

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 06-25-78  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public Inspection

**A** For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ADIRONDACK FOUNDATION</b> Doing business as <b>ADIRONDACK COMMUNITY FOUNDATION</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 288</b> City or town, state or province, country, and ZIP or foreign postal code <b>LAKE PLACID, NY 12946</b> <b>F</b> Name and address of principal officer: <b>WILLIAM CREIGHTON</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>16-1535724</b>  <b>E</b> Telephone number <b>518-523-9904</b>  <b>G</b> Gross receipts \$ <b>27,365,479.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>HTTPS://WWW.ADKCOMMUNITYFOUNDATION.ORG/</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1997</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>CONNECTING PEOPLE, IDEAS, AND RESOURCES TO IMPROVE LIVES AND EXPAND OPPORTUNITIES ACROSS THE</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>15</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>43</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>10,663,940.</b>	<b>15,410,922.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,371,181.</b>	<b>1,622,639.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,313,925.</b>	<b>4,560,530.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
<b>12</b>			<b>14,349,046.</b>	<b>21,594,091.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,038,710.</b>	<b>9,167,394.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,179,556.</b>	<b>1,389,169.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>502,986.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,085,233.</b>	<b>2,290,100.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,303,499.</b>	<b>12,846,663.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>5,045,547.</b>	<b>8,747,428.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>101,766,694.</b>	<b>117,799,803.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>27,047,197.</b>	<b>29,312,698.</b>
	<b>22</b>		<b>74,719,497.</b>	<b>88,487,105.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>WILLIAM CREIGHTON, CHAIR</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Preparer's name <b>NICHOLAS MURABITO</b>	Preparer's signature <b>NICHOLAS MURABITO</b>
	Date <b>10/16/25</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P02354743</b>
	Firm's name <b>BST &amp; CO. CPAS, LLP</b>	Firm's EIN <b>14-1442607</b>
	Firm's address <b>10 BRITISH AMERICAN BLVD LATHAM, NY 12110</b>	Phone no. (518) 459-6700

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: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 11,745,088. including grants of \$ 9,167,394. ) (Revenue \$ 1,622,639. ) ADIRONDACK COMMUNITY FOUNDATION PLAYS A UNIQUE ROLE IN THE REGION. 1) IT CONNECTS PEOPLE, IDEAS, AND RESOURCES TO IMPROVE LIVES AND EXPAND OPPORTUNITIES. 2) STEWARDS CHARITABLE ASSETS AND DONATIONS FROM GENEROUS DONORS AND ORGANIZATIONS WHO CARE ABOUT THE AREA AND WANT TO MAKE A DIFFERENCE. 3) MAKES GRANTS TO NONPROFITS, SCHOOLS, ORGANIZATIONS AND MUNICIPALITIES. 4) IS COMMITTED TO BEING SINCERE COLLABORATORS AND AMBASSADORS FOR THE PEOPLE OF THE ADIRONDACKS; ACCOUNTABLE TO COMMUNITIES, DONORS, PARTNERS, AND EACH OTHER; AND CATALYSTS FOR POSITIVE CHANGE. THE FOUNDATION STEWARDS MORE THAN 300 CHARITABLE FUNDS; AND MAKES GRANTS IN THE AREAS OF BASIC NEEDS, EDUCATIONAL PATHWAYS, ECONOMIC VITALITY, ENVIRONMENTS, ARTS, AND CULTURE.

