

Return of Organization Exempt From Income Tax

2022

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ADIRONDACK FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 302 BEAR CUB LANE City or town, state or province, country, and ZIP or foreign postal code LAKE PLACID, NY 12946 F Name and address of principal officer: JOSEPH STEINIGER SAME AS C ABOVE	D Employer identification number 16-1535724 E Telephone number (518) 523-9904 G Gross receipts \$ 13,766,276. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.ADIRONDACKFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1997 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENHANCING THE LIVES OF PEOPLE IN THE ADIRONDACKS THROUGH PHILANTHROPY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 15 6 Total number of volunteers (estimate if necessary) 6 142 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">13,403,243.</td> <td style="text-align: right;">7,109,320.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">159,558.</td> <td style="text-align: right;">138,839.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">4,447,052.</td> <td style="text-align: right;">2,043,284.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">18,009,853.</td> <td style="text-align: right;">9,291,443.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	13,403,243.	7,109,320.	9 Program service revenue (Part VIII, line 2g)	159,558.	138,839.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,447,052.	2,043,284.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,009,853.	9,291,443.						
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 6,270,601. including grants of \$ 5,430,268.) (Revenue \$ 138,839.) 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 6,270,601.

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)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
JAMIE CECILIA - 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, box 6 of 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) CATHERINE BROOKS PRESIDENT & CEO	40.00			X			154,477.	0.	0.	
(2) MATTHEW DONAHUE VICE PRESIDENT FOR PHILANT	40.00				X		110,687.	0.	0.	
(3) LINDA BATTIN CHIEF FINANCIAL OFFICER	40.00				X		107,387.	0.	0.	
(4) JOSEPH C. STEINIGER CHAIR	3.00	X		X			0.	0.	0.	
(5) BILL CREIGHTON TREASURER	1.00	X		X			0.	0.	0.	
(6) HOLLY WOLFF SECRETARY	1.00	X		X			0.	0.	0.	
(7) LAWSON PRINCE ALLEN TRUSTEE	1.00	X					0.	0.	0.	
(8) JIM ALLISON TRUSTEE	1.00	X					0.	0.	0.	
(9) DAVID BRUNNER TRUSTEE	1.00	X					0.	0.	0.	
(10) DEB CLEARY TRUSTEE	1.00	X					0.	0.	0.	
(11) KATHLEEN COLSON TRUSTEE	1.00	X					0.	0.	0.	
(12) ZAK DAKE TRUSTEE	1.00	X					0.	0.	0.	
(13) DAVID DARRIN TRUSTEE	1.00	X					0.	0.	0.	
(14) MELISSA EISINGER TRUSTEE	1.00	X					0.	0.	0.	
(15) MARGOT ERNST TRUSTEE	1.00	X					0.	0.	0.	
(16) REG GIGNOUX TRUSTEE	1.00	X					0.	0.	0.	
(17) JOAN GRABE 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) LEA PAINE HIGHT TRUSTEE	1.00	X						0.	0.	0.
(19) JAY IRELAND TRUSTEE	1.00	X						0.	0.	0.
(20) SCOTT MCGRAW TRUSTEE	1.00	X						0.	0.	0.
(21) NANCY MONETTE TRUSTEE	1.00	X						0.	0.	0.
(22) DAVID SAND TRUSTEE	1.00	X						0.	0.	0.
(23) CAROLYN SICHER TRUSTEE	1.00	X						0.	0.	0.
(24) RICHARD STROWGER 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.
1b Subtotal								372,551.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								372,551.	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 3

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,109,320.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,206,544.				
	h Total. Add lines 1a-1f		7,109,320.				
Program Service Revenue	2 a MANAGEMENT FEES	Business Code					
		561000	130,203.	130,203.			
	b SEMINAR FEES	561000	8,636.	8,636.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		138,839.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,986,913.			1986913.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4,531,204.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	4,474,833.				
	c Gain or (loss)	7c	56,371.				
	d Net gain or (loss)		56,371.			56,371.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			9,291,443.	138,839.	0.	2043284.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,420,268.	5,420,268.		
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	162,223.	69,414.	51,337.	41,472.
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	814,383.	348,470.	257,718.	208,195.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,445.	8,320.	6,154.	4,971.
9 Other employee benefits	40,951.	17,523.	12,959.	10,469.
10 Payroll taxes	76,711.	32,824.	24,276.	19,611.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,500.		17,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	81,339.		81,339.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	120,924.	78,335.	42,589.	
12 Advertising and promotion	46,271.	45,858.		413.
13 Office expenses	109,812.	46,988.	34,751.	28,073.
14 Information technology				
15 Royalties				
16 Occupancy	8,800.	3,765.	2,785.	2,250.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,894.	2,318.	930.	1,646.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,600.	4,108.	3,038.	2,454.
23 Insurance	4,780.	2,045.	1,513.	1,222.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM DEVELOPMENT	126,536.	124,801.	1,735.	
b ANNUAL REPORT	29,657.	22,243.		7,414.
c NEWSLETTER	23,927.	20,427.		3,500.
d MEETING EXPENSE	18,253.	7,607.	4,246.	6,400.
e All other expenses	55,279.	5,287.	27,954.	22,038.
25 Total functional expenses. Add lines 1 through 24e	7,201,553.	6,270,601.	570,824.	360,128.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	480,566.	1	255,489.
	2 Savings and temporary cash investments	357,794.	2	68,614.
	3 Pledges and grants receivable, net	2,403,668.	3	1,879,262.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 329,241.		
	b Less: accumulated depreciation	10b 87,965.	241,599.	10c 241,276.
	11 Investments - publicly traded securities	74,599,087.	11	83,272,146.
	12 Investments - other securities. See Part IV, line 11	3,227,136.	12	3,095,325.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	24,753.	15	41,127.
16 Total assets. Add lines 1 through 15 (must equal line 33)	81,334,603.	16	88,853,239.	
Liabilities	17 Accounts payable and accrued expenses	17,667.	17	27,584.
	18 Grants payable	144,200.	18	110,250.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	23,498,659.	25	24,696,505.
	26 Total liabilities. Add lines 17 through 25	23,660,526.	26	24,834,339.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	57,051,458.	27	63,409,155.
	28 Net assets with donor restrictions	622,619.	28	609,745.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	57,674,077.	32	64,018,900.
33 Total liabilities and net assets/fund balances	81,334,603.	33	88,853,239.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,291,443.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,201,553.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,089,890.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,674,077.
5	Net unrealized gains (losses) on investments	5	4,275,136.
6	Donated services and use of facilities	6	-20,203.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	64,018,900.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	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	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	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3934468.	8838901.	11894864.	13403243.	7109320.	45180796.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3934468.	8838901.	11894864.	13403243.	7109320.	45180796.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						45180796.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3934468.	8838901.	11894864.	13403243.	7109320.	45180796.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	666,971.	448,064.	1475073.	2542102.	1986913.	7119123.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						52299919.
12 Gross receipts from related activities, etc. (see instructions)					12	734,656.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	86.39 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	88.67 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 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 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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.)

Lined area for supplemental information with a large diagonal 'COPY' watermark.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and rows for total number at end of year, aggregate value of contributions, grants, and end of year, plus Yes/No questions for donor advisement and grant use.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2a-2d). 3-8. Monitoring and enforcement questions (Yes/No). 9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting on art collection. 1b: Reporting on art collection with amounts. 2: Reporting on art collection for financial gain with amounts.

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	62,538,631.	69,137,367.	50,298,225.	47,733,169.	45,917,789.
b Contributions	8,914,061.	12,626,138.	11,270,351.	8,797,192.	4,415,279.
c Net investment earnings, gains, and losses	7,099,685.	-11,766,659.	14,074,938.	-345,785.	1,316,869.
d Grants or scholarships	6,101,516.	6,410,603.	5,317,491.	4,815,975.	3,143,760.
e Other expenditures for facilities and programs	211,591.	208,691.	455,192.	468,365.	172,272.
f Administrative expenses	1,188,123.	838,921.	733,464.	602,010.	600,736.
g End of year balance	71,051,147.	62,538,631.	69,137,367.	50,298,225.	47,733,169.

- 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		317,241.	76,005.	241,236.
d Equipment		12,000.	11,960.	40.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				241,276.

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)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS ORGANIZATION	
(3) ENDOWMENTS	8,122,306.
(4) FUNDS HELD FOR SUPPORTING	
(5) ORGANIZATIONS	16,574,199.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,505,037.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,275,136.	
b	Donated services and use of facilities	2b	19,797.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	4,294,933.
3	Subtract line 2e from line 1		3	9,210,104.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,339.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	81,339.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,291,443.

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

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

1	Total expenses and losses per audited financial statements		1	7,160,214.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	40,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	40,000.
3	Subtract line 2e from line 1		3	7,120,214.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,339.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	81,339.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	7,201,553.

