	10,000.	0.			IN MEMORY OF EDWARD H. BURN FOR THE BENEFIT OF THE EDWARD H. BURN TUTORSHIP AT CHRIST
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102-1403	231352010	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
AMERICAN HEART ASSOCIATION 4 ATRIUM DRIVE, SUITE 100 ALBANY, NY 12205-3890	135613797	501(C)(3)	5,000.	0.			FOR ANNUAL SUPPORT
AMERICAN IMMIGRATION COUNCIL 1331 G ST. NW WASHINGTON, DC 20005	521549711	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT

Schedule I (Form 990)

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AMERICAN IMMIGRATION COUNCIL 1331 G ST. NW WASHINGTON, DC 20005	521549711	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
ARISE OF NORTHERN NEW YORK, INC. PO BOX 1200 TUPPER LAKE, NY 12986	270927525	501(C)(3)	30,000.	0.			FOR THE HERITAGE TRAIL PROJECT
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD WILMINGTON, NY 12997	141809764	501(C)(3)	5,000.	0.			RESTRICTED FOR MIRROR LAKE
AUSABLE VALLEY CENTRAL SCHOOL DISTRICT - 1273 RTE. 9N - CLINTONVILLE, NY 12924	141505002	501(C)(3)	10,000.	0.			FOR FARM TO SCHOOL: LOCAL FOOD SERVING ADIRONDACK STUDENTS PROGRAM
AUSABLE VALLEY CENTRAL SCHOOL DISTRICT - 1273 RTE. 9N - CLINTONVILLE, NY 12924	141505002	501(C)(3)	10,000.	0.			TO SUPPORT TRANSPORTATION EXPENSES FOR MEAL DELIVERY DUE TO COVID-19
BARKEATER TRAILS ALLIANCE P.O. BOX 843 LAKE PLACID, NY 12946	141690270	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF CRIS LUSSI
BLUE MOUNTAIN CENTER P.O. BOX 109 BLUE MOUNTAIN LAKE, NY 12812	222370485	501(C)(3)	5,000.	0.			FOR HAMILTON HELPS, EQUAL SUPPORT FOR PEOPLE AND THEIR PETS
BLUE MOUNTAIN CENTER P.O. BOX 109 BLUE MOUNTAIN LAKE, NY 12812	222370485	501(C)(3)	6,660.	0.			IN SUPPORT OF "HAMILTON HELPS PROJECT" FOR COVID-19 RESPONSE
BOQUET VALLEY CENTRAL SCHOOL DISTRICT - 28 SISCO STREET - WESTPORT, NY 12993	146001432	501(C)(3)	10,000.	0.			FOR LOCAL FOOD FOR ENHANCED NUTRITION AND IMMUNITY

Schedule I (Form 990)

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BOY SCOUTS OF AMERICA-CIRCLE TEN COUNCIL - 8605 HARRY HINES BLVD. - DALLAS, TX 75235	750800615	501(C)(3)	5,000.	0.			IN SUPPORT OF FRIENDS OF SCOUTING PROGRAM
BRIDGES TO LIFE 9426 KATY FREEWAY BUILDING #7 HOUSTON, TX 77055	760588279	501(C)(3)	5,000.	0.			FOR OPERATING SUPPORT
BRUSHTON-MOIRA CENTRAL SCHOOL-DOLLARS FOR SCHOLARS - 758 COUNTY ROUTE 7 - BRUSHTON, NY 12916	156010676	509(A)1	10,000.	0.			TO SUPPORT BMCSD FAMILIES DURING COVID-19
BRUSHTON-MOIRA FOOD PANTRY 701 SOUTH WOOD ROAD BRUSHTON, NY 12916	150610560	501(C)(3)	7,500.	0.			FOR ADDITIONAL FOOD NEEDS
CANINE PARTNERS FOR LIFE 334 FAGGS MANOR ROAD COCHRANVILLE, PA 19330	232580658	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
CANTON DAY CARE CENTER, INC. 205 STATE STREET RD. CANTON, NY 13617	161071898	501(C)(3)	6,000.	0.			FOR COVID-19 SUPPORT
CAP-21: CENTRAL ADIRONDACK PARTNERSHIP FOR THE 21ST CENTURY - 108 CODLING ST. - OLD FORGE, NY 13420	161611972	501(C)(3)	24,874.	0.			FOR CAP-21'S "INLET EMERGENCY COMMUNICATIONS TOWER" ADK GIVES CAMPAIGN (\$24,874 OUT OF \$30,000
CAP-21: CENTRAL ADIRONDACK PARTNERSHIP FOR THE 21ST CENTURY - 108 CODLING ST. - OLD FORGE, NY 13420	161611972	501(C)(3)	5,000.	0.			FOR CADK COVID-19 EMERGENCY RELIEF FUND
CARE INC 115 BROADWAY, 5TH FLOOR NEW YORK, NY 10006	131685039	501(C)(3)	6,000.	0.			FOR UNRESTRICTED SUPPORT

Schedule I (Form 990)

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CATHOLIC COMMUNITY/TOWN OF MORIAH FOOD PANTRY - 12 ST. PATRICK'S PLACE - MINEVILLE, NY 12956	141404871	501(C)(3)	10,000.	0.			FOR OPERATING SUPPORT & FOOD FOR COVID-19 RESPONSE
CHABAD LUBAVICH OF SARATOGA COUNTY 130 CIRCULAR STREET SARATOGA SPRINGS, NY 12866	141831775	501(C)(3)	5,000.	0.			TO PROVIDE FOOD TO PEOPLE IN NEED AT NO CHARGE IN LAKE GEORGE DURING THE SUMMER MONTHS
CHAMPLAIN CHILDREN'S LEARNING CENTER - 10 CLINTON STREET - ROUSES POINT, NY 12979	161537024	501(C)(3)	5,000.	0.			FOR BUILDING INDEPENDENCE AND SELF HELP SKILLS FOR TODDLERS
CHAMPLAIN CHILDREN'S LEARNING CENTER - 10 CLINTON STREET - ROUSES POINT, NY 12979	161537024	501(C)(3)	5,000.	0.			FOR ESSENTIAL FUNDING FOR CHILD CARE SERVICES DURING COVID-19 CRISIS
CHATEAUGAY CENTRAL SCHOOL DISTRICT 42 RIVER STREET CHATEAUGAY, NY 12920	156002532	501(C)(3)	10,000.	0.			FOR MEALS AND EMERGENCY SUPPORT FOR CHATEAUGAY CENTRAL SCHOOL FAMILIES
CHAZY LAKE WATERSHED INITIATIVE PO BOX 34 WATERFORD, VA 20197	475413854	501(C)(3)	5,000.	0.			FOR "DEPLOYING THE 'ERADICATOR'" ADIRONDACK GIVES CAMPAIGN (\$5,000 OUT OF \$5,000 RAISED)
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY - 194 US OVAL - PLATTSBURGH, NY 12901	141731550	501(C)(3)	15,000.	0.			FOR LIL' EARLY CHILDHOOD & ENRICHMENT PROGRAM TO BUILD PLAYGROUND TO EXPAND OUR SCHOOL
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY - 194 US OVAL - PLATTSBURGH, NY 12901	141731550	501(C)(3)	10,775.	0.			TO SUPPORT CHILD CARE PROVIDERS: RABIDEAU, NORCROSS, NIXON, JONES, CARR, KING, ROUGEAU,
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY - 194 US OVAL - PLATTSBURGH, NY 12901	141731550	501(C)(3)	9,800.	0.			IN SUPPORT OF CHILD CARE PROVIDERS: DISTEFANO, ZUCKERBERG, KIRO

