

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

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

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ADIRONDACK FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 288</b> City or town, state or province, country, and ZIP or foreign postal code <b>LAKE PLACID, NY 12946</b>	<b>D</b> Employer identification number <b>16-1535724</b> <b>E</b> Telephone number <b>518-523-9904</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>25,822,166.</b>
<b>J</b> Website: ▶ <b>WWW.ADIRONDACKFOUNDATION.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1997</b> <b>M</b> State of legal domicile: <b>NY</b>
<b>F</b> Name and address of principal officer: <b>RICH KROES</b> <b>SAME AS C ABOVE</b>		
<b>H(c)</b> Group exemption number ▶		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ENHANCING THE LIVES OF PEOPLE IN THE ADIRONDACKS THROUGH PHILANTHROPY.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>22</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>22</b> <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>12</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>141</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>11,894,864.</b> <b>13,403,243.</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>155,089.</b> <b>159,558.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>5,575,403.</b> <b>4,447,052.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>0.</b> <b>0.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>17,625,356.</b> <b>18,009,853.</b>	Prior Year      Current Year
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>5,161,198.</b> <b>6,067,781.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>843,488.</b> <b>997,701.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>364,169.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>502,179.</b> <b>493,191.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>6,506,865.</b> <b>7,558,673.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>11,118,491.</b> <b>10,451,180.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>90,697,900.</b> <b>81,334,603.</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>28,895,549.</b> <b>23,660,526.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>61,802,351.</b> <b>57,674,077.</b>	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.

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

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ADIRONDACK FOUNDATION, FOUNDED IN 1997 AS ADIRONDACK COMMUNITY TRUST, STRENGTHENS COMMUNITY THROUGH PHILANTHROPY. ITS VISION IS THAT AGAINST A BACKDROP OF SCENIC BEAUTY, OUR COMMUNITIES ARE STRONG, JUST AND INCLUSIVE; FAMILY WELLBEING IS SUPPORTED THROUGH QUALITY

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

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

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

4a (Code: ) (Expenses \$ 6,708,312. including grants of \$ 6,067,781. ) (Revenue \$ 159,558. ) 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 6,708,312.

Part IV Checklist of Required Schedules

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

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 22		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CALI BROOKS PRESIDENT & CEO	40.00			X			144,023.	0.	0.	
(2) MATTHEW DONAHUE VICE PRESIDENT FOR PHILANTHROPY	40.00					X	105,592.	0.	0.	
(3) CONNIE PRICKETT VICE PRESIDENT OF COMMUNICATIONS AND	40.00					X	104,630.	0.	0.	
(4) LINDA BATTIN CHIEF FINANCIAL OFFICER	4.00					X	102,691.	0.	0.	
(5) RICH KROES CHAIR	3.00	X		X			0.	0.	0.	
(6) JOE STEINIGER VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) BILL CREIGHTON TREASURER	1.00	X		X			0.	0.	0.	
(8) HOLLY WOLFF SECRETARY	1.00	X		X			0.	0.	0.	
(9) LAWSON PRINCE ALLEN TRUSTEE	1.00	X					0.	0.	0.	
(10) JIM ALLISON TRUSTEE	1.00	X					0.	0.	0.	
(11) DAVID BRUNNER TRUSTEE	1.00	X					0.	0.	0.	
(12) MARGOT ERNST TRUSTEE	1.00	X					0.	0.	0.	
(13) REG GIGNOUX TRUSTEE	1.00	X					0.	0.	0.	
(14) JOAN GRABE TRUSTEE	1.00	X					0.	0.	0.	
(15) LEA PAINE HIGHET TRUSTEE	1.00	X					0.	0.	0.	
(16) JAY IRELAND TRUSTEE	1.00	X					0.	0.	0.	
(17) CATHY JOHNSTON TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY MONETTE TRUSTEE	1.00	X						0.	0.	0.
(19) DAVID SAND TRUSTEE	1.00	X						0.	0.	0.
(20) CAROLYN SICHER TRUSTEE	1.00	X						0.	0.	0.
(21) RICHARD STROWGER TRUSTEE	1.00	X						0.	0.	0.
(22) DEB CLEARY TRUSTEE	1.00	X						0.	0.	0.
(23) DAVID DARRIN TRUSTEE	1.00	X						0.	0.	0.
(24) MELISSA EISINGER TRUSTEE	1.00	X						0.	0.	0.
(25) CRAIG WEATHERUP TRUSTEE	1.00	X						0.	0.	0.
(26) NANCY WOLCOTT TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								456,936.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								456,936.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	13,403,243.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,653,086.				
	<b>h Total.</b> Add lines 1a-1f .....		13,403,243.				
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES	Business Code					
		561000	151,161.	151,161.			
	<b>b</b> SEMINAR FEES	561000	8,397.	8,397.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		159,558.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,542,101.			2542101.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	9,717,264.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	7,812,313.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,904,951.				
	<b>d</b> Net gain or (loss) .....		1,904,951.			1904951.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	Business Code					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		18,009,853.	159,558.	0.	4447052.		

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	6,057,781.	6,057,781.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	149,176.	65,047.	37,984.	46,145.
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	718,733.	313,398.	183,007.	222,328.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,078.	7,447.	4,348.	5,283.
9 Other employee benefits	44,399.	19,360.	11,305.	13,734.
10 Payroll taxes	68,315.	29,788.	17,395.	21,132.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,650.		16,650.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	94,358.		94,358.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	70,093.	42,046.	27,117.	930.
12 Advertising and promotion	34,427.	34,427.		
13 Office expenses	76,874.	35,480.	20,697.	20,697.
14 Information technology				
15 Royalties				
16 Occupancy	8,119.	3,747.	2,186.	2,186.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,591.	1,140.	1,548.	3,903.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,441.	4,357.	2,542.	2,542.
23 Insurance	5,846.	2,698.	1,574.	1,574.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM DEVELOPMENT</b>	51,000.	51,000.		
b <b>PREMIUMS FOR PLANNED GI</b>	35,548.		35,548.	
c <b>ANNUAL REPORT</b>	17,500.	13,125.		4,375.
d <b>FUND DEVELOPMENT</b>	14,392.	1,700.		12,692.
e All other expenses	52,352.	15,771.	29,933.	6,648.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,558,673.	6,708,312.	486,192.	364,169.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	943,301.	<b>1</b>	480,566.
	<b>2</b> Savings and temporary cash investments .....	359,643.	<b>2</b>	357,794.
	<b>3</b> Pledges and grants receivable, net .....	1,390,469.	<b>3</b>	2,403,668.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 319,964.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 78,365.	251,039.	<b>10c</b> 241,599.
	<b>11</b> Investments - publicly traded securities .....	80,392,092.	<b>11</b>	74,599,087.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	7,298,828.	<b>12</b>	3,227,136.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	62,528.	<b>15</b>	24,753.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	90,697,900.	<b>16</b>	81,334,603.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	23,900.	<b>17</b>	17,667.
	<b>18</b> Grants payable .....	86,280.	<b>18</b>	144,200.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	28,785,369.	<b>25</b>	23,498,659.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	28,895,549.	<b>26</b>	23,660,526.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	61,105,063.	<b>27</b>	57,051,458.
	<b>28</b> Net assets with donor restrictions .....	697,288.	<b>28</b>	622,619.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	61,802,351.	<b>32</b>	57,674,077.
<b>33</b> Total liabilities and net assets/fund balances .....	90,697,900.	<b>33</b>	81,334,603.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,009,853.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,558,673.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,451,180.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	61,802,351.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-14,586,364.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-19,241.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	26,151.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	57,674,077.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ 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	X	
<b>c</b>	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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>b</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 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number