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, 2023 THE FOUNDATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT SHOULD BE RECORDED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADIRONDACK CENTER FOR WRITING 15 BROADWAY, PO BOX 956 SARANAC LAKE, NY 12983	01-0562418	501(C)(3)	5,221.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF ELIZABETH FOLWELL
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY PO BOX 65 - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CHAPTER'S WORK IN THE CHAMPLAIN VALLEY IN MEMORY OF HYDE BROWNELL
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY PO BOX 65 - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE INDIGENOUS ALLIES PROGRAM
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY PO BOX 65 - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	12,500.	0.			FOR VARIOUS PROGRAMS WHICH PETER WILL OUTLINE TO SOPHIA. PLEASE DIRECT ATTENTION TO SOPHIA
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY PO BOX 65 - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF MEREDITH M. PRIME
ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY - 8 NATURE WAY PO BOX 65 - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	50,000.	0.			TO SUPPORT THE NATURE CONSERVANCY'S DEI WORK IN THE ADIRONDACKS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **201.**
- 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) 2022

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 PO BOX 65 - KEENE VALLEY, NY 12943	53-0242652	501(C)(3)	70,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK COUNCIL 106 HAND AVE., SUITE 3 PO BOX D-2 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK COUNCIL 107 HAND AVE., SUITE 3 PO BOX D-2 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK COUNCIL 108 HAND AVE., SUITE 3 PO BOX D-2 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	19,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK COUNCIL 109 HAND AVE., SUITE 3 PO BOX D-2 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT IN HONOR OF WILLIE JANEWAY
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 ECONOMIC DEVELOPMENT CORPORATION - 68 MAIN STREET, SUITE 200 - SARANAC LAKE, NY 12983-0747	22-2243540	501(C)(3)	30,000.	0.			FOR LOAN LOSS RESERVE FOR THE ADIRONDACK SMALL BUSINESS CAPITAL ACCESS FUND
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	12,500.	0.			FOR SUPPORT OF ARTISTS & INSPIRATION IN THE WILD; WILLARD HANMER NAMING OPPORTUNITY

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 EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	15,000.	0.			FOR THE ANNUAL FUND -\$2500 AND THE MAP MOVE-\$12,500
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	15,000.	0.			FOR THE BOARD CONTRIBUTION
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE JULY 29TH GALA IN HONOR OF ED MCNEIL
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	25,000.	0.			FOR THE RENOVATION OF THE ARTS BUILDING
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	7,400.	0.			FOR ADIRONDACK HOUSING SOLUTIONS REPORTING
ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE, NY 12983	14-1781617	501(C)(3)	7,500.	0.			FOR OPERATING EXPENSES
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)	10,000.	0.			FOR SUPPORT OF CLIMATE CHANGE INITIATIVE

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)	20,000.	0.			FOR CLIMATE REPORTING INITIATIVE-\$10,000 AND FOR GENERAL OPERATING SUPPORT- \$10,000
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	8,850.	0.			FOR SUPPORT OF RENOVATIONS TO MOUNTAIN HEALTH CENTER, KEENE, NY
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAKES CENTER FOR THE ARTS - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	5,500.	0.			FOR SUPPORT OF RESTORATION
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF MEREDITH M. PRIME
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE ANNUAL FUND
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	25,000.	0.			FOR THE CAPITAL CAMPAIGN
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	25,000.	0.			FOR THE BENEFIT OF STEWARDSHIP ENDOWMENT ON THE WEAVER FARM PROJECT IN WILLSBORO

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 LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	30,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	73,018.	0.			FOR SUPPORT OF THE FRED M. & WALKER D. KIRBY STEWARDSHIP ENDOWMENT FUND AS A RESULT OF THE
ADIRONDACK MOUNTAIN CLUB P.O. BOX 4390 QUEENSBURY, NY 12804	15-0586270	501(C)(3)	7,600.	0.			FOR THE 2023 SUMMIT STEWARD PROGRAM
ADIRONDACK NORTH COUNTRY ASSOCIATION - 67 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	6,000.	0.			FOR BREAKING DOWN BARRIERS: EQUITABLE OUTDOOR ACCESS
ADIRONDACK NORTH COUNTRY ASSOCIATION - 68 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	6,000.	0.			FOR THE SUPPORT OF PAY RAISES AS REQUESTED BY JAMES L. SONNEBORN
ADIRONDACK NORTH COUNTRY ASSOCIATION - 69 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	25,000.	0.			FOR THE ADI - POLICING INITIATIVE
ADIRONDACK NORTH COUNTRY ASSOCIATION - 70 MAIN STREET, SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	31,000.	0.			IN SUPPORT OF POLICE TRAINING BY ADI
ADIRONDACK RECREATIONAL TRAIL ADVOCATES - PO BOX 1081 - SARANAC LAKE, NY 12983	45-4752327	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK SKY CENTER 36 HIGH STREET P.O. BOX 1332 TUPPER LAKE, NY 12986	77-0616930	501(C)(3)	10,000.	0.			TO SUPPORT THE SKY CENTER BUILDING 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK SPORTS COUNCIL 49 PARKSIDE DRIVE LAKE PLACID, NY 12946	22-2861424	501(C)(3)	5,800.	0.			IN SUPPORT OF THE MAC PAC PROGRAM
ADIRONDACK WATERSHED INSTITUTE PAUL SMITHS COLLEGE P.O. BOX 265 PAUL SMITHS, NY 12970-0244	15-0533545	501(C)(3)	13,800.	0.			FOR THE LAKE STEWARD PROGRAM
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	10,000.	0.			FOR INCREASING FOOD SECURITY AND NUTRITION FOR ADIRONDACKERS. THIS GRANT IS FUNDED IN
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	10,000.	0.			FOR THE LEADERSHIP CIRCLE
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	25,000.	0.			FOR THE LEADERSHIP CIRCLE
AMERICAN FRIENDS OF CHRIST CHURCH, INC. - 3900 NYS ROUTE 22 - WILLSBORO, NY 12996	56-2390129	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE EDWARD H. BURN LAW TUTORSHIP ENDOWMENT
AMERICAN FRIENDS OF CHRIST CHURCH, INC. - 3900 NYS ROUTE 22 - WILLSBORO, NY 12996	56-2390129	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CHRISTOPHER LEWIS FUND FOR CHRIST CHURCH MEADOW
AMERICAN FRIENDS OF CHRIST CHURCH, INC. - 3900 NYS ROUTE 22 - WILLSBORO, NY 12996	56-2390129	501(C)(3)	10,000.	0.			FOR A HISTORY GRADUATE SCHOLARSHIP IN HONOR OF SIMON OFFEN
AMERICAN FRIENDS OF CHRIST CHURCH, INC. - 3900 NYS ROUTE 22 - WILLSBORO, NY 12996	56-2390129	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CHRISTOPHER LEWIS FUND FOR CHRIST CHURCH MEADOW

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 OF CHRIST CHURCH, INC. - 3900 NYS ROUTE 22 - WILLSBORO, NY 12996	56-2390129	501(C)(3)	25,000.	0.			IN SUPPORT OF THE EDWARD H. BURN TUTORSHIP ENDOWMENT
AMERICAN FRIENDS OF CHRIST CHURCH, INC. - 3900 NYS ROUTE 22 - WILLSBORO, NY 12996	56-2390129	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE EDWARD BURN TUTORSHIP ENDOWMENT
AMERICAN FRIENDS OF CHRIST CHURCH, INC. - 3900 NYS ROUTE 22 - WILLSBORO, NY 12996	56-2390129	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE EDWARD H. BURN LAW TUTORSHIP ENDOWMENT
AMERICAN TRUST FOR OXFORD UNIVERSITY - 8230 BOONE BOULEVARD, SUITE 240 - VIENNA, VA 22182	13-6024454	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT FOR THE RHODES SCHOLARSHIPS ON THE OCCASION OF THE 120TH
AMERICAN TRUST FOR OXFORD UNIVERSITY - 8231 BOONE BOULEVARD, SUITE 240 - VIENNA, VA 22182	13-6024454	501(C)(3)	15,000.	0.			FOR THE BENEFIT OF RHODES SCHOLARSHIPS
APPLEBY FOUNDATION, INC. 2876 SILVER LAKE ROAD SARANAC, NY 12981	13-3002239	501(C)(3)	7,500.	0.			FOR VITALITY AND ENGAGEMENT ON MAIN STREET
AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD PO BOX 8 WILMINGTON, NY 12997	14-1809764	501(C)(3)	15,000.	0.			FOR MIRROR LAKE SALT REDUCTION INITIATIVE
BALLET SUN VALLEY PO BOX 555 SUN VALLEY, ID 83353	81-3872831	501(C)(3)	7,500.	0.			FOR UNRESTRICTED SUPPORT AND IN MEMORY OF ROBERT SMELICK
BAY AREA NONVIOLENT COMMUNICATION P.O. BOX 22872 OAKLAND, CA 94609	20-1329504	501(C)(3)	7,500.	0.			TO SUPPORT THE MATERIAL SUSTAINABILITY OF NGL

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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
BEEKMANTOWN CENTRAL SCHOOL DISTRICT - 37 EAGLE WAY - WEST CHAZY, NY 12992	14-6010232	501(C)(3)	6,000.	0.			FOR PERSONAL DEVELOPMENT & CAREER READINESS PREPARATION FOR STUDENTS. THIS GRANT IS FUNDED IN
BEEKMANTOWN CENTRAL SCHOOL DISTRICT - 37 EAGLE WAY - WEST CHAZY, NY 12992	14-6010232	501(C)(3)	6,000.	0.			FOR PERSONAL DEVELOPMENT & CAREER READINESS PREPARATION FOR STUDENTS. THIS GRANT IS FUNDED IN
BERKSHIRE CHORAL INTERNATIONAL 406 MAIN STREET, SUITE 1 GREAT BARRINGTON, MA 01230	13-2586807	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
BLUE MOUNTAIN CENTER P.O. BOX 109 BLUE MOUNTAIN LAKE, NY 12812	22-2370485	501(C)(3)	10,000.	0.			FOR HEALTHY, LOCAL FOOD VOUCHERS AND CONNECTIONS IN HAMILTON COUNTY. THIS GRANT IS MADE IN
BRIDGES TO LIFE PO BOX 210204 ARLINGTON, TX 76006	76-0588279	501(C)(3)	25,000.	0.			FOR PRINTED MATERIALS - RESTORING PEACE BOOKS, STUDY GUIDES, SELF STUDY GUIDES.
BRUCE L. CRARY FOUNDATION, INC. 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN, NY 12932	23-7366844	501(C)(3)	45,000.	0.			CRARY OPERATIONS
BRUCE L. CRARY FOUNDATION, INC. 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN, NY 12932	23-7366844	501(C)(3)	50,000.	0.			FOR OPERATIONS
BRUCE L. CRARY FOUNDATION, INC. 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN, NY 12932	23-7366844	501(C)(3)	150,000.	0.			FOR SCHOLARSHIPS
BRUCE L. CRARY FOUNDATION, INC. 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN, NY 12932	23-7366844	501(C)(3)	150,000.	0.			FOR 2022 SCHOLARSHIPS