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 11,745,088.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 23; 1b Enter the number of voting members included... 23; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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. [X] Own website [X] Another's website [X] 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
BRANDY HOBSON - 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) CALI BROOKS PRESIDENT & CEO	50.00			X			174,190.	0.	6,536.	
(2) MATT DONAHUE VP PHILANTHROPY	40.00				X		119,607.	0.	11,995.	
(3) BRANDY HOBSON INTERIM CFO	40.00					X	120,500.	0.	3,615.	
(4) LORI BELLINGHAM VP COMMUNITY IMPACT	32.00					X	106,600.	0.	11,598.	
(5) STEPHANIE PIANKA CFO	39.00			X			41,667.	0.	1,094.	
(6) BILL CREIGHTON CHAIR	5.00	X		X			0.	0.	0.	
(7) DAVID SAND SECRETARY	3.00	X		X			0.	0.	0.	
(8) JAMIE BAXTER TREASURER	3.00	X		X			0.	0.	0.	
(9) ADAM BOUDREAU TRUSTEE	1.00	X					0.	0.	0.	
(10) BARRY NEEDLEMAN TRUSTEE	1.00	X					0.	0.	0.	
(11) BILL POWERS TRUSTEE	1.00	X					0.	0.	0.	
(12) CRAIG WEATHERUP TRUSTEE	3.00	X					0.	0.	0.	
(13) CRAIG LEGGETT TRUSTEE	1.00	X					0.	0.	0.	
(14) DAVID BRUNNER TRUSTEE	1.00	X					0.	0.	0.	
(15) DEB CLEARY TRUSTEE	1.00	X					0.	0.	0.	
(16) ETIENNE BOILLOT TRUSTEE	1.00	X					0.	0.	0.	
(17) JIM ALLISON TRUSTEE	3.00	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) JAMES IRELAND III TRUSTEE	1.00	X						0.	0.	0.
(19) JOAN GRABE TRUSTEE	3.00	X						0.	0.	0.
(20) JULIA RACE TRUSTEE	1.00	X						0.	0.	0.
(21) KATHLEEN COLSON TRUSTEE	3.00	X						0.	0.	0.
(22) LAWSON PRINCE ALLEN TRUSTEE	1.00	X						0.	0.	0.
(23) LEA PAINE HIGHET TRUSTEE	3.00	X						0.	0.	0.
(24) MARGOT ERNST TRUSTEE	1.00	X						0.	0.	0.
(25) NANCY WOLCOTT TRUSTEE	3.00	X						0.	0.	0.
(26) REGINALD GIGNOUX TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								562,564.	0.	34,838.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								562,564.	0.	34,838.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for W. SCOTT MCGRAW and ZAK DAKE.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	15,410,922.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,240,767.				
	<b>h Total.</b> Add lines 1a-1f .....		15,410,922.				
<b>Program Service Revenue</b>	<b>2 a</b> MANAGEMENT FEES	<b>Business Code</b>					
		561000	1,614,087.	1,614,087.			
	<b>b</b> SEMINAR FEES	561000	8,552.	8,552.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		1,622,639.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,454,822.			3454822.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	6,877,096.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,771,348.	40.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	1,105,748.	-40.			
	<b>d</b> Net gain or (loss) .....		1,105,708.			1105708.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			21,594,091.	1,622,639.	0.	4560530.	

**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 ...	9,092,894.	9,092,894.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	74,500.	74,500.		
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 .....	307,327.	80,658.	164,666.	62,003.
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 .....	895,857.	481,780.	163,452.	250,625.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,446.	13,714.	4,608.	7,124.
9 Other employee benefits .....	71,927.	33,807.	19,446.	18,674.
10 Payroll taxes .....	88,612.	41,559.	23,995.	23,058.
11 Fees for services (nonemployees):				
a Management .....	1,462,690.	1,462,690.		
b Legal .....	1,039.		1,039.	
c Accounting .....	27,750.		27,750.	
d Lobbying .....	5,884.		5,884.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	97,922.		97,922.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	98,981.	65,935.	11,376.	21,670.
12 Advertising and promotion .....	65,645.	41,615.	11,343.	12,687.
13 Office expenses .....	61,334.	40,640.	5,158.	15,536.
14 Information technology .....	116,121.	70,120.	26,573.	19,428.
15 Royalties .....				
16 Occupancy .....	9,715.	4,658.	2,529.	2,528.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	74,984.	13,204.	20,610.	41,170.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	10,612.	5,088.	2,762.	2,762.
23 Insurance .....	6,532.	3,132.	1,700.	1,700.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM DEVELOPMENT</b>	188,995.	188,995.		
b <b>MISCELLANEOUS</b>	27,827.	18,138.		9,689.
c <b>DUES AND FEES</b>	18,309.	7,930.	5,956.	4,423.
d <b>BANK FEES</b>	9,558.		1,200.	8,358.
e All other expenses	6,202.	4,031.	620.	1,551.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>12,846,663.</b>	<b>11,745,088.</b>	<b>598,589.</b>	<b>502,986.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	702,175.	<b>1</b>	71,494.
	<b>2</b> Savings and temporary cash investments .....	1,976,129.	<b>2</b>	3,050,994.
	<b>3</b> Pledges and grants receivable, net .....	1,300,211.	<b>3</b>	816,355.
	<b>4</b> Accounts receivable, net .....	9,067.	<b>4</b>	3,138.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	835,701.	<b>7</b>	771,625.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	35,528.	<b>9</b>	34,931.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 331,241.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 96,296.		
	<b>11</b> Investments - publicly traded securities .....	245,597.	<b>10c</b>	234,945.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	96,350,994.	<b>11</b>	112,646,405.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	311,292.	<b>12</b>	169,916.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	101,766,694.	<b>15</b>		
		<b>16</b>	117,799,803.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	32,995.	<b>17</b>	57,423.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	27,014,202.	<b>25</b>	29,255,275.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	27,047,197.	<b>26</b>	29,312,698.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	73,219,173.	<b>27</b>	87,463,251.
	<b>28</b> Net assets with donor restrictions .....	1,500,324.	<b>28</b>	1,023,854.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	74,719,497.	<b>32</b>	88,487,105.
	<b>33</b> Total liabilities and net assets/fund balances .....	101,766,694.	<b>33</b>	117,799,803.