Schedule I (Form 990)

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

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CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY - 194 US OVAL - PLATTSBURGH, NY 12901	141731550	501(C)(3)	10,000.	0.			FOR ESSENTIAL SUPPLIES TO FAMILIES & CHILD CARE PROVIDERS DURING COVID-19
CLARKSON UNIVERSITY 321 SCIENCE CENTER POTSDAM, NY 13699	150543659	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR ERINN WALKER-ID#0946121
CLARKSON UNIVERSITY 321 SCIENCE CENTER POTSDAM, NY 13699	150543659	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR JEFFREY LAVAIR- ID#:0943286
CLIFTON COMMUNITY LIBRARY 7171 STATE HWY 3 CRANBERRY LAKE, NY 12927	900918415	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 CENTRAL SCHOOL DISTRICT - 11 HALL AVENUE - STAR LAKE, NY 13690	156002316	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	156002316	509(A)(1)	10,000.	0.			TO SUPPORT CLIFTON FINE BACKPACK PANTRY (CFBP)
CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION - PO BOX 115 - WANAKENA, NY 13695	161607609	501(C)(3)	15,000.	0.			FOR FURTHER DISTRIBUTIONS TO THE COMMUNITY IN 2020-21
CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION - PO BOX 115 - WANAKENA, NY 13695	161607609	501(C)(3)	7,650.	0.			FOR CLIFTON-FINE ECONOMIC ASSISTANCE PROGRAM AND COVID_19 RESPONSE
CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION - PO BOX 115 - WANAKENA, NY 13695	161607609	501(C)(3)	7,000.	0.			FOR EMERGENCY ESSENTIALS FOR COVID-19 RESPONSE IN CLIFTON-FINE

Schedule I (Form 990)

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CLINTON-ESSEX-WARREN-WASHINGTON BOCES - 1585 MILITARY TURNPIKE - PLATTSBURGH, NY 12901	146004054	501(C)(3)	8,000.	0.			FOR LOCAL FOOD FOR ENHANCED NUTRITION AND IMMUNITY
COMMUNITY FOOD SHELF THE CHURCH OF THE GOOD SHEPERD ELIZABETHTOWN, NY 12932	261338199	501(C)(3)	5,000.	0.			TO PROVIDE EMERGENCY OR SUPPLEMENTAL FOOD ASSISTANCE TO STRUGGLING INDIVIDUALS OR FAMILIES
COMMUNITY, WORK & INDEPENDENCE INC. - 16 PEARL STREET - GLENS FALLS, NY 12801	141470091	501(C)(3)	5,000.	0.			FOR PERSONAL PROTECTIVE EQUIPMENT AND RELATED SUPPLIES FOR ADIRONDACK RESIDENTS
CORNELL COOPERATIVE EXTENSION - FRANKLIN COUNTY - 355 WEST MAIN STREET, SUITE 150 - MALONE, NY 12953	146037203	501(C)(3)	7,000.	0.			FOR CCE AFTER SCHOOL ENRICHMENT PROGRAM EXPANSION
CRANBERRY LAKE VOLUNTEER FIRE DEPT. - PO BOX 549 - CRANBERRY LAKE, NY 12927	160925414	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE FIRE DEPT. AND IMPROVE ITS
CRANE MOUNTAIN VALLEY HORSE RESCUE, INC. - 7556 NYS ROUTE 9N - WESTPORT, NY 12993	753117903	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
CROWN POINT CENTRAL SCHOOL DISTRICT - 2758 MAIN STREET - CROWN POINT, NY 12928	146001392	501(C)(3)	5,000.	0.			FOR CROWN POINT CENTRAL SCHOOL BACKPACK PANTRY
DIRECT RELIEF INTERNATIONAL 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	951831116	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
DOCTORS WITHOUT BORDERS 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	133433452	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT

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ECUMENICAL COUNCIL OF SARANAC LAKE PO BOX 194 SARANAC LAKE, NY 12983	271883973	501(C)(3)	5,000.	0.			FOR SAMARITAN HOUSE SUPPORT
ECUMENICAL COUNCIL OF SARANAC LAKE PO BOX 194 SARANAC LAKE, NY 12983	271883973	501(C)(3)	10,000.	0.			IN SUPPORT OF OPERATIONS FOR SAMARITAN HOUSE
ESSEX COUNTY INDUSTRIAL DEVELOPMENT AGENCY - 7566 COURT STREET - ELIZABETHTOWN, NY 12932	141630643		10,000.	0.			IN SUPPORT OF ESSEX COUNTY COVID-19 SMALL BUSINESS & NONPROFIT RECOVERY GRANTS
FAMILIES FIRST IN ESSEX COUNTY, INC. - 196 WATER STREET - ELIZABETHTOWN, NY 12932	141763863	501(C)(3)	9,000.	0.			FOR UNRESTRICTED SUPPORT
FAMILY COUNSELING CENTER OF FULTON COUNTY, INC. - 11-21 BROADWAY - GLOVERSVILLE, NY 12078	141599758	501(C)(3)	20,000.	0.			FOR THE BEHAVIORAL HEALTH CLINIC SUPPORT
FAMILY YMCA OF THE GLENS FALLS AREA - 600 GLEN STREET - GLENS FALLS, NY 12801	141340008	501(C)(3)	10,000.	0.			FOR THE YMCA ADIRONDACK CENTER/REGIONAL WELLNESS CENTER
FIELD & FORK NETWORK 487 MAIN STREET, SUITE 200 BUFFALO, NY 14203	264287659	501(C)(3)	15,000.	0.			FOR DOUBLE UP FOOD BUCKS PROGRAM
FIRST UNITED METHODIST CHURCH 63 CHURCH STREET SARANAC LAKE, NY 12983	141546534	501(C)(3)	5,000.	0.			FOR COVID RESPONSE EFFORTS
FIRST UNITED METHODIST CHURCH 63 CHURCH STREET SARANAC LAKE, NY 12983	141546534	501(C)(3)	5,000.	0.			TO PROVIDE HOME-DELIVERED BASIC FOOD STAPLES TO OUR ELDERLY HOME-BOUND COMMUNITY

Schedule I (Form 990)