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CHAMPLAIN CHILDREN'S LEARNING CENTER INC. - 10 CLINTON STREET - ROUSES POINT, NY 12979	16-1537024	501(C)(3)	8,000.	0.			FOR LEARNING AREAS FOR INFANTS AND TODDLERS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY, INC. - 194 US OVAL P.O. BOX 2640 - PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	10,000.	0.			FOR TINY LEADERS CHILDREN'S CENTER TWO "UP AND AWAY AT TLC" SUBMITTED BY LEX BESSETTE
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY, INC. - 194 US OVAL P.O. BOX 2640 - PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	10,000.	0.			FOR TINY LEADERS CHILDREN'S CENTER TWO "UP AND AWAY AT TLC" SUBMITTED BY LEX BESSETTE
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY, INC. - 194 US OVAL P.O. BOX 2640 - PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	16,250.	0.			FOR HIGH QUALITY CHILD CARE: SUPPORTING CHILDREN AND PROVIDERS IN CRISIS. THIS GRANT IS FUNDED IN
CHURCH OF ST. LUKE THE BELOVED PHYSICIAN - 136 MAIN ST. - SARANAC LAKE, NY 12983	15-6019445	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 AND WORK OF THE LIBRARY AND IMPROVE ITS IMPACT ON
CLIFTON-FINE CENTRAL SCHOOL DISTRICT - 11 HALL AVENUE - STAR LAKE, NY 13690	15-6002316	501(C)(3)	15,000.	0.			FOR THE DAMOTH SCHOLARSHIP FOR 2023
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 2023
CLOUDSPLITTER FOUNDATION PO BOX 1357 SARANAC LAKE, NY 12983	22-2784895	501(C)(3)	150,000.	0.			FOR SUPPORT OF 501C3'S THAT IN TURN WORK TO IMPROVE THE ENVIRONMENT, ECONOMIES, AND LIVES OF

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

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COLUMBIA UNIVERSITY 635 WEST 165TH STREET, BOX #13 NEW YORK, NY 10032	13-5598093	501(C)(3)	15,000.	0.			FOR SUPPORT OF THE DEPARTMENT OF OPHTHALMOLOGY, VITREORETINAL DIVISION
CRANBERRY LAKE VOLUNTEER FIRE DEPT. - PO BOX 549 - CRANBERRY LAKE, NY 12927	16-0925414	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE FIRE DEPARTMENT AND IMPROVE
ECUMENICAL COUNCIL OF SARANAC LAKE, INC. - PO BOX 194 - SARANAC LAKE, NY 12983	27-1883973	501(C)(3)	10,000.	0.			FOR SAMARITAN HOUSE OPERATING SUPPORT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE
ELIZABETHTOWN COMMUNITY HOSPITAL 75 PARK STREET PO BOX 277 ELIZABETHTOWN, NY 12932-0277	14-1364513	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT FROM THE STRICKLER GALLOGLY FAMILY
ELIZABETHTOWN SOCIAL CENTER 7626 US RT.9 P.O. BOX 205 ELIZABETHTOWN, NY 12932	14-1338389	501(C)(3)	9,450.	0.			FOR TEENS OFF SCREENS INITIATIVE. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ACE FUND,
EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK, INC. - 3 WASHINGTON SQUARE - ALBANY, NY 12205	14-1637156	501(C)(3)	40,000.	0.			TO PROVIDE RESOURCES FOR INSTITUTIONS TO BUILD AWARENESS AND UNDERSTANDING OF THE
ESSEX FOOD HUB, INC. 545 MIDDLE ROAD ESSEX, NY 12936	92-0845255	501(C)(3)	11,500.	0.			FOR TRANSPORTATION VEHICLE ACQUISITION TO ENSURE LOCAL FOOD ACCESS IN 501C3 TRANSITION. THIS
FAMILIES FIRST IN ESSEX COUNTY, INC. - 196 WATER STREET PO BOX 565 - ELIZABETHTOWN, NY 12932	14-1763863	501(C)(3)	17,200.	0.			FOR UNRESTRICTED SUPPORT OF AGENCY NEEDS
FAMILY YMCA OF THE GLENS FALLS AREA - 600 GLEN STREET - GLENS FALLS, NY 12801	14-1340008	501(C)(3)	10,000.	0.			FOR NO MORE LEARNING GAP CAMP AND REGIONAL WELLNESS CENTER

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FORT TICONDEROGA ASSOCIATION, INC. PO BOX 390 TICONDEROGA, NY 12883-0390	14-1440924	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE NITELLO COLLECTION IN HONOR OF TOM HOY
FOUNDATION OF CVPH MEDICAL CENTER, INC. - 75 BEEKMAN ST. - PLATTSBURGH, NY 12901-1438	14-1727048	501(C)(3)	5,900.	0.			TO SUPPORT THE CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OF EMPLOYEES OF THE
FOUNDATION OF CVPH MEDICAL CENTER, INC. - 75 BEEKMAN ST. - PLATTSBURGH, NY 12901-1438	14-1727048	501(C)(3)	7,500.	0.			FOR THE HOSPITAL'S FAMILY MEDICINE RESIDENCY PROGRAM SCHWARTZBERG DO
FOUR KINGDOMS COUNCIL 4081 GARNET LANE BOULDER, CO 80304	47-2691499	501(C)(3)	20,000.	0.			FOR SUPPORT OF OPERATING FUNDS
HEALTH WORKFORCE COLLABORATIVE 1 MAIN STREET, SUITE 102 CANTON, NY 13617	85-2837780	501(C)(3)	10,000.	0.			FOR HEALTHCARE CAREER PATHWAYS: THE INSTITUTE FOR CAREER ADVANCEMENT IN MEDICINE
HEALTH WORKFORCE COLLABORATIVE 2 MAIN STREET, SUITE 102 CANTON, NY 13617	85-2837780	501(C)(3)	10,000.	0.			FOR HEALTHCARE CAREER PATHWAYS: THE INSTITUTE FOR CAREER ADVANCEMENT IN MEDICINE. THIS GRANT IS
HIGH PEAKS EDUCATION FOUNDATION PO BOX 475 KEENE VALLEY, NY 12943	141815377	501(C)(3)	22,000.	0.			FOR ANNUAL UNRESTRICTED SUPPORT
HIGH PEAKS EDUCATION FOUNDATION PO BOX 475 KEENE VALLEY, NY 12943	141815377	501(C)(3)	38,000.	0.			FOR ANNUAL UNRESTRICTED SUPPORT
HISTORIC SARANAC LAKE, INC. 90 CHURCH ST., SUITE 2 SARANAC LAKE, NY 12983-1834	14-1635407	501(C)(3)	25,000.	0.			IN SUPPORT OF CAPITAL CAMPAIGN

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HOMESTEAD DEVELOPMENT CORP. 70 TRILLIUM DRIVE LAKE PLACID, NY 12946	85-0866443	501(C)(3)	15,000.	0.			FOR ORGANIZATIONAL OPERATING ITEMS
HOUSING ASSISTANCE PROGRAM OF ESSEX COUNTY - 103 HAND AVENUE PO BOX 157 - ELIZABETH TOWN, NY 12932	14-1601549	501(C)(3)	20,000.	0.			FOR BOTH MEADOW TRAIL ENVIRONMENTAL HAZARD REMOVAL
INDIAN LAKE COMMUNITY DEVELOPMENT CORPORATION - 752 BIG BROOK ROAD, PO BOX 355 - INDIAN LAKE, NY 12842	46-0714153	501(C)(3)	7,500.	0.			FOR LAUNCHING REVITALIZATION EFFORTS IN THE TOWN OF INDIAN LAKE. THIS GRANT IS FUNDED IN
INDIAN LAKE THEATER, INC. 13 WEST MAIN STREET, P.O. BOX 517 INDIAN LAKE, NY 12842	26-1917553	501(C)(3)	10,000.	0.			FOR DIRECTOR TRANSITION SUPPORT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH NORTHERN LIGHTS FUND
INFANT JESUS OF PRAGUE, INC. PO BOX 1238 TUPPER LAKE, NY 12986	16-1536247	501(C)(3)	24,800.	0.			FOR FURTHER DISTRIBUTION TO THE COMMUNITY IN 2022-23
INFANT JESUS OF PRAGUE, INC. PO BOX 1238 TUPPER LAKE, NY 12986	16-1536247	501(C)(3)	24,800.	0.			FOR SUPPORT OF FURTHER DISTRIBUTION TO THE COMMUNITY IN 2023
JCEO OF CLINTON & FRANKLIN COUNTIES, INC. - 112828 54 MARGARET ST - PLATTSBURGH, NY 12901-0000	14-1494810	501(C)(3)	9,750.	0.			FOR FUEL AID FOR NORTH COUNTRY FAMILIES. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE
KEENE VALLEY CONGREGATIONAL CHURCH 1791 NYS ROUTE 73 PO BOX 27 KEENE VALLEY, NY 12943	14-1341182	501(C)(3)	6,000.	0.			FOR UNRESTRICTED SUPPORT
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