16-1535724

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 X A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6593379.	3934468.	8838901.	11894864.	13403243.	44664855.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6593379.	3934468.	8838901.	11894864.	13403243.	44664855.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						44664855.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	6593379.	3934468.	8838901.	11894864.	13403243.	44664855.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	572,645.	666,971.	448,064.	1475073.	2542102.	5704855.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						50369710.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	728,207.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	88.67 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	90.65 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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; 19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2022. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

**ADIRONDACK FOUNDATION**

Employer identification number

**16-1535724**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2021)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**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 .....	103	
2 Aggregate value of contributions to (during year) .....	7,115,920.	
3 Aggregate value of grants from (during year) .....	3,420,696.	
4 Aggregate value at end of year .....	19,873,979.	
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) 2021

**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	69,137,367.	50,298,225.	47,733,169.	45,917,789.	38,899,579.
b Contributions	12,626,138.	11,270,351.	8,797,192.	4,415,279.	6,807,276.
c Net investment earnings, gains, and losses	-11,766,659.	14,074,938.	-345,785.	1,316,869.	3,314,942.
d Grants or scholarships	6,410,603.	5,317,491.	4,815,975.	3,143,760.	2,384,855.
e Other expenditures for facilities and programs	208,691.	455,192.	468,365.	172,272.	183,053.
f Administrative expenses	838,921.	733,464.	602,010.	600,736.	536,100.
g End of year balance	62,538,631.	69,137,367.	50,298,225.	47,733,169.	45,917,789.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 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.	66,405.	241,559.
d Equipment		12,000.	11,960.	40.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				241,599.

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS ORGANIZATION	
(3) ENDOWMENTS	7,916,656.
(4) FUNDS HELD FOR SUPPORTING	
(5) ORGANIZATIONS	15,582,003.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	23,498,659.

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,349,890.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2a</b> -14,586,364.		
	<b>b</b> Donated services and use of facilities	<b>2b</b> 20,759.		
	<b>c</b> Recoveries of prior year grants	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-14,565,605.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	17,915,495.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 94,358.		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	94,358.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	18,009,853.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	7,504,315.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities	<b>2a</b> 40,000.		
	<b>b</b> Prior year adjustments	<b>2b</b>		
	<b>c</b> Other losses	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
	<b>e</b> Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	40,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	7,464,315.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 94,358.		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	94,358.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	7,558,673.

**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, 2022 THE FOUNDATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT SHOULD BE RECORDED.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
350.ORG P.O. BOX 843004 BOSTON, MA 02284	26-1150699	501(C)(3)	7,500.	0.			FOR UNRESTRICTED SUPPORT
ACTION AGAINST HUNGER USA ONE WHITEHALL STREET NEW YORK, NY 10004	13-3327220	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND
ADIRONDACK CENTER FOR WRITING PO BOX 956 SARANAC LAKE, NY 12983	01-0562418	501(C)(3)	7,500.	0.			FOR CAMPAIGN SUPPORT
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	70,000.	0.			FOR FOLLENSBY POND
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	50,000.	0.			TO SUPPORT THE NATURE CONSERVANCY'S DEI WORK IN THE ADIRONDACKS
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	30,000.	0.			FOR THE LAKE CHAMPLAIN PROJECT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 198.