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FORT TICONDEROGA ASSOCIATION, INC. PO BOX 390 TICONDEROGA, NY 12883-0390	141440924	501(C)(3)	20,000.	0.			FOR THE BENEFIT OF THE PAVILION PROJECT
FOUNDATION OF CVPH MEDICAL CENTER, INC. - 75 BEEKMAN ST. - PLATTSBURGH, NY 12901-1438	141727048	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT IN MEMORY OF DR. JOSH SCHWARTZBERG
FRENCH HERITAGE SOCIETY, INC 14 EAST 60TH STREET #605 NEW YORK, NY 10022-7131	133100091	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT IN MEMORY OF LILIBETH GALLANT DEWAVRIN
FRESH AIR FUND 633 THIRD AVENUE, 14TH FLOOR NEW YORK, NY 10017	131656653	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	156011803	501(C)(3)	8,750.	0.			FOR THE TUPPER LAKE ORAL HISTORY PROJECT
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	156011803	501(C)(3)	10,187.	0.			FOR UNRESTRICTED SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL 322 W. LAMAR STREET AMERICUS, GA 31709	911914868	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
HAMILTON COUNTY INDUSTRIAL DEVELOPMENT AGENCY - 102 COUNTY VIEW DRIVE - LAKE PLEASANT, NY 12108	146002632	501(C)(3)	10,000.	0.			FOR HAMILTON CO. IDA COVID-19 BUSINESS RELIEF
HEALING WINDS USA, INC. PO BOX 4068 BURLINGTON, VT 05406	842396323	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT

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HELP SAMI KICK CANCER FOUNDATION 5905 COUNTY ROUTE 27 CANTON, NY 13617-3264	832253365	501(C)(3)	25,000.	0.			TO HELP SUPPORT PEDIATRIC CANCER PATIENTS AT THE LODGE
HISTORIC SARANAC LAKE 89 CHURCH ST., SUITE 2 SARANAC LAKE, NY 12983-1833	141635407	501(C)(3)	5,002.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF FRAN YARDLEY
HUB ON THE HILL 545 MIDDLE ROAD ESSEX, NY 12936	150563934	501(C)(3)	7,500.	0.			FOR LOCAL FOOD SYSTEMS DURING COVID RESPONSE
HUB ON THE HILL 545 MIDDLE ROAD ESSEX, NY 12936	150563934	501(C)(3)	7,000.	0.			FOR THE MOBILE MARKET & EMERGENCY FOOD PACKAGE DELIVERY
HUDSON HEADWATERS HEALTH FOUNDATION - 9 CAREY ROAD - QUEENSBURY, NY 12804	651261242	501(C)(3)	10,000.	0.			FOR MEDICAL RESOURCES SO VULNERABLE PATIENTS MAY SELF-MONITOR AT HOME
INFANT JESUS OF PRAGUE PO BOX 1238 TUPPER LAKE, NY 12986	161536247	501(C)(3)	26,740.	0.			FOR FURTHER DISTRIBUTION TO THE COMMUNITY BY INFANT JESUS OF PRAGUE
INFANT JESUS OF PRAGUE PO BOX 1238 TUPPER LAKE, NY 12986	161536247	501(C)(3)	26,740.	0.			FOR FURTHER DISTRIBUTION TO THE COMMUNITY IN 2020
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168-1289	135660870	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
INVASIVE SOLUTIONS DIVE COMPANY, LLC - P.O. BOX 389 - SARANAC LAKE, NY 12983	823150520		5,984.	0.			FOR INVASIVE SPECIES PREVENTION

Schedule I (Form 990)

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INVASIVE SOLUTIONS DIVE COMPANY, LLC - P.O. BOX 389 - SARANAC LAKE, NY 12983	823150520		5,984.	0.			FOR INVASIVE SPECIES PREVENTION
ITHACA COLLEGE OFFICE OF STUDENT FINANCIAL SERVICE ITHACA, NY 14850	150532204	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR GRACE CLARK-ID#704715952
KEENE CENTRAL SCHOOL DISTRICT 33 MARKET STREET KEENE VALLEY, NY 12943	146001611	501(C)(3)	5,490.	0.			IN SUPPORT OF EV CHARGING STATION PROJECT
KEENE CENTRAL SCHOOL DISTRICT 33 MARKET STREET KEENE VALLEY, NY 12943	146001611	501(C)(3)	5,000.	0.			FOR LOCAL FOOD FOR ENHANCED NUTRITION AND IMMUNITY
KEENE EMERGENCY MEDICAL SERVICES INC. - 10858 NYS RT. 9N - KEENE, NY 12942	472764105	501(C)(3)	5,000.	0.			FOR KEENE EMERGENCY MEDICAL SERVICES COVID-19
KEENE VALLEY HOSE AND LADDER CO. #1 - PO BOX 699 - KEENE VALLEY, NY 12943	453053393	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE
KEENE VALLEY HOSE AND LADDER CO. #1 - PO BOX 699 - KEENE VALLEY, NY 12943	453053393	501(C)(3)	5,000.	0.			FOR KEENE VALLEY HOSE AND LADDER COMPANY'S COVID-19 RESPONSE
KEENE VALLEY LIBRARY ASSOCIATION 1796 RTE 73 KEENE VALLEY, NY 12943	141409842	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
KOMMUNITY YOUTH ACTIVITY CENTER (KYAC) - 110 CROSBY BLVD - OLD FORGE, NY 13420	208210866	501(C)(3)	6,500.	0.			FOR KOMMUNITY YOUTH ACTIVITY CENTER OUTREACH AND GROWTH

Schedule I (Form 990)

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

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LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	146030874	501(C)(3)	5,000.	0.			IN SUPPORT OF JOY TO THE CHILDREN-\$2,500 AND THE GENERAL FUND-\$2,500
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	146030874	501(C)(3)	25,667.	0.			FOR OPERATIONAL SUPPORT
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	146030874	501(C)(3)	20,000.	0.			IN SUPPORT OF CONSTRUCTION OF ACCESSIBLE RESTROOMS
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	146001627	509(A)1	8,000.	0.			FOR THE REGINALD C. CLARK MEMORIAL SCHOLARSHIP
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	146001627	509(A)1	46,722.	0.			IN SUPPORT OF 2020 8TH GRADE TRIP TO WASHINGTON DC
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	146001627	509(A)1	29,000.	0.			FOR THE 2020 NASH WILLIAMS/FOUNDING FAMILIES SCHOLARSHIPS
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	146001627	509(A)1	5,000.	0.			TO SUPPORT PROVIDING FOOD FOR LAKE PLACID FAMILIES AS A RESULT OF COVID-19
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	146001627	509(A)1	10,000.	0.			FOR EMERGENCY FOOD FUNDING
LAKE PLACID LAND CONSERVANCY PO BOX 1250 LAKE PLACID, NY 12946	161452565	501(C)(3)	10,000.	0.			FOR THE GENERAL FUND

Schedule I (Form 990)