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KEENE VALLEY LIBRARY ASSOCIATION 1796 RTE 73 PO BOX 86 KEENE VALLEY, NY 12943	14-1409842	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
KEEP SMILING MOVEMENT 8155 TR 89 FINDLAY, OH 45840	83-2192357	501(C)(3)	7,000.	0.			IN SUPPORT OF THE VALENTINE SOIREE / NO KID HUNGRY
LAKE CHAMPLAIN- LAKE GEORGE REGIONAL PLANNING BOARD - PO BOX 765 - LAKE GEORGE, NY 12845	65-1256768	501(C)(3)	10,000.	0.			FOR EQUITABLE LENDING PROGRAM
LAKE GEORGE ASSOCIATION 2392 STATE ROUTE 9N PO BOX 408 LAKE GEORGE, NY 12845	14-6000565	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
LAKE GEORGE ASSOCIATION 2392 STATE ROUTE 9N PO BOX 408 LAKE GEORGE, NY 12845	14-6000565	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
LAKE GEORGE LAND CONSERVANCY 4905 LAKE SHORE DRIVE PO BOX 1250 BOLTON LANDING, NY 12814	22-2902944	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	7,500.	0.			FOR THE GENERAL FUND
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	10,000.	0.			FOR THE PURCHASE OF THE PROPERTY
LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	25,700.	0.			FOR PERFORMANCE IN DANCE, MUSICALS, CONCERTS, FILM, CHILDRENS' PROGRAMMING, AND OTHER EVENTS: &

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LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE. LAKE PLACID, NY 12946	14-6030874	501(C)(3)	52,400.	0.			FOR UNRESTRICTED SUPPORT
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	501(C)(3)	11,064.	0.			FOR TEACHER GRANTS, INDIVIDUAL NEEDS ASSISTANCE AND COLLEGE VISITATION TRIP#22230181
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	501(C)(3)	20,148.	0.			FOR SUPPORT OF 2023 FUNDING OF: COMMUNITY SCHOOLS \$800; BRIDGE CLASSES \$420; NYC FIELD
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	501(C)(3)	29,000.	0.			FOR THE 2023 NASH WILLIAMS/FOUNDING FAMILIES SCHOLARSHIPS WHICH SUPPORT STUDENTS
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	501(C)(3)	44,700.	0.			FOR SUPPORT OF THE 2023 8TH GRADE TRIP TO WASHINGTON DC
LAKE PLACID COMMUNITY BEAUTIFICATION ASSOC. INC. - 2693 MAIN STREET, SUITE 301 - LAKE PLACID, NY 12946	22-3799091	501(C)(3)	78,403.	0.			FOR UNRESTRICTED SUPPORT FROM CLOSURE OF THE COMMUNITY BEAUTIFICATION FUND OF LAKE PLACID
LAKE PLACID OLYMPIC MUSEUM OLYMPIC CENTER, 2634 MAIN ST. PO B LAKE PLACID, NY 12946	16-1517554	501(C)(3)	37,165.	0.			FOR SUPPORT OF RENOVATION OF THE OLYMPIC MUSEUM
LAKE PLACID SINFONIETTA, INC. PO BOX 1303 LAKE PLACID, NY 12946	11-2608012	501(C)(3)	7,000.	0.			FOR UNRESTRICTED SUPPORT
LAKE PLACID SINFONIETTA, INC. PO BOX 1303 LAKE PLACID, NY 12946	11-2608012	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT

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LEAVENERS COMMUNITY FOUNDATION PO BOX 237 ESSEX, NY 12936	48-1172029	501(C)(3)	15,000.	0.			FOR ADAPTIVE REUSE PLANNING FOR THE FORMER ESSEX COUNTY HOME SUBMITTED BY STEVE
LITERACY VOLUNTEERS OF CLINTON, ESSEX AND FRANKLIN COUNTIES - 101 BROAD STREET, HAWKINS HALL, 052, POB 2864 - PLATTSBURGH, NY 12901	23-7330109	501(C)(3)	10,000.	0.			FOR TAKING LITERACY TO NEW FRONTIERS. THIS GRANT IS FUNDED THROUGH A PARTNERSHIP WITH THE
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	39,400.	0.			TO SUPPORT THE LITTLE PEAKS BUILDING FUND
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	48,021.	0.			FOR LITTLE PEAKS BUILDING ACCOUNT FROM THE CLOSING OF THE LITTLE PEAKS CAMPAIGN FUND AT THE
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	100,000.	0.			FOR OPERATIONS
LITTLE PEAKS INC PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	229,441.	0.			TO SUPPORT THE LITTLE PEAKS BUILDING FUND
MALONE RECREATION FOUNDATION 81 CONSTABLE STREET MALONE, NY 12953	82-3516869	501(C)(3)	50,000.	0.			FOR INSTALLATION OF A POOL AT THE RECREATION PARK
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	10,000.	0.			FOR EMPOWERING ELDERS TO AGE IN PLACE MORE SUCCESSFULLY. THIS GRANT IS FUNDED IN PARTNERSHIP

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MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	25,000.	0.			\$15,000 FOR OPERATIONS AND \$10,000 FOR ENDOWMENT
METROPOLITAN OPERA ASSOCIATION, INC. - OFFICE OF DEVELOPMENT 30 LINCOLN CENTER - NEW YORK, NY 10023	13-1624087	501(C)(3)	5,500.	0.			FOR UNRESTRICTED SUPPORT AT THE RECOMMENDATION OF ERNEST E KEET
MOUNTAIN LAKE PBS 1 SESAME STREET PLATTSBURGH, NY 12901-0617	14-1513789	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE TRISTAN FUND / GIVING LIBRARY
MOUNTAIN LAKE SERVICES 10 ST. PATRICK'S PLACE PORT HENRY, NY 12974	14-1563885	501(C)(3)	5,600.	0.			FOR EXPANDING AVAILABLE HEALTHY FOOD TO OUR COMMUNITY
NATIONAL ASSOCIATION OF COMMUNITY AND RESTORATIVE JUSTICE - 16650 HUEBNER RD STE 1336 - SAN ANTONIO, TX 78248	46-1809518	501(C)(3)	115,000.	0.			FOR * NEW WEBSITE/MEMBERSHIP SOFTWARE/SUPPORT - 3 YR CONTRACT \$34,750
NEW YORK SKI EDUCATION FOUNDATION 5021 NYS RT. 86 PO BOX 300 WILMINGTON, NY 12997	14-1577846	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT
NEWCOMB HISTORICAL MUSEUM PO BOX 408 NEWCOMB, NY 12852	81-2053129	501(C)(3)	25,000.	0.			FOR ANNUAL SUPPORT
NEWCOMB HISTORICAL MUSEUM PO BOX 408 NEWCOMB, NY 12852	81-2053129	501(C)(3)	25,000.	0.			FOR GRAVE MARKER RESTORATION AND SUPPORT OF THE MUSEUM
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC. - PO BOX 89 - SARANAC LAKE, NY 12983-0089	23-7316021	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE OPPORTUNITY SCHOLARSHIP FUND

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NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC. - PO BOX 89 - SARANAC LAKE, NY 12983-0089	23-7316021	501(C)(3)	10,000.	0.			FOR CURRICULUM IMPLEMENTATION FOR EARLY CHILDHOOD CARE PROVIDERS. THIS GRANT IS FUNDED IN
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC. - PO BOX 89 - SARANAC LAKE, NY 12983-0089	23-7316021	501(C)(3)	10,000.	0.			FOR SCHOLARSHIPS
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC. - PO BOX 89 - SARANAC LAKE, NY 12983-0089	23-7316021	501(C)(3)	10,000.	0.			FOR CURRICULUM IMPLEMENTATION FOR EARLY CHILDHOOD CARE PROVIDERS. THIS GRANT IS FUNDED IN
NORTH COUNTRY MINISTRY 3933 MAIN STREET PO BOX 478 WARRENSBURG, NY 12885	22-3787718	501(C)(3)	15,000.	0.			FOR COMMUNITY CASEWORKER IN THE SOUTH EASTERN ADIRONDACKS. THIS GRANT IS FUNDED IN PARTNERSHIP
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY 23 RAMODA D CANTON, NY 13617	15-0532239	501(C)(3)	20,000.	0.			FOR POVERTY IN NORTHERN NEW YORK COMMUNITIES. THIS GRANT IS FUNDED IN PARTNERSHIP WITH NORTHERN
NORTH COUNTRY PUBLIC RADIO ST. LAWRENCE UNIVERSITY 23 RAMODA D CANTON, NY 13617	15-0532239	501(C)(3)	98,200.	0.			FOR UNRESTRICTED SUPPORT
NORTH COUNTRY SPCA 7700 ROUTE 9N PO BOX 55 ELIZABETHTOWN, NY 12932-0055	14-6034608	501(C)(3)	15,000.	0.			FOR DIRECTOR SALARY AND OPERATING SUPPORT
NORTH COUNTRY WORKFORCE PARTNERSHIP, INC - 194 US OVAL - PLATTSBURGH, NY 12901	22-3396729	501(C)(3)	7,500.	0.			FOR AUTHENTIC STEM EXPANSION SUPPORT. THIS GRANT IS BEING FUNDED IN PARTNERSHIP WITH THE BOB
NORTH ELBA COMMUNITY CHRISTMAS FUND - 2693 MAIN STREET - LAKE PLACID, NY 12946	14-1675577	501(C)(3)	9,700.	0.			FOR THE CHRISTMAS FUND AT THE REQUEST OF THE UIHLEIN FOUNDATION