**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) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	10,000.	0.			IN FURTHERANCE OF THE CARBON SEQUESTRATION WORK DONE BY TNC IN THE REGION, IN MEMORY OF
ADIRONDACK COMMUNITY ACTION PROGRAMS - 7572 COURT STREET, SUITE 2 - ELIZABETHTOWN, NY 12932	14-1490418	501(C)(3)	7,500.	0.			FOR THE BENEFIT OF THE NEW CLUB HOUSE CHILD CARE FACILITY IN WILLSBORO
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK COUNCIL 103 HAND AVE., SUITE 3 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION - 67 MAIN STREET, SUITE 200 - SARANAC LAKE, NY 12983-0747	22-2243540	501(C)(3)	20,000.	0.			FOR BUILDING ECONOMIC EQUITY IN THE NORTH COUNTRY
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	7,500.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	20,000.	0.			FOR 2021 CAMPAIGN FROM CAROLINE AND SERGE LUSSI
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT AT THE RECOMMENDATION OF CAROLINE AND SERGE LUSSI
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	10,000.	0.			IN SUPPORT OF A FETAL HEART RATE MONITOR
ADIRONDACK HEALTH INSTITUTE 100 GLEN STREET, SUITE A GLENS FALLS, NY 12801	14-1698269	501(C)(3)	10,000.	0.			FOR THE ADIRONDACK FOOD SYSTEM NETWORK STORY MAP EXPANSION
ADIRONDACK LAKES CENTER FOR THE ARTS - 3446 NYS ROUTE 28 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	7,500.	0.			FOR THE ALCA SPONSORSHIP
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	25,000.	0.			IN SUPPORT OF THE CAPITAL CAMPAIGN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 KEENE, NY 12942	22-2559576	501(C)(3)	7,500.	0.			FOR UNRESTRICTED SUPPORT (MATCHING GRANT)
ADIRONDACK MOUNTAIN CLUB 814 GOGGINS ROAD LAKE GEORGE, NY 12845-4117	15-0586270	501(C)(3)	7,600.	0.			FOR THE 2022 SUMMIT STEWARDS PROGRAM
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	25,000.	0.			FOR THE SOIL PROGRAM
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	20,000.	0.			FOR SOIL LOAN FUND
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	12,237.	0.			FOR FUTURE STEWARDS OF THE ADIRONDACKS
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	7,500.	0.			FOR FARM SHARE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK TRAIL IMPROVEMENT SOCIETY - P.O. BOX 565 - KEENE VALLEY, NY 12943	14-1486436	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT IN HONOR OF TONY GOODWIN'S RETIREMENT
ADIRONDACK WATERSHED INSTITUTE PAUL SMITHS COLLEGE PAUL SMITHS, NY 12970-0244	15-0533545	501(C)(3)	7,220.	0.			IN SUPPORT OF STEWARDSHIP SERVICES, PER INVOICE #21004-9135
ADIRONDACK WATERSHED INSTITUTE PAUL SMITHS COLLEGE PAUL SMITHS, NY 12970-0244	15-0533545	501(C)(3)	6,744.	0.			FOR THE AWI STEWARDSHIP PROGRAM
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	15,000.	0.			FOR LAND BANK INCUBATOR PROJECT
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	10,000.	0.			FOR THE FAIR SHARE PROGRAM
ALIGHT 615 1ST AVENUE NE SUITE 500 MINNEAPOLIS, MN 55413	36-3241033	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND
AMERICAN FOREST FOUNDATION 2000 M STREET NW, SUITE 550 WASHINGTON, DC 20036	52-1235124	501(C)(3)	7,500.	0.			FOR THE FAMILY FOREST CARBON PROGRAM
AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS ROUTE 22 WILLSBORO, NY 12996	56-2390129	501(C)(3)	25,000.	0.			TO SUPPORT THE ENDOWMENT OF THE EDWARD H. BURN TUTORSHIP AT CHRIST CHURCH
AMERICAN FRIENDS OF CHRIST CHURCH 3900 NYS ROUTE 22 WILLSBORO, NY 12996	56-2390129	501(C)(3)	6,000.	0.			FOR THE EDWARD H. BURN TUTORSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102-1403	23-1352010	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD WILMINGTON, NY 12997	14-1809764	501(C)(3)	15,000.	0.			FOR THE MIRROR LAKE SALT REDUCTION INITIATIVE
AUSABLE VALLEY CENTRAL SCHOOL DISTRICT - 1273 RTE. 9N - CLINTONVILLE, NY 12924	14-1505002	501(C)(3)	13,200.	0.			FOR HEALTH AND SOCIAL WELLNESS: A COMMUNITY ENTERPRISE
BARNARD COLLEGE 3009 BROADWAY NEW YORK, NY 10027	13-1628149	501(C)(3)	10,000.	0.			FOR THE HEIDECORN FAMILY FOUNDATION SCHOLARSHIP AT THE REQUEST OF THE HEIDECORN FAMILY
BEAT THE STREETS NYC WRESTLING INC. - 6 LONGVIEW DRIVE - HOLMDEL, NJ 07733	20-4343247	501(C)(3)	12,500.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF THE HEIDECORN FAMILY
BERKSHIRE CHORAL INTERNATIONAL 406 MAIN STREET, SUITE 1 GREAT BARRINGTON, MA 01230	13-2586807	501(C)(3)	10,000.	0.			FOR THE ANNUAL FUND
BOQUET VALLEY CENTRAL SCHOOL DISTRICT - 28 SISCO STREET - WESTPORT, NY 12993	14-6001432	501(C)(3)	10,000.	0.			FOR PERSONAL DEVELOPMENT & CAREER READINESS FOR STUDENTS
CARE USA 151 ELLIS STREET NE ATLANTA, GA 30303	13-1685039	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE USA 151 ELLIS STREET NE ATLANTA, GA 30303	13-1685039	501(C)(3)	6,000.	0.			FOR UNRESTRICTED SUPPORT
CATHOLIC CHARITIES OF FRANKLIN COUNTY - 6 CEDAR STREET - MALONE, NY 12953	53-0196617	501(C)(3)	6,000.	0.			FOR PLAY EQUIPMENT, REFRIGERATION AND VISITATION ROOMS
CATHOLIC RELIEF SERVICES, INC. 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND
CFES BRILLIANT PATHWAYS 2303 MAIN STREET ESSEX, NY 12936	22-3159630	501(C)(3)	10,000.	0.			FOR HYBRID COLLEGE AND CAREER READINESS SUPPORT
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY - 194 US OVAL - PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	20,000.	0.			IN USPPORT OF THE ALLIANCE CORE PILOT PROJECT
CHRISTMAS BUREAU INC. PO BOX 1253 PLATTSBURGH, NY 12901	56-2300125	501(C)(3)	25,000.	0.			FOR 2021 CHRISTMAS FOR CHILDREN
CHURCH OF ST. LUKE THE BELOVED PHYSICIAN - 136 MAIN ST. - SARANAC LAKE, NY 12983		501(C)(3)	50,000.	0.			FOR UNRESTRICTED SUPPORT
CLIFTON COMMUNITY LIBRARY 7171 STATE HWY 3 CRANBERRY LAKE, NY 12927	90-0918415	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION & WORK OF THE LIBRARY AND IMPROVE ITS IMPACT ON THE
CLIFTON-FINE CENTRAL SCHOOL DISTRICT - 11 HALL AVENUE - STAR LAKE, NY 13690	15-6002316	509(A)(1)	20,000.	0.			FOR HEALTHY SPACES FOR THE COMMUNITIES OF CLIFTON-FINE