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LAKE PLACID SINFONIETTA PO BOX 1303 LAKE PLACID, NY 12946	112608012	501(C)(3)	7,898.	0.			FOR UNRESTRICTED SUPPORT
LAKESIDE SCHOOL 6 LEANING ROAD ESSEX, NY 12936	364608520	501(C)(3)	5,000.	0.			FOR STAFF AND TEACHER PROFESSIONAL DEVELOPMENT.
LITERACY VOLUNTEERS OF CLINTON, ESSEX AND FRANKLIN COUNTIES - 3265 BROAD STREET - PORT HENRY, NY 12974	237330109	501(C)(3)	11,000.	0.			TO INCREASE CAPACITY OF LITERACY SERVICES IN CLINTON, ESSEX AND FRANKLIN COUNTIES
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	141764289	501(C)(3)	5,000.	0.			FOR THE WONDERS OF THE WOODS PROGRAM
LONG LAKE CENTRAL SCHOOL DISTRICT 20 SCHOOL LANE LONG LAKE, NY 12847	146001640	501(C)(3)	5,000.	0.			IN SUPPORT OF LONG LAKE CSD'D COMMUNITY COVID-19 SUPPORT
LOWVILLE FOOD PANTRY 7646 FOREST AVENUE LOWVILLE, NY 13667	453122327	501(C)(3)	10,000.	0.			FOR FEEDING THOSE IN NEED
LP-EC QUALITY DESTINATION, INC. 2608 MAIN STREET LAKE PLACID, NY 12946	204915538	501(C)(3)	11,000.	0.			FOR TUPPER LAKE KICKSTART PROPOSAL
MALONE CENTRAL SCHOOL DISTRICT 42 HUSKIE LANE MALONE, NY 12953	160873586	509(A)1	5,000.	0.			IN SUPPORT OF BACK TO SCHOOL FREE SHOPPING PROGRAM
MALONE CENTRAL SCHOOL DISTRICT 42 HUSKIE LANE MALONE, NY 12953	160873586	509(A)1	10,000.	0.			FOR MALONE CSD COVID-19 CHILD NUTRITION INITIATIVE

Schedule I (Form 990)

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MALONE MINOR HOCKEY ASSOCIATION, INC. - PO BOX 186 - MALONE, NY 12953	141577840	501(C)(3)	5,000.	0.			FOR HELMETS FOR KIDS - REPLACING OLD DAMAGED HELMETS TO KEEP CHILDREN SAFE
MENTAL HEALTH ASSOCIATION OF FRANKLIN COUNTY INC. - 7 PEARL STREET - MALONE, NY 12953	141779296	501(C)(3)	5,000.	0.			TO SUPPORT BASIC NEEDS
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	208720121	501(C)(3)	5,000.	0.			FOR AGE FRIENDLY COMMUNITIES INITIATIVE
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	208720121	501(C)(3)	10,000.	0.			TO UNDERWRITE THE SALARY OF NEW PROGRAM DIRECTOR
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	208720121	501(C)(3)	13,000.	0.			FOR UNRESTRICTED SUPPORT
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	208720121	501(C)(3)	5,000.	0.			FOR AGE FRIENDLY COMMUNITIES INITIATIVE
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	208720121	501(C)(3)	5,000.	0.			FOR COVID RESPONSE EFFORTS
MINERVA CENTRAL SCHOOL DISTRICT PO BOX 39 OLMSTEDVILLE, NY 12857	146001683	501(C)(3)	5,000.	0.			FOR MINERVA CENTRAL SCHOOL SUMMER FOOD PROGRAM
MIRROR LAKE WATERSHED ASSN. PO BOX 1300 LAKE PLACID, NY 12946	371568605	501(C)(3)	5,000.	0.			RESTRICTED FOR LEGAL OPINION REGARDING SALT USE AROUND MIRROR LAKE

Schedule I (Form 990)

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MOIRA NEW HOPE FOOD PANTRY 2341 COUNTY ROUTE 5 MOIRA, NY 12957	850486732	501(C)(3)	5,000.	0.			SUPPORT FOR INCREASED DEMAND IN SERVICES
MOUNTAIN LAKE PUBLIC TELECOMMUNICATIONS COUNCIL - 1 SESAME STREET - PLATTSBURGH, NY 12901-0617	141513789	501(C)(3)	10,000.	0.			IN SUPPORT OF PARENT ENGAGEMENT PROJECT
JCEO OF CLINTON & FRANKLIN COUNTIES, INC. - 54 MARGARET ST. - PLATTSBURGH, NY 12901	141494810	501(C)(3)	6,000.	0.			TO ASSIST WITH SET UP OF FOOD PANTRY AT SARANAC LAKE CENTRAL SCHOOL
JCEO OF CLINTON & FRANKLIN COUNTIES, INC. - 54 MARGARET ST. - PLATTSBURGH, NY 12901	141494810	501(C)(3)	7,500.	0.			FOR COVID-19 RESPONSE FOR FOOD PANTRIES
NATIONAL MUSEUM OF THE AMERICAN INDIAN - GEORGE GUSTAV HEYE CENTER - NEW YORK, NY 10004-1415	530206027	501(C)(3)	10,000.	0.			FOR ANNUAL BOARD SUPPORT
NEW YORK LEAGUE OF CONSERVATION VOTERS, INC. - 30 BROAD STREET, 30TH FLOOR - NEW YORK, NY 10004	113095033	501(C)(4)	5,000.	0.			FOR UNRESTRICTED SUPPORT
NEW YORK SKI EDUCATION FOUNDATION 5021 NYS RT. 86 WILMINGTON, NY 12997	141577846	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
NORTH COUNTRY ASSOCIATION FOR THE VISUALLY IMPAIRED - 22 US OVAL, SUITE B-15 - PLATTSBURGH, NY 12903	141713999	501(C)(3)	5,000.	0.			FOR ASSISTANCE FOR INDIVIDUALS WHO ARE BLIND/VISUALLY IMPAIRED
NORTH COUNTRY COMMUNITY COLLEGE 23 SANTANONI AVE. SARANAC LAKE, NY 12983	141497536	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR NICHOLAS BOUSHIE- ID#:129355

Schedule I (Form 990)

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

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NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION - PO BOX 89 - SARANAC LAKE, NY 12983-0089	237316021	501(C)(3)	10,000.	0.			FOR SUPPORTING COLLEGE & CAREER ASPIRATIONS FOR ADULTS
NORTH COUNTRY MINISTRY 3933 MAIN STREET WARRENSBURG, NY 12885	223787718	501(C)(3)	5,000.	0.			FOR BOX TRUCK FUNDING
NORTH COUNTRY MINISTRY 3933 MAIN STREET WARRENSBURG, NY 12885	223787718	501(C)(3)	7,500.	0.			FOR FOOD PANTRY AND EMERGENCY ASSISTANCE
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	150532239	501(C)(3)	5,000.	0.			FOR THE FUTURE FUND
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	150532239	501(C)(3)	10,000.	0.			FOR COVID-19 RESPONSE
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	150532239	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	150532239	501(C)(3)	5,000.	0.			FOR OPERATING SUPPORT
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	150532239	501(C)(3)	103,710.	0.			FOR UNRESTRICTED SUPPORT
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	150532239	501(C)(3)	10,000.	0.			IN SUPPORT OF NCPR'S COVID RADIO RESPONSE