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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
NORTHEAST WILDERNESS TRUST 17 STATE STREET, SUITE 302 MONTPELIER, VT 05602	01-0729039	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE MORIAH PROJECT
NORTHEAST WILDERNESS TRUST 18 STATE STREET, SUITE 302 MONTPELIER, VT 05602	01-0729039	501(C)(3)	50,000.	0.			FOR THE BEAR POND FOREST FUND
NORTHERN FOREST ATLAS FOUNDATION, INC. - C/O RAY CURRAN 416 PARK AVENUE - SARANAC LAKE, NY 12983-5528	46-1349949	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
NORTHERN FOREST CENTER, INC. 20 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	10,000.	0.			FOR SUPPORT OF ATTRACTING NEW RESIDENTS TO ADIRONDACK COMMUNITIES
NORTHERN FOREST CENTER, INC. 21 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	20,000.	0.			FOR ATTRACTING NEW RESIDENTS: CATALYTIC WORKFORCE HOUSING PROJECT DEVELOPMENT
NORTHERN FOREST CENTER, INC. 22 NORTH MAIN ST, SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	100,000.	0.			FOR THE NORTHERN FOREST FUND ATTRACTING NEW RESIDENTS
NORTHERN LIGHTS SCHOOL 26 TRUDEAU ROAD P.O. BOX 228 SARANAC LAKE, NY 12983	16-1522782	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
NORTHERN LIGHTS SCHOOL 26 TRUDEAU ROAD P.O. BOX 228 SARANAC LAKE, NY 12983	16-1522782	501(C)(3)	10,000.	0.			FOR SUPPORT OF A NEW HEATING SYSTEM REQUESTED BY MRS. JOAN GRABE
OUR STORY BRIDGE PO BOX 807 KEENE VALLEY, NY 12943	87-4745651	501(C)(3)	10,000.	0.			FOR JERY HUNTLEY'S HISTORICAL NARRATIVE/ORAL HISTORY PROJECT

Schedule I (Form 990)

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

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PAINE MEMORIAL FREE LIBRARY 2 GILLILAND LANE WILLSBORO, NY 12996	14-1407061	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT TO HONOR PATTY PAINE'S 40 YEARS OF SERVICE ON THE LIBRARY BOARD
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 P.O. BOX 2 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	10,000.	0.			FOR GALA SUPPORT FROM CAROLINE AND SERGE LUSSI-ATTN: MARY MCCLEAN-SUMMER GALA
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 P.O. BOX 2 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE NORDIC SCHOLARSHIP PROGRAM
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 P.O. BOX 2 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	25,000.	0.			IN HONOR OF ADIRONDACK FOUNDATION'S RECOGNITION AT THE SUMMER GALA
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 P.O. BOX 2 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	30,000.	0.			FOR CHAIR IN LAKE ECOLOGY AND PALEONTOLOGY AT PAUL SMITHS COLLEGE
PENDRAGON, INC. 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983-2031	22-2717124	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CAPITAL CAMPAIGN
PENDRAGON, INC. 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983-2031	22-2717124	501(C)(3)	10,000.	0.			FOR THE 2022 SUMMER SEASON
PENDRAGON, INC. 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983-2031	22-2717124	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE CAPITAL CAMPAIGN
PLATTSBURGH CARES INC. P.O. BOX 1932 PLATTSBURGH, NY 12901	82-2906928	501(C)(3)	7,500.	0.			FOR CARING FOR VULNERABLE REFUGEES IN THE NORTH COUNTRY. THIS GRANT IS FUNDED IN PARTNERSHIP

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
PLATTSBURGH COLLEGE FOUNDATION HAWKINS HALL 107 101 BROAD STREET PLATTSBURGH, NY 12901	14-1484644	501(C)(3)	10,300.	0.			FOR SHINE ON! FOR SUCCESS IN LIFE
PLATTSBURGH YMCA 17 OAK ST. PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	10,000.	0.			FOR THE CAPITAL CAMPAIGN RECOMMENDED BY NORTHERN INSURING
PLATTSBURGH YMCA 17 OAK ST. PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	20,000.	0.			FOR WHERE COMMUNITY COMES TOGETHER- A NEW YMCA FUTURE FOR THE NORTH COUNTRY
PLATTSBURGH YMCA 17 OAK ST. PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	25,000.	0.			FOR THE CAPITAL CAMPAIGN
PLAY ADK INC. 165 NEIL STREET SARANAC LAKE, NY 12983	83-3183251	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
POINT POSITIVE INC. 75 MAIN STREET PO BOX 1281 SARANAC LAKE, NY 12983		501(C)(3)	6,800.	0.			FOR SUPPORT OF EDUCATION, MENTORING AND OUTREACH
POINT POSITIVE INC. 75 MAIN STREET PO BOX 1281 SARANAC LAKE, NY 12983		501(C)(3)	7,200.	0.			FOR SUPPORT FOR MENTORING, EDUCATION AND OUTREACH
POINT POSITIVE INC. 75 MAIN STREET PO BOX 1281 SARANAC LAKE, NY 12983		501(C)(3)	12,500.	0.			FOR POINT POSITIVE OUTREACH AND EDUCATION
PRIDE OF TICONDEROGA, INC. 111 MONTCALM STREET P.O. BOX 348 TICONDEROGA, NY 12883	14-1666190	501(C)(3)	20,000.	0.			FOR AFFORDABLE HOUSING AND CONTINUUM OF CARE COUNSELING PROJECT

Schedule I (Form 990)

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

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REACH OUT AND READ, INC. 90 SOUTH STREET, SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	10,000.	0.			FOR ADIRONDACK LITERACY REGIONALIZATION INITIATIVE
REELING FOR RECOVERY 929 RT. 374 CADYVILLE, NY 12918	88-3758974	501(C)(3)	10,000.	0.			SUPPORT FOR THREE KIDS FISHING EVENTS AT IN NORTH COUNTRY
RURAL LAW CENTER OF NEW YORK, INC. 22 US OVAL, SUITE 101 PLATTSBURGH, NY 12903	14-1792819	501(C)(3)	9,200.	0.			FOR THE ADIRONDACK REGION FAMILY STABILIZATION PROGRAM. THIS GRANT IS FUNDED IN PARTNERSHIP
RURAL LAW CENTER OF NEW YORK, INC. 23 US OVAL, SUITE 101 PLATTSBURGH, NY 12903	14-1792819	501(C)(3)	10,000.	0.			FOR THE ADIRONDACK REGION FAMILY STABILIZATION PROGRAM. THIS GRANT IS FUNDED IN PARTNERSHIP
SAGAMORE INSTITUTE OF THE ADIRONDACKS, INC. - PO BOX 40 - RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	16,000.	0.			FOR THE BRUCHAC NATIVE HISTORY AND INTERPRETATION PROJECT REQUESTED BARBARA L.
SARANAC CENTRAL SCHOOL DISTRICT 60 PICKETTS CORNERS PO BOX 8 SARANAC, NY 12981	14-6001907	501(C)(3)	6,000.	0.			FOR ELEMENTARY SCHOOL'S BACKPACK PROGRAM. THIS GRANT IS FUNDED IN PARTNERSHIP WITH BRUCE
SCHOOL FOR ADVANCED RESEARCH PO BOX 2188 SANTA FE, NM 87504-2188	85-0125045	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
SCHROON LAKE COMMUNITY CHURCH 1088 ROUTE 9 PO BOX 276 SCHROON LAKE, NY 12870	22-2502674	501(C)(3)	6,750.	0.			FOR THE SCHROON LAKE FOOD PANTRY WITH SCHROON LAKE COMMUNITY CHURCH AS FISCAL SPONSOR. THIS
SEAGLE FESTIVAL 999 CHARLEY HILL ROAD PO BOX 366 SCHROON LAKE, NY 12870	14-6030188	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE OPERA AND MUSICAL THEATER PRODUCTION

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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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SHORE OWNERS ASSOCIATION OF LAKE PLACID - BOX 1235 - LAKE PLACID, NY 12946	14-6030664	501(C)(3)	8,010.	0.			FOR SUPPORT OF REPAIRS TO THE DAM
SHORE OWNERS ASSOCIATION OF LAKE PLACID - BOX 1235 - LAKE PLACID, NY 12946	14-6030664	501(C)(3)	26,148.	0.			FOR SUPPORT OF REPAIRS TO THE DAM
SMALL TALES EARLY LEARNING CENTER AND DAY CARE - 99 RIVER STREET - WARRENSBURG, NY 12885	84-4731995	501(C)(3)	5,900.	0.			FOR EXPANDING CHILD CARE SERVICES TO OUR NEIGHBORS IN THE NORTH. THIS GRANT IS FUNDED IN PARTNERSHIP
SPECTRUM YOUTH & FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON, VT 05401	03-0253232	501(C)(3)	8,000.	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
ST. REGIS FALLS CENTRAL SCHOOL DISTRICT - 92 N. MAIN STREET PO BOX 309 - ST. REGIS FALLS, NY 12980	15-6002362	501(C)(3)	8,090.	0.			FOR THE PROJECT "NEW DESKS FOR THE NEW YEAR" REQUESTED BY JAMIE LEROUX
STRIDE ADAPTIVE SPORTS 4482 NY HIGHWAY 150 WEST SAND LAKE, NY 12196	14-1732830	501(C)(3)	15,575.	0.			FOR ADAPTIVE EQUIPMENT - SKI PROGRAM
SUNY UPSTATE MEDICAL UNIVERSITY OFFICE OF STUDENT ACCOUNTS 750 E. ADAMS ST., ROOM 200 CAB - SYRACUSE, NY 132	16-1068101	501(C)(3)	6,000.	0.			DR. U.R. PLANTE SCHOLARSHIP FUND :: HOOPER, MR. BRODY
SUNY UPSTATE MEDICAL UNIVERSITY OFFICE OF STUDENT ACCOUNTS 750 E. ADAMS ST., ROOM 200 CAB - SYRACUSE, NY 132	16-1068101	501(C)(3)	10,000.	0.			DR. U.R. PLANTE SCHOLARSHIP FUND :: CROWLEY, MS. BETHANY