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLIFTON-FINE CENTRAL SCHOOL DISTRICT - 11 HALL AVENUE - STAR LAKE, NY 13690	15-6002316	509(A)(1)	15,000.	0.			FOR THE DAMOTH SCHOLARSHIP FOR 2022
CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION - PO BOX 115 - WANAKENA, NY 13695	16-1607609	501(C)(3)	15,000.	0.			FOR FURTHER DISTRIBUTIONS BACK TO THE COMMUNITY IN 2022
CLINTON COUNTY MENTAL HEALTH AND ADDICTION SERVICES - 130 ARIZONA AVENUE, SUITE 1500 - PLATTSBURGH, NY 12903-4908	14-6002565		7,000.	0.			IN SUPPORT OF TRAUMA SERIES-VITAL CONNECTIONS
COLUMBIA UNIVERSITY DEPT. OF OPHTHALMOLOGY, VITREORETINAL DIVISION - NEW YORK, NY 10032	13-5598093	501(C)(3)	15,000.	0.			FOR THE DEPARTMENT OF OPHTHALMOLOGY, VITREORETINAL DIVISION TO TONGALP TEZEL M.D.
CRAIGARDAN 9216 NYS RT 9N ELIZABETHTOWN, NY 12932	81-4700195	501(C)(3)	10,000.	0.			FOR COMMUNITY FARM PROGRAM
CRANBERRY LAKE VOLUNTEER FIRE DEPT. - PO BOX 549 - CRANBERRY LAKE, NY 12927	16-0925414		15,000.	0.			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION & WORK OF THE FIRE DEPARTMENT AND IMPROVE
CRANE MOUNTAIN VALLEY HORSE RESCUE, INC. - 7556 NYS ROUTE 9N - WESTPORT, NY 12993	75-3117903	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
DELAWARE VALLEY FRIENDS SCHOOL 19 EAST CENTRAL AVENUE PAOLI, PA 19301	23-2416737	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND
DOCTORS WITHOUT BORDERS 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
ECUMENICAL COUNCIL OF SARANAC LAKE PO BOX 194 SARANAC LAKE, NY 12983	27-1883973	501(C)(3)	10,000.	0.			FOR SAMARITAN HOUSE OPERATING FUND SUPPORT
ELIZABETHTOWN SOCIAL CENTER, INC. 7626 US RT.9 ELIZABETHTOWN, NY 12932	14-1338389	501(C)(3)	6,000.	0.			FOR THE TEEN PROGRAM CAPACITY BUILDING
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH, FL17 NEW YORK, NY 10010	11-6107128	501(C)(3)	50,000.	0.			FOR THE NY FUND FOR CONSERVATION FOR CLEAN WATER & JOBS
EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK, INC. - 3 WASHINGTON SQUARE - ALBANY, NY 12205	14-1637156	501(C)(3)	45,000.	0.			TO PROVIDE RESOURCES FOR INSTITUTIONS TO BUILD AWARENESS & UNDERSTANDING OF THE NATURE AND IMPACT
FIRST UNITED METHODIST CHURCH 63 CHURCH STREET SARANAC LAKE, NY 12983	14-1546534	501(C)(3)	15,000.	0.			FOR THE COMMUNITY KITCHEN VENTILATION SYSTEM
FORT TICONDEROGA ASSOCIATION, INC. PO BOX 390 TICONDEROGA, NY 12883-0390	14-1440924	501(C)(3)	50,000.	0.			FOR THE NITELLO COLLECTION
FORT TICONDEROGA ASSOCIATION, INC. PO BOX 390 TICONDEROGA, NY 12883-0390	14-1440924	501(C)(3)	50,000.	0.			FOR THE NITELLO COLLECTION IN HONOR OF NICK MULLER, FORMER VICE CHAIRMAN OF THE FORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT TICONDEROGA ASSOCIATION, INC. PO BOX 390 TICONDEROGA, NY 12883-0390	14-1440924	501(C)(3)	15,000.	0.			FOR THE BENEFIT OF THE NITTOLO ACQUISITION
FOUNDATION OF CVPH MEDICAL CENTER, INC. - 75 BEEKMAN ST. - PLATTSBURGH, NY 12901-1438	14-1727048	501(C)(3)	5,200.	0.			FOR THE 2022 KEVIN J. CARROLL SCHOLARSHIP
FRESH AIR FUND 633 THIRD AVENUE, 14TH FLOOR NEW YORK, NY 10017	13-1656653	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
GIRL SCOUTS OF NORTHEASTERN NEW YORK - 13 LATOUR AVENUE, SUITE 110 - PLATTSBURGH, NY 12901	14-1438466	501(C)(3)	10,000.	0.			FOR OPPORTUNITIES FOR GIRLS IN GRADES K-12 TO LEARN AND PRACTICE OUTDOOR AND LIFE SKILLS
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	15-6011803	501(C)(3)	15,000.	0.			IN SUPPORT OF PROJECT ARCHIVIST POSITION FOR CONTINUED DIGITIZATION AND ORGANIZATION OF
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	15-6011803	501(C)(3)	9,700.	0.			FOR UNRESTRICTED SUPPORT
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	15-6011803	501(C)(3)	7,750.	0.			FOR THE ORAL HISTORY FOR GOFF-NELSON/TLHS/CAROLINE WELSH
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	15-6011803	501(C)(3)	6,325.	0.			IN SUPPORT OF WEBSITE REDESIGN AND DIGITAL MARKETING
HISTORIC SARANAC LAKE 89 CHURCH ST., SUITE 2 SARANAC LAKE, NY 12983-1833	14-1635407	501(C)(3)	27,210.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF DAVID K. CHAPIN

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

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HISTORIC SARANAC LAKE 89 CHURCH ST., SUITE 2 SARANAC LAKE, NY 12983-1833	14-1635407	501(C)(3)	11,500.	0.			FOR UNRESTRICTED SUPPORT
HOMESTEAD DEVELOPMENT CORP. 70 TRILLIUM DRIVE LAKE PLACID, NY 12946	85-0866443	501(C)(3)	15,000.	0.			FOR START UP: KEEPING HOMES AFFORDABLE
HOUSING ASSISTANCE PROGRAM OF ESSEX COUNTY - 103 HAND AVENUE - ELIZABETHTOWN, NY 12932	14-1601549	501(C)(3)	12,500.	0.			FOR URGENT NEEDS FUND
HUB ON THE HILL 545 MIDDLE ROAD ESSEX, NY 12936	14-1826563	501(C)(3)	11,500.	0.			FOR LOW-MODERATE INCOME (LMI) FOOD DISTRIBUTION COORDINATOR
HUDSON HEADWATERS HEALTH FOUNDATION - 9 CAREY ROAD - QUEENSBURY, NY 12804	65-1261242	501(C)(3)	25,000.	0.			FOR MOBILE HEALTH VAN
INDIAN LAKE CENTRAL SCHOOL DISTRICT - 6345 NYS ROUTE 30 - INDIAN LAKE, NY 12842	14-6001593	501(C)(3)	15,000.	0.			FOR EMPATHY IN ACTION
INDIAN LAKE COMMUNITY DEV. CORPORATION - 752 BIG BROOK ROAD - INDIAN LAKE, NY 12842	46-0714153	501(C)(3)	7,750.	0.			FOR MAIN STREET AMERICA PROGRAM FOR INDIAN LAKE'S DOWNTOWN
INFANT JESUS OF PRAGUE PO BOX 1238 TUPPER LAKE, NY 12986	16-1536247	501(C)(3)	24,200.	0.			FOR FURTHER DISTRIBUTION TO THE COMMUNITY IN 2022
INFANT JESUS OF PRAGUE PO BOX 1238 TUPPER LAKE, NY 12986	16-1536247	501(C)(3)	24,200.	0.			FOR FURTHER DISTRIBUTION TO THE COMMUNITY IN 2021-22