Schedule I (Form 990)

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NORTH COUNTRY SCHOOL/CAMP TREETOPS 4382 CASCADE ROAD LAKE PLACID, NY 12946	141430542	501(C)(3)	5,000.	0.			FOR THE HOCK LEGACY FUND
NORTH COUNTRY SPCA 7700 ROUTE 9N ELIZABETHTOWN, NY 12932-0055	146034608	501(C)(3)	15,000.	0.			FOR ANNUAL MATCHING SUPPORT
NORTH COUNTRY SPCA 7700 ROUTE 9N ELIZABETHTOWN, NY 12932-0055	146034608	501(C)(3)	5,000.	0.			FOR EXECUTIVE DIRECTOR SALARY
NORTH ELBA COMMUNITY CHRISTMAS FUND - 2693 MAIN STREET - LAKE PLACID, NY 12946	141675577	501(C)(3)	9,700.	0.			IN SUPPORT OF 2019 COMMUNITY CHRISTMAS FUND
NORTHEAST WILDERNESS TRUST 17 STATE STREET, SUITE 302 MONTPELIER, VT 05602	010729039	501(C)(3)	25,000.	0.			IN SUPPORT OF EAGLE MOUNTAIN PROJECT
NORTHERN FOREST ATLAS FOUNDATION, INC. - C/O RAY CURRAN - SARANAC LAKE, NY 12983-5528	461349949	501(C)(3)	50,000.	0.			FOR UNRESTRICTED SUPPORT
NORTHERN FOREST CENTER, INC. 18 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	223458955	501(C)(3)	100,000.	0.			IN SUPPORT OF THE REVITALIZATION OF MILLINOCKET, MAINE
NORTHERN LIGHTS SCHOOL 57 CHURCH STREET SARANAC LAKE, NY 12983	161522782	501(C)(3)	7,000.	0.			FOR SUPPORTING PARENTS AND INFANTS THROUGH CLASSES, GROUPS, AND CARE
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	141401103	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE

Schedule I (Form 990)

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NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	141401103	501(C)(3)	10,000.	0.			FOR CAPITAL PROJECTS AT THE REQUEST OF KATRINA KROES
NY TIMES NEEDIEST CASES FUND 620 8TH AVENUE NEW YORK, NY 10018	136066063	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PAUL SMITH'S, NY 12970	150533545	501(C)(3)	20,000.	0.			TO SUPPORT A CHINESE STUDENT AT PAUL SMITH'S PURSUING NORDIC SKIING
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PAUL SMITH'S, NY 12970	150533545	501(C)(3)	34,446.	0.			FOR CHAIR IN LAKE ECOLOGY AND PALEONTOLOGY AT PAUL SMITHS COLLEGE
PENDRAGON 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983-2031	222717124	501(C)(3)	7,000.	0.			IN SUPPORT OF CREATIVE ARTS VETERANS AND ADIRONDACK DIVERSITY PROJECT
PENDRAGON 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983-2031	222717124	501(C)(3)	15,000.	0.			IN SUPPORT OF THE CAPITAL CAMPAIGN
PLATTSBURGH FAMILY YMCA 17 OAK ST. PLATTSBURGH, NY 12901	141340011	501(C)(3)	50,000.	0.			FOR CHILD CARE FOR EMERGENCY AND ESSENTIAL EMPLOYEES'S CHILDREN
PLATTSBURGH FAMILY YMCA 17 OAK ST. PLATTSBURGH, NY 12901	141340011	501(C)(3)	6,000.	0.			FOR THE AFTER SCHOOL ENRICHMENT CENTER
PLATTSBURGH FAMILY YMCA 17 OAK ST. PLATTSBURGH, NY 12901	141340011	501(C)(3)	7,500.	0.			RESTRICTED FOR SARANAC LAKE SUMMER CHILDCARE NEEDS

Schedule I (Form 990)

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PLATTSBURGH FAMILY YMCA 17 OAK ST. PLATTSBURGH, NY 12901	141340011	501(C)(3)	10,000.	0.			FFOR YMCA EMERGENCY CHILD CARE PROGRAM
PLATTSBURGH HOUSING AUTHORITY 4817 SOUTH CATHERINE ST. PLATTSBURGH, NY 12901	146004149	501(C)(3)	10,000.	0.			FOR EMERGENCY ASSISTANCE FOR PLATTSBURGH HOUSING AUTHORITY RESIDENTS
PLAY ADK 165 NEIL STREET SARANAC LAKE, NY 12983	833183251	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
PLAY ADK 165 NEIL STREET SARANAC LAKE, NY 12983	833183251	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
QUALITYSTARSNY C/O NEW YORK EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT INSTITUTE - BROOKLYN,	131988190	501(C)(3)	40,000.	0.			IN SUPPORT OF THE EXPANSION OF QUALITYSTARSNY IN THE NORTH COUNTRY
REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK - 965 ALBANY-SHAKER RD. - LATHAM, NY 12110	222470885	501(C)(3)	10,000.	0.			IN SUPPORT OF FOOD BANK OPERATIONS FOR COVID-19 RESPONSE
REGIONAL OFFICE OF SUSTAINABLE TOURISM - LAKE PLACID CVB - LAKE PLACID, NY 12946	204915538	501(C)(3)	5,000.	0.			IN SUPPORT OF WORLD UNIVERSITY GAMES
REGIONAL OFFICE OF SUSTAINABLE TOURISM - LAKE PLACID CVB - LAKE PLACID, NY 12946	204915538	501(C)(3)	10,000.	0.			FOR SMALL BUSINESS SUPPORT IN LAKE PLACID
RONALD MCDONALD HOUSE OF DALLAS 4707 BENGAL STREET DALLAS, TX 75235	751609401	501(C)(3)	5,000.	0.			FOR THE GENERAL FUND

Schedule I (Form 990)