Schedule I (Form 990)

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THE BRIGID PROJECT 907 CASEY ROAD PO BOX 222 SARANAC, NY 12981	81-4185231	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
THE SALVATION ARMY-EMPIRE STATE DIVISION - 200 TWIN OAKS DR. PO BOX 148 - SYRACUSE, NY 13206	13-5562351	501(C)(3)	6,000.	0.			FOR EMERGENCY HEATING ASSISTANCE FOR ALICE FAMILIES IN THE ADIRONDACK REGION. THIS
TICONDEROGA REVITALIZATION ALLIANCE - PO BOX 247 111 MONTCALM STREET - TICONDEROGA, NY 12883	90-0642083	501(C)(3)	6,000.	0.			FOR CHILDCARE FOR TICONDEROGA. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA
TICONDEROGA REVITALIZATION ALLIANCE - PO BOX 247 111 MONTCALM STREET - TICONDEROGA, NY 12883	90-0642083	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
TOLEDO MUSEUM OF ART 2445 MONROE STREET PO BOX 1013 TOLEDO, OH 43697	34-4434678	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF MEREDITH M. PRIME
TOLEDO SYMPHONY PO BOX 407 TOLEDO, OH 43697	26-2728010	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF MEREDITH M. PRIME
TOWN OF JOHNSBURG LIBRARY 219 MAIN STREET NORTH CREEK, NY 12853	14-1815844	501(C)(3)	6,500.	0.			FOR UNRESTRICTED SUPPORT
TOWN OF KEENE 10892 NYS ROUTE 9N PO BOX 89 KEENE, NY 12942	14-6002261	501(C)(3)	23,600.	0.			FOR SUPPORT OF THE KEENE VALLEY SAFETY PATH ACCOUNT
TOWN OF KEENE 10892 NYS ROUTE 9N PO BOX 89 KEENE, NY 12942	14-6002261	501(C)(3)	32,000.	0.			FOR THE KEENE SAFETY PATH ACCOUNT

Schedule I (Form 990)

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

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TOWN OF KEENE 10892 NYS ROUTE 9N PO BOX 89 KEENE, NY 12942	14-6002261	501(C)(3)	70,000.	0.			FOR THE KEENE SAFETY PATH ACCOUNT
TOWN OF LONG LAKE PO BOX 307 LONG LAKE, NY 12847	14-6002284	501(C)(3)	10,000.	0.			FOR WORKFORCE HOUSING SITE ASSESSMENT AND CONCEPT PLAN. THIS GRANT IS FUNDED IN PARTNERSHIP
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	15-6002402	501(C)(3)	7,000.	0.			FOR THE 2023 ALBERTA P. MOODY HIGHER EDUCATION SCHOLARSHIP
UNIVERSITY OF SAN DIEGO MRH 205F 5998 ALCALA PARK SAN DIEGO, CA 92110-2492	95-2544535	501(C)(3)	20,000.	0.			IN SUPPORT OF GFT 00262 CENTER FOR RESTORATIVE JUSTICE
UPPER SARANAC LAKE FOUNDATION INC P.O. BOX 564 SARANAC LAKE, NY 12983	22-3041892	501(C)(3)	5,200.	0.			FOR INVASIVE SPECIES PREVENTION
UPPER SARANAC LAKE FOUNDATION INC P.O. BOX 564 SARANAC LAKE, NY 12983	22-3041892	501(C)(3)	5,467.	0.			FOR SUPPORT OF INVASIVE SPECIES HARVESTING
UVM FOUNDATION GRASSE MOUNT 411 MAIN STREET BURLINGTON, VT 05401	45-1556038	501(C)(3)	15,000.	0.			FOR CANCER RESEARCH IN MEMORY OF BEV WHALEY
VERMONT LAW SCHOOL 164 CHELSEA STREET PO BOX 96 SOUTH ROYALTON, VT 05068	23-7251952	501(C)(3)	6,000.	0.			TO FUND THE INAUGURAL ADK FOUNDATION - SAND FAMILY FUND- PROFESSIONAL CERTIFICATE IN
VERMONT PUBLIC PUBLIC RADIO CENTER 365 TROY AVE COLCHESTER, VT 05446	03-0259051	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT

Schedule I (Form 990)

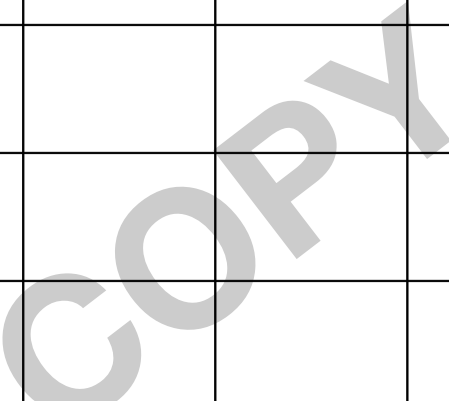
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
VILLANOVA UNIVERSITY COLLEGE OF LIBERAL ARTS & SCIENCES, OFFICE OF ADVANCEMENT 800 EAST LANCASTER	23-1352688	501(C)(3)	6,000.	0.			FOR SUPPORT DIRECTED TO THE ATTENTION OF PAT GALLAGHER, SR. DIR OF DEVELOPMENT--COLLEGES OF
VILLANOVA UNIVERSITY COLLEGE OF LIBERAL ARTS & SCIENCES, OFFICE OF ADVANCEMENT 800 EAST LANCASTER	23-1352688	501(C)(3)	17,000.	0.			FOR SUPPORT OF VILLANOVA PER KATHY TRAINOR'S INSTRUCTIONS
WILDERNESS HEALTH CARE FOUNDATION, INC. - 1014 OSWEGATCHIE TRAIL - STAR LAKE, NY 13690	22-3235671	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE HOSPITAL AND IMPROVE ITS IMPACT ON
WILLSBORO HERITAGE SOCIETY PO BOX 212 WILLSBORO, NY 12996	14-1784119	501(C)(3)	7,500.	0.			FOR UNRESTRICTED SUPPORT IN HONOR OF RON BRUNO
WILLSBORO HERITAGE SOCIETY PO BOX 212 WILLSBORO, NY 12996	14-1784119	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
YALE UNIVERSITY CONTRIBUTION PROCESSING PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	10,000.	0.			FOR THE YALE SCHOOL FOR THE ENVIRONMENT SCHOLARSHIP: FOR DUAL DEGREE CANDIDATES
YALE UNIVERSITY CONTRIBUTION PROCESSING PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE SCHOLARSHIP FOR JOINT DEGREE CANDIDATES
350.ORG PO BOX 7843004 BOSTON, MA 02284	26-1150699	501(C)(3)	7,850.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK CENTER FOR LOON CONSERVATION - PO BOX 195 - RAY BROOK, NY 12977	81-4571117	501(C)(3)	10,000.	0.			FOR SUPPORT OF NINA SCHOCH DISCRETIONARY FUNDS

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICAL 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 GRANTEES ARE REQUIRED TO COMPLETE A SIX MONTH REPORT ON HOW THE FUNDS WERE UTILIZED IN ORDER TO DETERMINE THE SUCCESS OF THE FUNDED PROGRAM(S).

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR VARIOUS PROGRAMS WHICH PETER WILL OUTLINE TO SOPHIA. PLEASE DIRECT ATTENTION TO SOPHIA MCCLELLAND

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE FRED M. & WALKER D. KIRBY STEWARDSHIP ENDOWMENT FUND AS A RESULT OF THE CLOSURE OF THE LAKE PLACID LAND CONSERVANCY FUND

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK MOUNTAIN CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AFFORDABLE HOUSING FOR YOUNG PROFESSIONALS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT:

ADIRONDACKS SPECULATOR CHAMBER OF COMMERCE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR REVITALIZING AND PROMOTING THE SPECULATOR REGION THROUGH THE GENEROUS ACTS FOR CENTRAL ADIRONDACKS COMMUNITY FUND

NAME OF ORGANIZATION OR GOVERNMENT: ADKACTION.ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR INCREASING FOOD SECURITY AND NUTRITION FOR ADIRONDACKERS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH GENEROUS ACTS FOR CENTRAL ADIRONDACKS COMMUNITY FUND. HUDSON HEADWATERS IS AWARDING \$10,000 WHICH WILL BE SENT SEPARATELY

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN TRUST FOR OXFORD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT FOR THE RHODES SCHOLARSHIPS ON THE OCCASION OF THE 120TH ANNIVERSARY

NAME OF ORGANIZATION OR GOVERNMENT: BEEKMANTOWN CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PERSONAL DEVELOPMENT & CAREER READINESS PREPARATION FOR STUDENTS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WORKFORCE SKILLS FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: BEEKMANTOWN CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PERSONAL DEVELOPMENT & CAREER READINESS PREPARATION FOR STUDENTS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WORKFORCE SKILLS FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: BLUE MOUNTAIN CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HEALTHY, LOCAL FOOD VOUCHERS AND CONNECTIONS IN HAMILTON COUNTY. THIS GRANT IS MADE IN PARTNERSHIP WITH GENEROUS ACTS FOR CENTRAL ADIRONDACKS COMMUNITY FUND

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF THE DIOCESE OF OGDENSBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BRIDGING THE GAP. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND

NAME OF ORGANIZATION OR GOVERNMENT:

CHAMPLAIN CHILDREN'S LEARNING CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LEARNING AREAS FOR INFANTS AND TODDLERS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BIRTH TO THREE FUND AND GENEROUS ACTS