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INTERNATIONAL MEDICAL CORPS 2156 1801 W OLYMPIC BLVD PASADENA, CA 91199	95-3949646	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND
INTERNATIONAL RESCUE COMMITTEE P.O. BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	25,000.	0.			FOR UKRAINIAN RELIEF
INTERNATIONAL RESCUE COMMITTEE P.O. BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
JCEO OF CLINTON & FRANKLIN COUNTIES, INC. - 112828 54 MARGARET ST - PLATTSBURGH, NY 12901-0000	14-1494810	501(C)(3)	20,000.	0.			FOR VETERANS FEEDING VETERANS
JOHN BROWN LIVES! PO BOX 357 WESTPORT, NY 12993	45-4553106	501(C)(3)	15,000.	0.			HANDS-ON HISTORY: ENLIVENING LEARNING AT THE JOHN BROWN FARM
KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT STREET, SUITE 2600 HONOLULU, HI 96813	99-0246364	501(C)(3)	10,000.	0.			AT THE REQUEST OF PHILIP AND SARAH BOGDANOVITCH AND FAMILY IN MEMORY OF PHILIP CHANDLER
KEENE VALLEY HOSE AND LADDER CO. #1 - PO BOX 699 - KEENE VALLEY, NY 12943	45-3053393	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
LAKE CHAMPLAIN- LAKE GEORGE REGIONAL PLANNING BOARD - PO BOX 765 - LAKE GEORGE, NY 12845	65-1256768		10,000.	0.			FOR NORTH COUNTRY MAIN STREET REINVESTMENT PROGRAM
LAKE GEORGE ASSOCIATION 2392 STATE ROUTE 9N LAKE GEORGE, NY 12845	14-6000565	501(C)(3)	10,000.	0.			FOR ANNUAL SUPPORT

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LAKE GEORGE LAND CONSERVANCY 4905 LAKE SHORE DRIVE BOLTON LANDING, NY 12814	22-2902944	501(C)(3)	20,000.	0.			FOR THE CLARK HOLLOW BAY LAND ACQUISITION
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	25,300.	0.			FOR PERFORMANCE IN DANCE, MUSICALS, CONCERTS, FILM, CHILDRENS' PROGRAMMING, AND OTHER EVENTS: &
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	20,000.	0.			IN SUPPORT OF CONSTRUCTION OF ACCESSIBLE RESTROOMS
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	10,000.	0.			FOR THE LPCA OPEN SKY ARTS FESTIVAL
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	509(A)1	43,700.	0.			IN SUPPORT OF 2022 8TH GRADE TRIP TO WASHINGTON DC
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	509(A)1	29,000.	0.			FOR THE 2022 NASH WILLIAMS/FOUNDING FAMILIES SCHOLARSHIPS
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	509(A)1	17,790.	0.			FOR STUDENT & TEACHER GRANTS, 5TH GR. SPRING TRIP, LPES SUMMER READING, COLLEGE VISIT
LAKE PLACID SINFONIETTA PO BOX 1303 LAKE PLACID, NY 12946	11-2608012	501(C)(3)	7,000.	0.			FOR UNRESTRICTED SUPPORT
LAKE PLACID VOLUNTEER FIRE DEPARTMENT - 456 OLD MILITARY ROAD - LAKE PLACID, NY 12946	14-6020589	501(C)(4)	20,000.	0.			FOR FIRE PACK CAMPAIGN AT THE REQUEST OF CAROLINE AND SERGE LUSSI

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LAKES REGION SCHOLARSHIP FOUNDATION - PO BOX 7312 - LACONIA, NH 03247	02-6012236	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT AND IN HONOR OF JOHN S. PERLEY
LAKES REGION SCHOLARSHIP FOUNDATION - PO BOX 7312 - LACONIA, NH 02284	02-6012236	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT AND IN HONOR OF JOHN S. PERLEY
LAKESIDE SCHOOL 6 LEANING ROAD ESSEX, NY 12936	36-4608520	501(C)(3)	115,000.	0.			FOR CAPITAL CAMPAIGN AT THE REQUEST OF CAROLYN SICHER
LAKESIDE SCHOOL 6 LEANING ROAD ESSEX, NY 12936	36-4608520	501(C)(3)	6,000.	0.			IN SUPPORT OF ASSISTANT ELEMENTARY TEACHER POSITION
LITERACY VOLUNTEERS OF CLINTON, ESSEX AND FRANKLIN COUNTIES - 101 BROAD STREET, HAWKINS HALL, 052 - PLATTSBURGH, NY 12901	23-7330109	501(C)(3)	10,000.	0.			FOR FIFTY MORE YEARS OF IMPROVING LITERACY IN THE NORTH COUNTRY
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	130,252.	0.			FOR THE BUILDING FUND FROM A GIFT OF STOCK FROM DAVE MASON
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	120,218.	0.			FOR THE BUILDING FUND FROM A GIFT OF STOCK FROM DAVE MASON
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	101,663.	0.			FOR THE BUILDING FUND FROM A GIFT OF STOCK FROM BARBARA MERLE-SMITH
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	83,629.	0.			FOR THE LITTLE PEAKS "BUILDING FUND ACCOUNT" AT CHAMPLAIN NATIONAL BANK

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LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
MALONE RECREATION FOUNDATION 40 MILL STREET MALONE, NY 12953	82-3516869	501(C)(3)	100,000.	0.			IN SUPPORT OF THE REC PARK BUILDING
MENTAL HEALTH ASSOCIATION OF FRANKLIN COUNTY - 209 WEST MAIN STREET, SUITE 204 - MALONE, NY 12953	14-1779296	501(C)(3)	10,000.	0.			FOR NC MOVES- MICROFINANCE FOR SUSTAINABLE TRANSPORTATION
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	25,000.	0.			FOR OPERATIONS- \$15,000, BOARD DISCRETIONARY FUND - \$10,000
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	10,000.	0.			FOR AGE-FRIENDLY COMMUNITIES
MERCY CORPS 45 SW ANKENY STREET PORTLAND, OR 97208-2669	91-1148123	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND
NATIONAL ASSOCIATION OF COMMUNITY AND RESTORATIVE JUSTICE - 16650 HUEBNER RD - SAN ANTONIO, TX 78248	46-1809518	501(C)(3)	10,000.	0.			FOR THE MARKETING NEEDS FOR 2022 CHICAGO CONFERENCE
NEUBERGER MUSEUM OF ART 735 ANDERSON HILL ROAD PURCHASE, NY 10577	23-7179855	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF THE HEIDECORN FAMILY
NEW YORK SKI EDUCATION FOUNDATION 5021 NYS RT. 86 WILMINGTON, NY 12997	14-1577846	501(C)(3)	30,000.	0.			FOR UNRESTRICTED SUPPORT FROM CAROLINE AND SERGE LUSSI