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RURAL LAW CENTER OF NEW YORK, INC. 22 US OVAL, SUITE 101 PLATTSBURGH, NY 12903	141792819	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
SAGAMORE INSTITUTE OF THE ADIRONDACKS - PO BOX 40 - RAQUETTE LAKE, NY 13436	237401872	501(C)(3)	5,000.	0.			FOR UNRESTRICTED SUPPORT
SAGAMORE INSTITUTE OF THE ADIRONDACKS - PO BOX 40 - RAQUETTE LAKE, NY 13436	237401872	501(C)(3)	5,000.	0.			FOR COVID-19 RESPONSE IN MEMORY OF GENE LINDEMAN AND BETTY MCCOLLUM
SAGAMORE INSTITUTE OF THE ADIRONDACKS - PO BOX 40 - RAQUETTE LAKE, NY 13436	237401872	501(C)(3)	20,000.	0.			FOR MARKETING AND COMMUNICATIONS
SAGAMORE INSTITUTE OF THE ADIRONDACKS - PO BOX 40 - RAQUETTE LAKE, NY 13436	237401872	501(C)(3)	50,000.	0.			FOR RESILIENCY SUPPORT DURING EPIDEMIC
SAGAMORE INSTITUTE OF THE ADIRONDACKS - PO BOX 40 - RAQUETTE LAKE, NY 13436	237401872	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
SAGAMORE INSTITUTE OF THE ADIRONDACKS - PO BOX 40 - RAQUETTE LAKE, NY 13436	237401872	501(C)(3)	10,000.	0.			IN SUPPORT OF HISTORY / ARCHIVE / TOUR SCRIPT DEVELOPMENT
SALMON RIVER CENTRAL SCHOOL DISTRICT - 637 COUNTY RTE. 1 - FORT COVINGTON, NY 12937	156008112	501(C)(3)	10,000.	0.			FOR SRCSD COVID-19 CHILD NUTRITION PROGRAM
SALVATION ARMY-EMPIRE STATE DIVISION-GLENS FALLS - 37 BROAD STREET - GLENS FALLS, NY 12801	135562351	501(C)(3)	8,000.	0.			FOR COVID-19 RELATED SUPPORT FOR WARREN, ESSEX AND HAMILTON COUNTIES

Schedule I (Form 990)

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

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SALVATION ARMY-EMPIRE STATE DIVISION-PLATTSBURGH - 4804 SOUTH CATHERINE STREET - PLATTSBURGH, NY 12901	135562351	501(C)(3)	7,500.	0.			FOR COVID-19 EMERGENCY RELIEF FOR PLATTSBURGH
SARANAC LAKE CENTRAL SCHOOL DISTRICT - 79 CANARAS AVE. - SARANAC LAKE, NY 12983-1500	156002367	509(A)1	5,000.	0.			FOR UNRESTRICTED SUPPORT FOR SL COMMUNITY SCHOOL INITIATIVE
SARANAC LAKE CENTRAL SCHOOL DISTRICT - 79 CANARAS AVE. - SARANAC LAKE, NY 12983-1500	156002367	509(A)1	5,000.	0.			RESTRICTED FOR SUMMER FOOD PROGRAM
SARANAC LAKE CENTRAL SCHOOL DISTRICT - 79 CANARAS AVE. - SARANAC LAKE, NY 12983-1500	156002367	509(A)1	5,000.	0.			TOWARD THE PURCHASE OF FOOD FOR THE SCHOOL FOOD PANTRY'S COVID-19 RESPONSE. ATTN: ERICA
SARANAC LAKE CENTRAL SCHOOL DISTRICT - 79 CANARAS AVE. - SARANAC LAKE, NY 12983-1500	156002367	509(A)1	5,000.	0.			IN SUPPORT OF ESSENTIAL CHILD CARE TUITION, FAMILY NEED
SARANAC LAKE LOCAL DEVELOPMENT CORPORATION - 39 MAIN STREET, SUITE 9 - SARANAC LAKE, NY 12983	272836715	501(C)(3)	5,000.	0.			FOR LOCAL BUSINESS REOPENING EFFORTS
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	141826563	501(C)(3)	48,750.	0.			IN SUPPORT OF SARANAC LAKE LOCAL BUSINESSES COVID RELIEF
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	141826563	501(C)(3)	80,000.	0.			TO SUPPORT SARANAC LAKE SMALL BUSINESSES DUE TO ECONOMIC HARDSHIP CAUSED BY COVID-19
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	141826563	501(C)(3)	35,000.	0.			FOR COVID-19 RESPONSE

Schedule I (Form 990)

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SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	141826563	501(C)(3)	10,000.	0.			FOR COMMUNITY COVERAGE OF COVID-19 BY THE ADIRONDACK DAILY ENTERPRISE
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	141826563	501(C)(3)	6,000.	0.			IN SUPPORT OF NORTH COUNTRY RADIO'S COVID-19 REPORTS FOR JUNE AND JULY
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	141826563	501(C)(3)	6,000.	0.			FOR COVID 19 DAILY NEWS REPORTING
SCHROON LAKE CENTRAL SCHOOL DISTRICT - 1125 US ROUTE 9 - SCHROON LAKE, NY 12870	146001941	509(A)1	8,000.	0.			FOR LOCAL FOOD FOR ENHANCED NUTRITION AND IMMUNITY
SCHROON LAKE CENTRAL SCHOOL DISTRICT - 1125 US ROUTE 9 - SCHROON LAKE, NY 12870	146001941	509(A)1	5,000.	0.			FOR THE PURCHASE OF SELF CARE AND HOUSEHOLD SUPPLIES FOR NEEDY FAMILIES
SENIOR CITIZENS COUNCIL OF CLINTON COUNTY - 5139 NORTH CATHERINE STREET - PLATTSBURGH, NY 12901	141567883	501(C)(3)	5,000.	0.			FOR ESSENTIAL FOOD SUPPORT FOR SENIORS DURING COVID-19
SERVANTS OF THE WORD INC., DBA THE OPEN DOOR MISSION - 226 WARREN STREET - GLENS FALLS, NY 12801	222212538	501(C)(3)	7,500.	0.			IN SUPPORT OF GROWTH TRACK-STEP 4
SERVANTS OF THE WORD INC., DBA THE OPEN DOOR MISSION - 226 WARREN STREET - GLENS FALLS, NY 12801	222212538	501(C)(3)	7,500.	0.			IN SUPPORT OF HUNGER RELIEF FOR OPEN DOOR MISSION DURING COVID-19 RESPONSE
SHELBURNE FARMS RESOURCES 1611 HARBOR ROAD SHELBURNE, VT 05482	030229347	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN ADIRONDACK CHILD CARE NETWORK - 37 EVERTS AVENUE - QUEENSBURY, NY 12804	141755478	501(C)(3)	10,000.	0.			TO SUPPORT SMALL TALES DAY CARE DURING COVID-19
ST. AGNES CHURCH 169 HILLCREST AVENUE LAKE PLACID, NY 12946	141341171	501(C)(3)	10,000.	0.			TO SUPPORT LOCAL FAMILIES EXPERIENCING FINANCIAL HARDSHIP DUE TO COVID-19
ST. BERNARD'S CHURCH 27 ST. BERNARD'S STREET SARANAC LAKE, NY 12983	150532127	501(C)(3)	8,000.	0.			IN SUPPORT OF PASTOR'S DISCRETIONARY FUND FOR COVID-19 RESPONSE
ST. EUSTACE EPISCOPAL CHURCH 2450 MAIN STREET LAKE PLACID, NY 12946	146022889	501(C)(3)	11,000.	0.			FOR OPERATING SUPPORT
ST. PAUL'S SCHOOL 325 PLEASANT STREET CONCORD, NH 03301-4926	020222227	501(C)(3)	12,500.	0.			IN SUPPORT OF THE PAINE FAMILY ENVIRONMENTAL EDUCATION FUND
ST. PAUL'S SCHOOL 325 PLEASANT STREET CONCORD, NH 03301-4926	020222227	501(C)(3)	9,000.	0.			IN SUPPORT OF THE ALUMNI FUND
ST. REGIS FALLS CENTRAL SCHOOL DISTRICT - 92 N. MAIN STREET - ST. REGIS FALLS, NY 12980	156002362	509(A)1	10,000.	0.			FOR ST. REGIS FALLS CSD COVID-19 CHILD NUTRITION INITIATIVE
SUNY ADIRONDACK STUDENT ACCOUNTS QUEENSBURY, NY 12804	146013244	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR LAUREN ROBERTS-ID#500187489
SUNY CORTLAND FINANCIAL AID OFFICE CORTLAND, NY 13045	146013200	509(A)1	5,000.	0.			SCHOLARSHIP FOR MADELYN GAY-STUDENT ID#:C00727674