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TINY LEADERS CHILDREN'S CENTER TWO "UP AND AWAY AT TLC" SUBMITTED BY LEX BESSETTE WITH CCCNC AS FISCAL SPONSOR. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ADIRONDACK FOR KIDS FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TINY LEADERS CHILDREN'S CENTER TWO "UP AND AWAY AT TLC" SUBMITTED BY LEX BESSETTE WITH CCCNC AS FISCAL SPONSOR. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ADIRONDACK FOR KIDS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HIGH QUALITY CHILD CARE: SUPPORTING CHILDREN AND PROVIDERS IN CRISIS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BIRTH TO THREE FUND AND GENEROUS ACTS

NAME OF ORGANIZATION OR GOVERNMENT: CLIFTON COMMUNITY LIBRARY

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

NAME OF ORGANIZATION OR GOVERNMENT: CLINTON COUNTY CHILD ADVOCACY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HOPE CHANGES EVERYTHING: SIXTH ANNUAL CONFERENCE ON CHILD ABUSE, EXPLOITATION & TRAFFICKING. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BIRTH TO THREE FUND AND GENEROUS ACTS

NAME OF ORGANIZATION OR GOVERNMENT: CLOUDSPLITTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF 501C3'S THAT IN TURN WORK TO IMPROVE THE ENVIRONMENT, ECONOMIES, AND LIVES OF THE PEOPLE OF THE ADIRONDACKS

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY TRANSPORTATION SERVICES LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COMMUNITY TRANSPORTATION SERVICES REPLACEMENT VEHICLE. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND AND GENEROUS ACTS

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

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ECUMENICAL COUNCIL OF SARANAC LAKE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SAMARITAN HOUSE OPERATING SUPPORT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND AND SPECIAL AND URGENT NEEDS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

ECUMENICAL COUNCIL OF SARANAC LAKE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SAMARITAN HOUSE OPERATING SUPPORT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND AND SPECIAL AND URGENT NEEDS FUND

NAME OF ORGANIZATION OR GOVERNMENT: ELIZABETHTOWN SOCIAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BABY AND ME THERAPY GROUPS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND, BIRTH TO THREE FUND AND JOAN GRABE FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: ELIZABETHTOWN SOCIAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TEENS OFF SCREENS INITIATIVE. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ACE FUND, DRUCKER-HARRIS LEGACY FUND, TREETOP FAMILY FUND AND ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT:

EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK, INC.

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

Part IV Supplemental Information

SEIZURES IN THE ADIRONDACK REGION.

NAME OF ORGANIZATION OR GOVERNMENT: ESSEX COUNTY PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BABY STEPS TO BRIGHT FUTURES KINDER CLOSET. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BIRTH TO THREE FUND

NAME OF ORGANIZATION OR GOVERNMENT: ESSEX FOOD HUB, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TRANSPORTATION VEHICLE ACQUISITION TO ENSURE LOCAL FOOD ACCESS IN 501C3 TRANSITION. THIS GRANT IS FUNDED WITH SUPPORT FROM THE BILL AND LISA POWERS FUND, ERNST FAMILY FUND, SPECIAL AND URGENT NEEDS FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: ESSEX FOOD HUB, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TRANSPORTATION VEHICLE ACQUISITION TO ENSURE LOCAL FOOD ACCESS IN 501C3 TRANSITION. THIS GRANT IS FUNDED WITH SUPPORT FROM THE BILL AND LISA POWERS FUND, ERNST FAMILY FUND, SPECIAL AND URGENT NEEDS FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: ESSEX FOOD HUB, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TRANSPORTATION VEHICLE ACQUISITION TO ENSURE LOCAL FOOD ACCESS IN 501C3 TRANSITION. THIS GRANT IS FUNDED WITH SUPPORT FROM THE BILL AND LISA POWERS FUND, ERNST FAMILY FUND, SPECIAL AND URGENT NEEDS FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION OF CVPH MEDICAL CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CONTINUING EDUCATION

Part IV Supplemental Information

AND PROFESSIONAL DEVELOPMENT OF EMPLOYEES OF THE CHAMPLAIN VALLEY MEDICAL CENTER IN PLATTSBURGH, NEW YORK

NAME OF ORGANIZATION OR GOVERNMENT: HEALING GRACE PERINATAL HOSPICE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EXPANDING AND DEVELOPING HEALING GRACE COMMUNITY GRIEF RESOURCE CENTER. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BIRTH TO THREE FUND

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH WORKFORCE COLLABORATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HEALTHCARE CAREER PATHWAYS: THE INSTITUTE FOR CAREER ADVANCEMENT IN MEDICINE. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WORKFORCE SKILLS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

HIGH PEAKS HOSPICE & PALLIATIVE CARE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DELIVERING HIGH QUALITY HOSPICE CARE TO THE ADIRONDACK REGION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND

NAME OF ORGANIZATION OR GOVERNMENT:

INDIAN LAKE COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LAUNCHING REVITALIZATION EFFORTS IN THE TOWN OF INDIAN LAKE. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE GENEROUS ACTS FOR CENTRAL ADIRONDACKS COMMUNITY FUND

NAME OF ORGANIZATION OR GOVERNMENT: INLET AREA COMMUNITY TASK FORCE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR INLET COMMUNITY GARDEN - YEAR ROUND SUSTAINABILITY. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE

Part IV Supplemental Information

GENEROUS ACTS FOR CENTRAL ADIRONDACKS COMMUNITY FUND

NAME OF ORGANIZATION OR GOVERNMENT:

JCEO OF CLINTON & FRANKLIN COUNTIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FUEL AID FOR NORTH COUNTRY FAMILIES. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND. HUDSON HEADWATERS IS AWARDDING \$9,750 WHICH WILL BE SENT AS A SEPARATE CHECK

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: LAKE PLACID CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TEACHER GRANTS, INDIVIDUAL NEEDS ASSISTANCE AND COLLEGE VISITATION TRIP#22230181 FROM LPCSD

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF 2023 FUNDING OF: COMMUNITY SCHOOLS \$800; BRIDGE CLASSES \$420; NYC FIELD TRIP \$1,200 (TEACHER GRANT); STUDENT GRANTS \$1,328; 5TH GRADE FIELD TRIP \$3,000; M/H SUMMER READING \$5,400; ELEMENTARY SUMMER READING \$8,000

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2023 NASH WILLIAMS/FOUNDING FAMILIES SCHOLARSHIPS WHICH SUPPORT STUDENTS GRADUATING FROM LAKE PLACID CENTRAL SCHOOL BASED ON ACADEMIC EXCELLENCE, LEADERSHIP POTENTIAL AND

Part IV Supplemental Information

CITIZENSHIP

NAME OF ORGANIZATION OR GOVERNMENT: LAKESIDE SCHOOL AT BLACK KETTLE FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROFESSIONAL DEVELOPMENT

TRAINING FOR LAKESIDE TEACHERS IN HONOR AND MEMORY OF BRUCE KLINK

NAME OF ORGANIZATION OR GOVERNMENT: LAKESIDE SCHOOL AT BLACK KETTLE FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROVIDING RELIABLE, AFFORDABLE, UNINTERRUPTED, YEAR-ROUND CHILDCARE IN ESSEX COUNTY. THIS GRANT IS FUNDED IN PARTNERSHIP WITH BIRTH TO THREE FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: LEAVENERS COMMUNITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ADAPTIVE REUSE PLANNING FOR THE FORMER ESSEX COUNTY HOME SUBMITTED BY STEVE ENGLEHART WITH LEAVENERS COMMUNITY FOUNDATION AS FISCAL SPONSOR

NAME OF ORGANIZATION OR GOVERNMENT:

LITERACY VOLUNTEERS OF CLINTON, ESSEX AND FRANKLIN COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TAKING LITERACY TO NEW FRONTIERS. THIS GRANT IS FUNDED THROUGH A PARTNERSHIP WITH THE KIWASSA FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE PEAKS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LITTLE PEAKS BUILDING ACCOUNT FROM THE CLOSING OF THE LITTLE PEAKS CAMPAIGN FUND AT THE ADIRONDACK FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: MERCY CARE FOR THE ADIRONDACKS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EMPOWERING ELDERS TO AGE IN PLACE MORE SUCCESSFULLY. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOCIATION OF COMMUNITY AND RESTORATIVE JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR * NEW WEBSITE/MEMBERSHIP SOFTWARE/SUPPORT - 3 YR CONTRACT \$34,750 *COMMUNICATIONS & BRAND IDENTITY DEVELOPMENT \$9,000 *MEMBERSHIP SPECIALIST/PROGRAM ASSISTANT \$27,500 *EVENTS/PROGRAM COORDINATOR \$21,000 *STRATEGIC PLANNING \$10,000 *INDIRECT COST \$12,

NAME OF ORGANIZATION OR GOVERNMENT:

NEW YORK WEILL CORNELL MEDICAL CENTER FUND INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF DR. HARTL'S MISSION IN TANZANIA. SEE ATTACHED FORM FOR MAILING INSTRUCTIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CURRICULUM IMPLEMENTATION FOR EARLY CHILDHOOD CARE PROVIDERS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH BIRTH TO THREE FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CURRICULUM IMPLEMENTATION FOR EARLY CHILDHOOD CARE PROVIDERS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH BIRTH TO THREE FUND AND GENEROUS ACTS FUND

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTRY MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COMMUNITY CASEWORKER IN THE SOUTH EASTERN ADIRONDACKS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH WEATHERUP FIELD OF INTEREST FUND AND SPECIAL AND URGENT NEEDS FUND

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTRY MINISTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COMMUNITY CASEWORKER IN THE SOUTH EASTERN ADIRONDACKS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH WEATHERUP FIELD OF INTEREST FUND AND SPECIAL AND URGENT NEEDS FUND