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NEW YORK SKI EDUCATION FOUNDATION 5021 NYS RT. 86 WILMINGTON, NY 12997	14-1577846	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT AT THE RECOMMENDATION OF CAROLINE AND SERGE LUSSI
NEW YORK UNIVERSITY GIFT PROCESSING CENTER NEW YORK, NY 10012	13-5562308	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION - PO BOX 89 - SARANAC LAKE, NY 12983-0089	23-7316021	501(C)(3)	7,500.	0.			FOR OPPORTUNITY SCHOLARSHIP - YEAR 3
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	95,200.	0.			FOR UNRESTRICTED SUPPORT
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	50,000.	0.			FOR THE OLD FORGE TRANSMITTER (\$40K) AND FOR THE EMERGING JOURNALISTS INITIATIVE
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY CANTON, NY 13617	15-0532239	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
NORTH COUNTRY SPCA 7700 ROUTE 9N ELIZABETHTOWN, NY 12932-0055	14-6034608	501(C)(3)	15,000.	0.			FOR DIRECTOR SALARY AND OPERATING SUPPORT
NORTH ELBA COMMUNITY CHRISTMAS FUND - 2693 MAIN STREET - LAKE PLACID, NY 12946	14-1675577	501(C)(3)	9,700.	0.			TO SUPPORT 2021 COMMUNITY CHRISTMAS FUND FROM HENRY AND MILDRED UHLEIN FOUNDATION GIFT
NORTHERN FOREST ATLAS FOUNDATION, INC. - C/O RAY CURRAN - SARANAC LAKE, NY 12983-5528	46-1349949	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT

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NORTHERN FOREST CENTER, INC. 18 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	100,000.	0.			FOR THE NORTHERN FOREST FUND FOR ATTRACTING NEW RESIDENTS WORK
NORTHERN FOREST CENTER, INC. 18 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	10,000.	0.			FOR ATTRACTING NEW RESIDENTS TO ADIRONDACK COMMUNITIES
NORTHERN FOREST CENTER, INC. 18 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	10,000.	0.			FOR THE ANR PROJECT
NORTHERN LIGHTS SCHOOL 57 CHURCH STREET SARANAC LAKE, NY 12983	16-1522782	501(C)(3)	25,000.	0.			FOR RAMP CONSTRUCTION
NORTHERN LIGHTS SCHOOL 57 CHURCH STREET SARANAC LAKE, NY 12983	16-1522782	501(C)(3)	25,000.	0.			FOR THE BUILDING FUND
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF KATRINA LUSSI KROES
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	9,000.	0.			FOR THE ANNUAL FUND
NY TIMES NEEDIEST CASES FUND 620 8TH AVENUE NEW YORK, NY 10018	13-6066063	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
OGDENSBURG BOYS AND GIRLS CLUB 610 PATTERSON STREET OGDENSBURG, NY 13669	16-0874412	501(C)(3)	25,000.	0.			IN SUPPORT OF THE PRESTON C. CARLISLE YOUTH CENTER

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PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	31,200.	0.			FOR CHAIR IN LAKE ECOLOGY AND PALEONTOLOGY AT PAUL SMITHS COLLEGE
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	25,000.	0.			TO SUPPORT THE NORDIC SKI PROGRAM
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	20,000.	0.			IN SUPPORT OF THE VISITOR'S INTERPRETIVE CENTER
PENDRAGON 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983-2031	22-2717124	501(C)(3)	15,000.	0.			FOR CONSTRUCTION OF NEW THEATRE
PLATTSBURGH COLLEGE FOUNDATION HAWKINS HALL 107 PLATTSBURGH, NY 12901	14-1484644	501(C)(3)	12,380.	0.			FOR SHINE ON! PROGRAMMING
PLATTSBURGH FAMILY YMCA 17 OAK ST. PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	20,000.	0.			FOR WHERE COMMUNITY COMES TOGETHER
PLAY ADK 165 NEIL STREET SARANAC LAKE, NY 12983	83-3183251	501(C)(3)	50,000.	0.			FOR UNRESTRICTED SUPPORT
PRINCETON UNIVERSITY 330 ALEXANDER STREET PRINCETON, NJ 08540	21-0634501	501(C)(3)	10,000.	0.			FOR ANNUAL GIVING AND THIS GRANT IS MADE ON THE OCCASION OF THE 65TH REUNION OF THE CLASS OF
RAQUETTE LAKE FIRE DEPT. INC. PO BOX 131 RAQUETTE LAKE, NY 13436	22-2285366	501(C)(3)	14,705.	0.			FOR COMMUNITY ROOM FACILITY & COMMUNICATION SUPPORT

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RAQUETTE LAKE FIRE DEPT. INC. PO BOX 131 RAQUETTE LAKE, NY 13436	22-2285366	501(C)(3)	10,000.	0.			FOR THE NEW FIRE STATION CONSTRUCTION
RAYMOND J. MARTIN MEMORIAL FOUNDATION, INC. - 39 LAKE STREET - TUPPER LAKE, NY 12986	87-3884283		10,000.	0.			IN SUPPORT OF THE RAY MARTIN MEMORIAL SCHOLARSHIP FUND
REACH OUT AND READ, INC. 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	10,000.	0.			FOR ADIRONDACK EARLY LITERACY INITIATIVE
READY4REAL INC. 186 US OVAL PLATTSBURGH, NY 12901	83-3745248	501(C)(3)	10,000.	0.			FOR BUILDING TOMORROW'S WORKFORCE
SARANAC CENTRAL SCHOOL DISTRICT 60 PICKETTS CORNERS SARANAC, NY 12981	14-6001907	501(C)(3)	15,000.	0.			FOR THE HIGH SCHOOL PBIS PROGRAM
SARANAC CENTRAL SCHOOL DISTRICT 60 PICKETTS CORNERS SARANAC, NY 12981	14-6001907	501(C)(3)	5,500.	0.			FOR THE ELEMENTARY SCHOOL BACKPACK PROGRAM
SARANAC LAKE CIVIC CENTER 225 AMPERSAND AVENUE SARANAC LAKE, NY 12983	14-1695912	501(C)(3)	50,000.	0.			FOR THE SLCC CAPITAL PROJECT
SARANAC LAKE CIVIC CENTER 225 AMPERSAND AVENUE SARANAC LAKE, NY 12983	14-1695912	501(C)(3)	20,000.	0.			FOR CREATING AN EXPANDED & UPGRADED FACILITY
SARANAC LAKE CIVIC CENTER 225 AMPERSAND AVENUE SARANAC LAKE, NY 12983	14-1695912	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT IN HONOR OF BARRIE AND DEE DEE WIGMORE AT THE RECOMMENDATION OF