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNY DELHI STUDENT FINANCIAL SERVICES, BUSH HA DELHI, NY 13753	166064771	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR ANNABELLE BOMBARD- ID#:800405117
SUNY ESF 257 RANGER SCHOOL ROAD WANAKENA, NY 13695	156023443	501(C)(3)	5,000.	0.			IN SUPPORT OF CONNECTING STUDENTS TO THE PARK THROUGH ART
THE ADIRONDACK ARC 12 MOHAWK STREET TUPPER LAKE, NY 12986-1028	237150954	501(C)(3)	23,000.	0.			FOR ADK ARC PRESCHOOL
THE COLLEGE OF ST. ROSE BURSAR'S OFFICE ALBANY, NY 12203	141338371	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR DOMINIQUE PICKERING- ID#719849736
THE JOSHUA FUND 188 NEWMAN ROAD LAKE PLACID, NY 12946	463928870	501(C)(3)	5,000.	0.			END OF YEAR MATCHING SUPPORT
THE SALVATION ARMY-EMPIRE STATE DIVISION - 200 TWIN OAKS DR. - SYRACUSE, NY 13206	135562351	501(C)(3)	10,000.	0.			IN SUPPORT OF COVID19 EMERGENCY RESPONSE FOR INDIVIDUALS WITHIN THE ADIRONDACK PARK
THE STRAND CENTER FOR THE ARTS 23 BRINKERHOFF STREET PLATTSBURGH, NY 12901	141825779	501(C)(3)	5,000.	0.			FOR ANNUAL SUPPORT AT THE REQUEST OF NORTHERN INSURING
THE WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986	141811534	501(C)(3)	5,655.	0.			FOR UNRESTRICTED EDUCATIONAL SUPPORT
TICONDEROGA CENTRAL SCHOOL DISTRICT - 5 CALKINS PLACE - TICONDEROGA, NY 12883	146001978	501(C)(3)	7,320.	0.			IN SUPPORT OF TICONDEROGA AREA BACKPACK PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TICONDEROGA CENTRAL SCHOOL DISTRICT - 5 CALKINS PLACE - TICONDEROGA, NY 12883	146001978	501(C)(3)	5,000.	0.			IN SUPPORT OF HOME DELIVERY OF MEALS
TICONDEROGA MONTCALM STREET PARTNERSHIP/TICONDEROGA AREA CHAMBER OF COMMERC - 94 MONTCALM STREET, SUITE 1 - TICONDEROGA, NY	260829544	501(C)(3)	10,000.	0.			TO ASSIST TICONDEROGA AREA CHAMBER OF COMMERCE WITH PROVIDING BUSINESS SUPPORT AND SERVICES
TICONDEROGA REVITALIZATION ALLIANCE - PO BOX 247 - TICONDEROGA, NY 12883	900642083	501(C)(3)	5,000.	0.			FOR TI-ALLIANCE OPERATIONAL SUPPORT
TOWN OF CHATEAUGAY 191 EAST MAIN STREET CHATEAUGAY, NY 12920	156000895	501(C)(3)	5,000.	0.			FOR CHATEAUGAY FOOD PANTRY ASSISTANCE
TOWN OF CHESTER PO BOX 423 CHESTERTOWN, NY 12817	146002124	501(C)(3)	7,210.	0.			IN SUPPORT OF TOWN OF CHESTER WELLNESS CENTER PROJECT
TOWN OF NEWCOMB PO BOX 405 NEWCOMB, NY 12852	146002332	501(C)(3)	50,000.	0.			IN SUPPORT OF THE NEWCOMB CEMETERY GRAVE MARKER PROJECT, ADMINISTERED BY NEWCOMB HISTORICAL MUSEUM
TOWN OF WILMINGTON 7 COMMUNITY CIRCLE WILMINGTON, NY 12997	146002508	501(C)(3)	5,000.	0.			IN SUPPORT OF "COMMUNITY CARES COMMITTEE" FOR COVID-19 RESPONSE
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	141401413	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	156002402	509(A)1	7,440.	0.			FOR 2020 ALBERTA P. MOODY HIGHER EDUCATION FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	156002402	509(A)1	5,000.	0.			RESTRICTED FOR SUMMER FOOD PROGRAM
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	156002402	509(A)1	10,000.	0.			FOR TLCSD COVID-19 CHILD NUTRITION INITIATIVE
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	156002402	509(A)1	26,956.	0.			FOR ASK US AFTER SCHOOL PROGRAM
TUPPER LAKE COMMUNITY FOOD PANTRY 179 DEMARS BOULEVARD, LOT #2 TUPPER LAKE, NY 12986	150622871	501(C)(3)	5,000.	0.			FOR FOOD ASSISTANCE FOR THE TUPPER LAKE COMMUNITY FOOD PANTRY DUE TO COVID-19
TUPPER LAKE ECUMENICAL PASTOR'S FUND - 55 LAKE STREET - TUPPER LAKE, NY 12986	412132520	501(C)(3)	10,000.	0.			FOR COVID-19 COMMUNITY ASSISTANCE
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	131760110	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
UNIVERSITY OF MARYLAND OFFICE OF THE BURSAR, 1109 LEE BLDG COLLEGE PARK, MD 20742	522197313	501(C)(3)	5,000.	0.			SCHOLARSHIP FOR ETHAN WOOD- ID# 115562684
UNIVERSITY OF VERMONT UVM STUDENT FINANCIAL SERVICES, 223 WATERMAN BLDG - BURLINGTON, VT 05405	030179440	501(C)(3)	10,000.	0.			SCHOLARSHIP FOR CLIFFORD REILLY- ID#954234694
UNIVERSITY OF WASHINGTON OFFICE OF STUDENT FISCAL SERVICES--SCHOLARSHIPS - SEATTLE, WA 98124-1967	943079432	509(A)(1)	5,000.	0.			SCHOLARSHIP FOR MAXWELL CAMPBELL- ID# 1867774