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTRY PUBLIC RADIO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR POVERTY IN NORTHERN NEW YORK COMMUNITIES. THIS GRANT IS FUNDED IN PARTNERSHIP WITH NORTHERN LIGHTS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH COUNTRY WORKFORCE PARTNERSHIP, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NORTH COUNTRY CAREER CONNECT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WORKFORCE SKILLS FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH COUNTRY WORKFORCE PARTNERSHIP, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR NORTH COUNTRY CAREER CONNECT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WORKFORCE SKILLS FUND AND GENEROUS ACTS FUND

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH COUNTRY WORKFORCE PARTNERSHIP, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AUTHENTIC STEM EXPANSION SUPPORT. THIS GRANT IS BEING FUNDED IN PARTNERSHIP WITH THE BOB AND KRISTIN DAVIDSON FOUNDATION AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: OPEN SPACE INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR WORK IN THE CHAMPLAIN VALLEY \$3,500 AND FOR WORK IN THE BLACK RIVER BASIN IN SOUTH CAROLINA \$1,500

NAME OF ORGANIZATION OR GOVERNMENT: PLATTSBURGH CARES INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CARING FOR VULNERABLE REFUGEES IN THE NORTH COUNTRY. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND

NAME OF ORGANIZATION OR GOVERNMENT: RURAL LAW CENTER OF NEW YORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ADIRONDACK REGION FAMILY STABILIZATION PROGRAM. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE SAND FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: RURAL LAW CENTER OF NEW YORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ADIRONDACK REGION FAMILY STABILIZATION PROGRAM. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND

NAME OF ORGANIZATION OR GOVERNMENT:

SAGAMORE INSTITUTE OF THE ADIRONDACKS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BRUCHAC NATIVE HISTORY AND

Part IV Supplemental Information

INTERPRETATION PROJECT REQUESTED BARBARA L. GLASER

NAME OF ORGANIZATION OR GOVERNMENT: SARANAC CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ELEMENTARY SCHOOL'S BACKPACK PROGRAM. THIS GRANT IS FUNDED IN PARTNERSHIP WITH BRUCE MCLANAHAN

NAME OF ORGANIZATION OR GOVERNMENT: SCHROON LAKE COMMUNITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SCHROON LAKE FOOD PANTRY WITH SCHROON LAKE COMMUNITY CHURCH AS FISCAL SPONSOR. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ALLISON FAMILY FUND. HUDSON HEADWATERS IS AWARDING \$6,750 WHICH WILL BE SENT SEPARATELY

NAME OF ORGANIZATION OR GOVERNMENT: SKIDMORE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE ENVIRONMENTAL TECHNOLOGIES DEVELOPED IN THE COVEY LAB TO SUPPORT TEACHING, RESEARCH AND STUDENT EXPERIENCES IN THE ENVIRONMENTAL SCIENCES AT SKIDMORE COLLEGE

NAME OF ORGANIZATION OR GOVERNMENT:

SMALL TALES EARLY LEARNING CENTER AND DAY CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EXPANDING CHILD CARE SERVICES TO OUR NEIGHBORS IN THE NORTH. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND, THE COMMUNITY FUND FOR THE GORE MOUNTAIN REGION, AND THE BIRTH TO THREE FUND

NAME OF ORGANIZATION OR GOVERNMENT:

SMALL TALES EARLY LEARNING CENTER AND DAY CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EXPANDING CHILD CARE SERVICES TO OUR NEIGHBORS IN THE NORTH. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE

Part IV Supplemental Information

BILL AND LISA POWERS FAMILY FUND, THE COMMUNITY FUND FOR THE GORE MOUNTAIN REGION, AND THE BIRTH TO THREE FUND

NAME OF ORGANIZATION OR GOVERNMENT:

THE SALVATION ARMY-EMPIRE STATE DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EMERGENCY HEATING ASSISTANCE FOR ALICE FAMILIES IN THE ADIRONDACK REGION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND

NAME OF ORGANIZATION OR GOVERNMENT: TICONDEROGA REVITALIZATION ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHILDCARE FOR TICONDEROGA. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND, BIRTH TO THREE FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: TICONDEROGA REVITALIZATION ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHILDCARE FOR TICONDEROGA. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND, BIRTH TO THREE FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: TICONDEROGA REVITALIZATION ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CHILDCARE FOR TICONDEROGA. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND, BIRTH TO THREE FUND AND GENEROUS ACTS FUND

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF LONG LAKE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR WORKFORCE HOUSING SITE ASSESSMENT AND CONCEPT PLAN. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE GENEROUS ACTS FOR CENTRAL ADIRONDACK COMMUNITIES FUND

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VERMONT LAW SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE INAUGURAL ADK FOUNDATION - SAND FAMILY FUND- PROFESSIONAL CERTIFICATE IN RESTORATIVE JUSTICE SCHOLARSHIP

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE OF TUPPER LAKE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CELEBRATION OF YOUTH: TUPPER LAKE POLICE DEPARTMENT BIKE RODEO. THE GRANT IS FUNDED IN PARTNERSHIP WITH THE TUPPER OPPORTUNITIES FOR YOUTH FUND

NAME OF ORGANIZATION OR GOVERNMENT: VILLANOVA UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT DIRECTED TO THE ATTENTION OF PAT GALLAGHER, SR. DIR OF DEVELOPMENT--COLLEGES OF LIBERAL ARTS AND SCIENCES, OFFICE OF ADVANCEMENT

NAME OF ORGANIZATION OR GOVERNMENT: WAIT HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ADIRONDACK FAMILIES HOMELESSNESS PREVENTION & RAPID REHOUSING. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND. HUDSON HEADWATERS IS AWARDING \$10,000 WHICH WILL BE SENT AS A SEPARATE CHECK

NAME OF ORGANIZATION OR GOVERNMENT:

WARREN-HAMILTON COUNTY COMMUNITY ACTION AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR INCREASING NUTRITIONAL FOOD SECURITY. THE GRANT IS FUNDED IN PARTNERSHIP WITH THE GENEROUS ACTS FOR CENTRAL ADIRONDACK COMMUNITIES FUND

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

WILDERNESS HEALTH CARE FOUNDATION, INC.

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

COPY

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

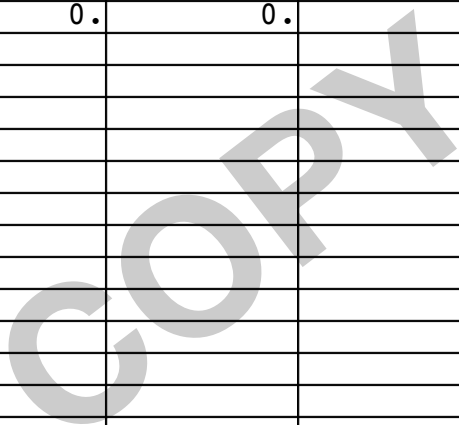
Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CATHERINE BROOKS PRESIDENT & CEO	(i)	154,477.	0.	0.	0.	0.	154,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	60	3,204,475.	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 3 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) 2022

**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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number

16-1535724

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL TRANSPARENCY

AS A PUBLIC CHARITY, ADIRONDACK FOUNDATION MAKES A POINT OF OPERATING IN AN OPEN MANNER THAT WELCOMES SCRUTINY. WE TAKE OUR OBLIGATION TO DONORS, COMMUNITY GROUPS, AND THE PUBLIC VERY SERIOUSLY. ACCORDINGLY, OUR FEDERAL INFORMATION RETURNS, AUDITED FINANCIAL STATEMENTS, AND OTHER RELATED DOCUMENTS ARE AVAILABLE ON OUR WEBSITE OR BY CALLING THE FOUNDATION'S OFFICE AT (518) 523-9904 AND ARE ON FILE WITH THE NEW YORK STATE ATTORNEY GENERAL.

Name of the organization ADIRONDACK FOUNDATION	Employer identification number 16-1535724
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FINANCIAL STATEMENTS:

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

FORM 990

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

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

DISCLOSURE-ANNUAL REPORT

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

FORM 990, PART XII, LINE 2C

THE FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number

16-1535724

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

COPY

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022
Open to Public
Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BRUCE L. CRARY FOUNDATION, INC. - 23-7366844 P.O. BOX 396 ELIZABETHTOWN, NY 12932	SCHOLARSHIP AID TO STUDENTS	NEW YORK	501(C)(3)	LINE 12A, I		X	
LAKE PLACID EDUCATION FOUNDATION - 51-0243919, P.O. BOX 288, LAKE PLACID, NY 12946	GRANTS FOR EDUCATION PURPOSES	NEW YORK	501(C)(3)	LINE 12A, I		X	

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

Schedule R (Form 990) 2022

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

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

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

Part VII Supplemental Information

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

Lined area for supplemental information.

COPY

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

2022
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **07/01/2022** and Ending (mm/dd/yyyy) **06/30/2023**

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: ADIRONDACK FOUNDATION	Employer Identification Number (EIN): 16-1535724
	Mailing Address: 302 BEAR CUB LANE	NY Registration Number: 06-25-78
	City / State / ZIP: LAKE PLACID, NY 12946	Telephone: 518 523-9904
	Website: WWW.ADIRONDACKFOUNDATION.ORG	Email:

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

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

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

President or Authorized Officer: _____
 Signature _____ Print Name and Title **CATHERINE BROOKS** Date _____

 _____ Print Name and Title **PRESIDENT & CEO**

Chief Financial Officer or Treasurer: _____
 Signature _____ Print Name and Title **JAMIE CECILIA** Date _____

 _____ Print Name and Title **CFO**

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: "Department of Law"
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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.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

Send Your Filing

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

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

Need Assistance?

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