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SCHOOL FOR ADVANCED RESEARCH PO BOX 2188 SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
SCOPE PO BOX 5450 ASTORIA, NY 11105	20-2772242	501(C)(3)	10,000.	0.			FOR SUPPORT FOR LOCAL CAMPS SERVING LOCAL FAMILIES
SIX NATIONS IROQUOIS CULTURAL CENTER - 1462 COUNTY ROUTE 60 - VERMONTVILLE, NY 12989	85-4015917	501(C)(3)	8,237.	0.			FOR CLIMATE-CONTROLLED STORAGE AND OFFICE BUILDING
SMALL TALES EARLY LEARNING CENTER AND DAY CARE - 101 RIVER STREET - WARRENSBURG, NY 12885	84-4731995	501(C)(3)	10,000.	0.			FOR DAY CARE OPERATING SUPPORT
SPECTRUM YOUTH & FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON, VT 05401	03-0253232	501(C)(3)	7,000.	0.			FOR UNRESTRICTED SUPPORT
ST. EUSTACE EPISCOPAL CHURCH 2450 MAIN STREET LAKE PLACID, NY 12946	14-6022889	501(C)(3)	16,000.	0.			FOR UNRESTRICTED SUPPORT AT THE RECOMMENDATION OF CAROLINE AND SERGE LUSSI
SUBSTANCE ABUSE PREVENTION TEAM OF ESSEX COUNTY - 173 LORD HOWE STREET - TICONDEROGA, NY 12883-1214	22-3231441	501(C)(3)	9,640.	0.			FOR PROJECT ALL IN
SUNY UPSTATE MEDICAL UNIVERSITY OFFICE OF STUDENT ACCOUNTS SYRACUSE, NY 13210	16-1068101	501(C)(3)	10,000.	0.			FOR PLANTE SCHOLARSHIP FOR CROWLEY, BETHANY ID#:957026
SUNY UPSTATE MEDICAL UNIVERSITY OFFICE OF STUDENT ACCOUNTS SYRACUSE, NY 13210	16-1068101	501(C)(3)	6,000.	0.			FOR PLANTE SCHOLARSHIP FOR HOOPER, BRODY ID#955846

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA ART MUSEUM 1701 PACIFIC AVENUE TACOMA, WA 98402	91-0697444	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT AND IN MEMORY OF WENDY STERLING GRIFFIN
TANNERY POND CENTER 228 MAIN STREET NORTH CREEK, NY 12853	14-1828423	501(C)(3)	10,000.	0.			FOR OUTDOOR DIGITAL INFORMATION KIOSK
TENDERCARE TOT CENTER INC. 39 QUINN WAY RAY BROOK, NY 12977	14-1734545	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT AT THE RECOMMENDATION OF CAROLINE AND SERGE LUSSI
TENDERCARE TOT CENTER INC. 39 QUINN WAY RAY BROOK, NY 12977	14-1734545	501(C)(3)	20,000.	0.			TO HELP FAMILIES WITH TUITION ASSISTANCE FOR THE COST OF CHILD CARE AT THE RECOMMENDATION OF
THE ADIRONDACK ARC 12 MOHAWK STREET TUPPER LAKE, NY 12986-1028	23-7150954	501(C)(3)	10,000.	0.			IN SUPPORT OF PRESCHOOL STAFF
TICONDEROGA CENTRAL SCHOOL DISTRICT - 5 CALKINS PLACE - TICONDEROGA, NY 12883	14-6001978	501(C)(3)	10,980.	0.			FOR THE BACKPACK PROGRAM-PROVIDING FOOD FOR CHILDREN
TICONDEROGA REVITALIZATION ALLIANCE - PO BOX 247 - TICONDEROGA, NY 12883	90-0642083	501(C)(3)	20,000.	0.			SUPPORT FOR WORKFORCE HOUSING AND CHILD CARE PROGRAMS
TOLEDO MUSEUM OF ART 2445 MONROE STREET TOLEDO, OH 43697	34-4434678	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
TOLEDO SYMPHONY PO BOX 407 TOLEDO, OH 43697	26-2728010	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF NEWCOMB PO BOX 405 NEWCOMB, NY 12852	14-6002332	501(C)(3)	50,000.	0.			FOR NEWCOMB HISTORICAL MUSEUM BISSELL RELATED BEQUEST WORK AND ONGOING NEWCOMB CEMETERY PROJECTS
TOWN OF WILLSBORO 5 FARRELL ROAD WILLSBORO, NY 12996	14-6002507	501(C)(3)	10,000.	0.			FOR THE OUTDOOR RECREATION PROGRAM
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	39,000.	0.			FOR UNRESTRICTED SUPPORT
TRUDEAU INSTITUTE, INC. 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	15-6002402	509(A)1	7,000.	0.			FOR THE 2022 ALBERTA P. MOODY HIGHER EDUCATION SCHOLARSHIP
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
UNITED NEGRO COLLEGE FUND 1805 7TH STREET, NW WASHINGTON, DC 20001-3186	13-1624241	501(C)(3)	29,846.	0.			FOR UNRESTRICTED SUPPORT FROM THE JOHN WELDON CHARITABLE FUND
VERMONT LAW SCHOOL 164 CHELSEA STREET SOUTH ROYALTON, VT 05068	23-7251952	501(C)(3)	6,000.	0.			TO FUND THE INAUGURAL ADK FOUNDATION - SAND FAMILY FUND- PROFESSIONAL CERTIFICATE IN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONT PUBLIC RADIO PUBLIC RADIO CENTER COLCHESTER, VT 05446	03-0259051	501(C)(3)	8,000.	0.			FOR ANNUAL SUPPORT
VILLAGE OF TUPPER LAKE 53 PARK STREET TUPPER LAKE, NY 12986	15-6001391		27,500.	0.			TO SUPPORT PARK DEVELOPMENT PROJECTS
VILLAGE OF TUPPER LAKE 53 PARK STREET TUPPER LAKE, NY 12986	15-6001391		6,000.	0.			FOR THE CELEBRATION OF YOUTH: TUPPER LAKE POLICE DEPARTMENT 2022 BIKE RODEO
VILLANOVA UNIVERSITY VILLANOVA ADVANCEMENT - PICOTTE HALL AT DUNDALE - VILLANOVA, PA 19085-9971	23-1352688	501(C)(3)	40,000.	0.			FOR ENVIRONMENTAL SCIENCE
WHITE PLAINS HOSPITAL 101 EAST POST ROAD WHITE PLAINS, NY 10701	13-1740130	501(C)(3)	25,000.	0.			FOR THE JUDITH WEIL NURSING SEMINAR
WILDERNESS HEALTH CARE FOUNDATION, INC. - 1014 OSWEGATCHIE TRAIL - STAR LAKE, NY 13690	22-3235671	501(C)(3)	15,000.	0.			UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE HOSPITAL AND IMPROVE ITS IMPACT ON THE
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF THE HEIDECORN FAMILY
WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	8,000.	0.			FOR UKRAINE RELIEF
WORLD UNION FOR PROGRESSIVE JUDAISM - ONE WEST FOURTH STREET, SUITE 517A - NEW YORK, NY 10012	13-1930176	501(C)(3)	10,000.	0.			FOR UKRAINE CRISIS FUND

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY CONTRIBUTION PROCESSING NEW HAVEN, CT 06521	06-0646973	501(C)(3)	10,000.	0.			FOR YSE: SCHOLARSHIP FOR DUAL DEGREE STUDENTS

**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 AND TRAVEL ASSISTANCE	2	10,000.	0.		

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

PART I, LINE 2:

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

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

**Part IV** Supplemental Information

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

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

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

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

PROCEDURE:

FOR NON-COMPETITIVE GRANTS:

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

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

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

**Part IV** Supplemental Information

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

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

FOR COMPETITIVE GRANTS:

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

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

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

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

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

Part IV Supplemental Information

PROCEDURES #1-5 LISTED ABOVE.