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US SKI & SNOWBOARD TEAM FOUNDATION PO BOX 100 PARK CITY, UT 84060	870480724	501(C)(3)	5,000.	0.			IN SUPPORT OF ATHLETE DEVELOPMENT AT THE REQUEST OF ART LUSSI
VILLAGE OF SPECULATOR PO BOX 386 SPECULATOR, NY 12164	146002452	501(C)(3)	10,000.	0.			FOR THE FIRE TOWER RESTORATION PROJECT
VILLAGE OF TUPPER LAKE 53 PARK STREET TUPPER LAKE, NY 12986	156001391	501(C)(3)	10,000.	0.			TO OFFSET ELECTRIC HEAT AND LIGHTING COSTS FOR LOW INCOME INDIVIDUALS
VILLAGE OF TUPPER LAKE 53 PARK STREET TUPPER LAKE, NY 12986	156001391	501(C)(3)	5,000.	0.			FOR TECHNICAL ASSISTANCE TO HELP BUSINESSES AND NONPROFITS ACCESS COVID-19 MITIGATION
WAKE ROBIN 200 WAKE ROBIN DRIVE SHELBURNE, VT 05482	222535376	501(C)(3)	10,000.	0.			RESTRICTED TO MARGARET SIMS HOPKINS FUND FOR THE BENEFIT OF VERMONT ARTIST PROJECT
WARREN-HAMILTON COUNTY COMMUNITY ACTION AGENCY - PO BOX 726 - INDIAN LAKE, NY 12842	141493746	501(C)(3)	5,000.	0.			TO INCREASE HAMILTON COUNTY COMMUNITY ACTION FOOD SECURITY
WARRENSBURG STUDENT ENRICHMENT FUND, INC. - 103 SCHROON RIVER ROAD - WARRENSBURG, NY 12855	146001998	509(A)(1)	7,500.	0.			FOR IN THE ZONE AFTER SCHOOL ENRICHMENT PROGRAM
WELLS VOLUNTEER AMBULANCE CORPS 103 BUTTERMILKHILL RD, BOX 550 WELLS, NY 12190	472526571	501(C)(3)	20,000.	0.			FOR PATIENT MONITOR REPLACEMENT
WILDERNESS HEALTH CARE FOUNDATION, INC. - 1014 OSWEGATCHIE TRAIL - STAR LAKE, NY 13690	223235671	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE HOSPITAL AND IMPROVE ITS IMPACT ON

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICAL TRAVEL ASSISTANCE	4	13,000.	0.		
ATHLETIC SCHOLARSHIPS	22	19,250.	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 GRANTEEES 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 COMMUNITY ACTION PROGRAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR KIDS R US EARLY LEARNING CTR'S CHILD CARE PROGRAM FOR ESSENTIAL WORKERS AS A RESULT OF COVID-19 PANDEMIC

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR IPADS FOR NURSING HOME RESIDENTS AND PATIENTS IN ISOLATION FOR COMMUNICATION & TELE-HEALTH PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:

AKWESASNE BOYS & GIRLS CLUB ST. REGIS MOHAWK TRIBE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PURCHASE OF A STOVE, CONVECTION OVEN & MEAL KITS FOR THE CHILDREN'S MEAL PROGRAM DURING COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN FRIENDS OF CHRIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: AT THE REQUEST OF PETER S. PAINE JR. AND PETER S. PAINE III RD IN SUPPORT OF THE ENDOWMENT OF A LAW TUTORSHIP

Part IV Supplemental Information

IN MEMORY OF EDWARD H. BURN.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN FRIENDS OF CHRIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: IN MEMORY OF EDWARD H. BURN FOR THE BENEFIT OF THE EDWARD H. BURN TUTORSHIP AT CHRIST CHURCH AT THE RECOMMENDATION OF PETER S. PAINE JR. AND PETER S. PAINE III

NAME OF ORGANIZATION OR GOVERNMENT:

CAP-21: CENTRAL ADIRONDACK PARTNERSHIP FOR THE 21ST CENTURY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CAP-21'S "INLET EMERGENCY COMMUNICATIONS TOWER" ADK GIVES CAMPAIGN (\$24,874 OUT OF \$30,000 GOAL RAISED)

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CHILD CARE PROVIDERS: RABIDEAU, NORCROSS, NIXON, JONES, CARR, KING, ROUGEAU, LEBLANC, SKIFF, GRATTON-BROWN, COLLETTE, AND YANDO.

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: 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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SARANAC LAKE CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: TOWARD THE PURCHASE OF FOOD FOR THE SCHOOL FOOD PANTRY'S COVID-19 RESPONSE. ATTN: ERICA BEZIO

NAME OF ORGANIZATION OR GOVERNMENT:

TICONDEROGA MONTCALM STREET PARTNERSHIP/TICONDEROGA AREA CHAMBER OF COMMERC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST TICONDEROGA AREA CHAMBER OF COMMERCE WITH PROVIDING BUSINESS SUPPORT AND SERVICES DURING COVID-19

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE OF TUPPER LAKE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TECHNICAL ASSISTANCE TO HELP BUSINESSES AND NONPROFITS ACCESS COVID-19 MITIGATION RESOURCES

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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 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	41	3,571,697.	FMV AT DATE OF DONAT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2019

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 for the latest information.

OMB No. 1545-0047

2019

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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

ADIRONDACK FOUNDATION

Employer identification number

16-1535724

OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS POLICY HAS NOT CHANGED SINCE THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.

**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 for instructions and the latest information.

OMB No. 1545-0047

2019
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) 2019

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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRUCE L. CRARY FOUNDATION, INC.	L	8,505.	CASH PAYMENTS
(2) LAKE PLACID EDUCATION FOUNDATION	L	28,315.	CASH PAYMENTS
(3)			
(4)			
(5)			
(6)			

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

June 30, 2020

Prepared for	Adirondack Foundation P.O. Box 288 Lake Placid, NY 12946
Prepared by	Pinto Mucenski Hooper VanHouse & Co. 42 Market Street, P.O. Box 109 Potsdam, NY 13676-0109
Amount due or refund	Balance due of \$775.00
Make check payable to	Department of Law
Mail tax return and check (if applicable) to	NYS Office of Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005
Return must be mailed on or before	November 16, 2020
Special Instructions	The report should be signed and dated by the authorized individual(s). The attached copy of federal Form 990 must be properly signed and dated.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2019 and Ending (mm/dd/yyyy) 06/30/2020		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: ADIRONDACK FOUNDATION	Employer Identification Number (EIN): 16-1535724
	Mailing Address: P.O. BOX 288	NY Registration Number: 06-25-78
	City / State / ZIP: LAKE PLACID, NY 12946	Telephone: 518 523-9904
	Website: WWW.ADIRONDACKFOUNDATION.ORG	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

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

President or Authorized Officer:	CATHERINE BROOKS		
	PRESIDENT & CEO		
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	LINDA BATTIN		
	CFO		
	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

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

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

Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

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

Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

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

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

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

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

DUAL filers are registered under both 7A and EPTL.

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

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

Send Your Filing

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

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

Need Assistance?

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