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

7. FOR FOLLOW-UP REPORTING PURPOSES, COMPETITIVE GRANTS PROGRAM 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 CHAPTER OF THE NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN FURTHERANCE OF THE CARBON SEQUESTRATION WORK DONE BY TNC IN THE REGION, IN MEMORY OF CHRIS SONNE

NAME OF ORGANIZATION OR GOVERNMENT: CLIFTON COMMUNITY LIBRARY

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

NAME OF ORGANIZATION OR GOVERNMENT:

EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE RESOURCES FOR

**Part IV** Supplemental Information

INSTITUTIONS TO BUILD AWARENESS & UNDERSTANDING OF THE NATURE AND IMPACT OF SEIZURES AND TO SUPPORT FAMILIES CARING FOR LOVED ONES WITH SEIZURES IN THE ADK REGION

NAME OF ORGANIZATION OR GOVERNMENT: FORT TICONDEROGA ASSOCIATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE NITELLO COLLECTION IN HONOR OF NICK MULLER, FORMER VICE CHAIRMAN OF THE FORT TICONDEROGA BOARD

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUTS OF NORTHEASTERN NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR OPPORTUNITIES FOR GIRLS IN GRADES K-12 TO LEARN AND PRACTICE OUTDOOR AND LIFE SKILLS DURING PROGRAMS AT LAKE CLEAR CAMP

NAME OF ORGANIZATION OR GOVERNMENT: GOFF-NELSON MEMORIAL LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF PROJECT ARCHIVIST POSITION FOR CONTINUED DIGITIZATION AND ORGANIZATION OF COLLECTIONS

NAME OF ORGANIZATION OR GOVERNMENT: KAPI'OLANI HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: AT THE REQUEST OF PHILIP AND SARAH BOGDANOVITCH AND FAMILY IN MEMORY OF PHILIP CHANDLER BOGDANOVITCH

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PERFORMANCE IN DANCE, MUSICALS, CONCERTS, FILM, CHILDRENS' PROGRAMMING, AND OTHER EVENTS: & MAINTENANCE AND UPKEEP OF THE THEATER, GALLERIES, STUDIO AND PLANT OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

NEW YORK WEILL CORNELL MEDICAL CENTER FUND INC.

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE WEILL CORNELL MEDICAL COLLEGE FOR DR. HARTL'S MISSION IN TANZANIA AT THE RECOMMENDATION OF CAROLINE AND SERGE LUSSI

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTRY PUBLIC RADIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE OLD FORGE TRANSMITTER (\$40K) AND FOR THE EMERGING JOURNALISTS INITIATIVE (\$10K)

NAME OF ORGANIZATION OR GOVERNMENT: PRINCETON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ANNUAL GIVING AND THIS GRANT IS MADE ON THE OCCASION OF THE 65TH REUNION OF THE CLASS OF 1957

NAME OF ORGANIZATION OR GOVERNMENT: SARANAC LAKE CIVIC CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT IN HONOR OF BARRIE AND DEE DEE WIGMORE AT THE RECOMMENDATION OF CAROLINE AND SERGE LUSSI

NAME OF ORGANIZATION OR GOVERNMENT: SARANAC LAKE CIVIC CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE CAMPAIGN FROM JENN HOLDEREID AND DAVID WEBB, AT THE RECOMMENDATION OF THE WEBB FAMILY

NAME OF ORGANIZATION OR GOVERNMENT: TENDERCARE TOT CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP FAMILIES WITH TUITION ASSISTANCE FOR THE COST OF CHILD CARE AT THE RECOMMENDATION OF CAROLINE AND SERGE LUSSI

NAME OF ORGANIZATION OR GOVERNMENT: VERMONT LAW SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE INAUGURAL ADK FOUNDATION

**Part IV** Supplemental Information

- SAND FAMILY FUND- PROFESSIONAL CERTIFICATE IN RESTORATIVE JUSTICE SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: WHALLONSBURG GRANGE HALL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR WHITCOMB'S GARAGE PROJECT-DECK AND PERFORMANCE SPACE. THIS GRANT IS MADE IN MEMORY OF BRUCE KLINK

NAME OF ORGANIZATION OR GOVERNMENT:

WILDERNESS HEALTH CARE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	70	3,653,086.	FMV AT DATE OF DONAT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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) 2021

132211 11-11-21

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 XI, LINE 9, CHANGES IN NET ASSETS:

RECLASSIFICATION OF ORGANIZATION ENDOWMENT FUNDS	26,151.
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Name of the organization

ADIRONDACK FOUNDATION

Employer identification number

16-1535724

FORM 990, PART XII, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2021**  
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	

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

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

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

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



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

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

**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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

June 30, 2022

<b>Prepared for</b>	Adirondack Foundation P.O. Box 288 Lake Placid, NY 12946
<b>Prepared by</b>	Pinto Mucenski Hooper VanHouse & Co. 42 Market Street, P.O. Box 109 Potsdam, NY 13676-0109
<b>Amount due or refund</b>	Balance due of \$1,525.00
<b>Make check payable to</b>	Department of Law
<b>Mail tax return and check (if applicable) to</b>	NYS Office of Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005
<b>Return must be mailed on or before</b>	November 15, 2022
<b>Special Instructions</b>	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

**2021**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **07/01/2021** and Ending (mm/dd/yyyy) **06/30/2022**

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: <b>ADIRONDACK FOUNDATION</b>	Employer Identification Number (EIN): <b>16-1535724</b>
	Mailing Address: <b>P.O. BOX 288</b>	NY Registration Number: <b>06-25-78</b>
	City / State / ZIP: <b>LAKE PLACID, NY 12946</b>	Telephone: <b>518 523-9904</b>
	Website: <b>WWW.ADIRONDACKFOUNDATION.ORG</b>	Email:

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at [www.CharitiesNYS.com](http://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:	<b>CATHERINE BROOKS</b>		
	Signature	Print Name and Title	Date
		<b>LINDA BATTIN</b>	
Chief Financial Officer or Treasurer:		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.

Yes  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.

Yes  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>1,500.</u>	Total fee: \$ <u>1,525.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

\*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 \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.  
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

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

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

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

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

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

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

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

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

NET WORTH for fee purposes is calculated on:

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

### Send Your Filing

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

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

### Need Assistance?

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