**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	21,594,091.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,846,663.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,747,428.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74,719,497.
5	Net unrealized gains (losses) on investments	5	5,042,453.
6	Donated services and use of facilities	6	-22,273.
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	88,487,105.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11894864.	13403243.	7109320.	10663940.	15410922.	58482289.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	11894864.	13403243.	7109320.	10663940.	15410922.	58482289.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7381343.
<b>6 Public support.</b> Subtract line 5 from line 4.						51100946.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	11894864.	13403243.	7109320.	10663940.	15410922.	58482289.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1475073.	2542102.	1986913.	2119895.	3454822.	11578805.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						70061094.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	3,447,306.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	72.94 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	79.59 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
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 - <i>provide details in Part VI</i> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

**ADIRONDACK FOUNDATION**

Employer identification number

**16-1535724**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>ADIRONDACK FOUNDATION</b>	Employer identification number  <b>16-1535724</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>4,302,904.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>700,939.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>331,223.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>        </u>	<hr/> <hr/> <hr/>	\$ <u>                    </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ADIRONDACK FOUNDATION</b>	Employer identification number  <b>16-1535724</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	6,800 SHARES OF VANGUARD INFORMATION TECHNOLOGY ETF _____ _____	\$ <u>4,302,904.</u>	<u>02/13/25</u>
4	3,972 SHARES OF PROCTER & GAMBLE COMPANY _____ _____	\$ <u>700,939.</u>	<u>03/07/25</u>
5	27,000.0 SHARES OF HARBORONE BANCORP INC. _____ _____	\$ <u>331,223.</u>	<u>02/06/25</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>ADIRONDACK FOUNDATION</b>	Employer identification number  <b>16-1535724</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>ADIRONDACK FOUNDATION</b>	Employer identification number (EIN) <b>16-1535724</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2024

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	119	
2 Aggregate value of contributions to (during year)	10,839,476.	
3 Aggregate value of grants from (during year)	6,488,716.	
4 Aggregate value at end of year	35,454,719.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 \$ \_\_\_\_\_

b Assets included in Form 990, Part X \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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 in 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	51,348,800.	44,833,128.	39,072,463.	45,191,738.	34,442,672.
b Contributions	3,186,705.	5,179,248.	2,585,425.	3,248,341.	2,811,919.
c Net investment earnings, gains, and losses	6,829,550.	5,976,881.	4,787,672.	-7,474,818.	9,683,195.
d Grants or scholarships	1,646,167.	4,039,188.	1,064,350.	1,217,500.	1,137,319.
e Other expenditures for facilities and programs	610,697.	600,571.	548,082.	675,298.	608,729.
f Administrative expenses	71,133.	698.			
g End of year balance	59,037,058.	51,348,800.	44,833,128.	39,072,463.	45,191,738.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 99.6485 %
  - b Permanent endowment .3514 %
  - c Term endowment .0000 %
- 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		331,241.	96,296.	234,945.
d Equipment				
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				234,945.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**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) <b>FUNDS HELD AS ORGANIZATION ENDOWMENTS</b>	<b>9,996,968.</b>
(3) <b>FUNDS HELD FOR SUPPORTING ORGANIZATIONS</b>	<b>19,258,307.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>29,255,275.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	25,099,659.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	5,042,453.	
	b Donated services and use of facilities	2b	23,727.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-1,462,690.	
	e Add lines 2a through 2d	2e		3,603,490.
3	Subtract line 2e from line 1		3	21,496,169.
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	97,922.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		97,922.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	21,594,091.

**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	11,332,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	46,000.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		46,000.
3	Subtract line 2e from line 1		3	11,286,051.
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	97,922.	
	b Other (Describe in Part XIII.)	4b	1,462,690.	
	c Add lines 4a and 4b	4c		1,560,612.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,846,663.

**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:**

THE FOUNDATION FILES FORM 990 ANNUALLY WITH THE INTERNAL REVENUE SERVICE (IRS). WHEN ANNUAL RETURNS ARE FILED, SOME TAX POSITIONS TAKEN ARE HIGHLY CERTAIN TO BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHER TAX POSITIONS ARE SUBJECT TO UNCERTAINTY ABOUT THE TECHNICAL MERITS OF THE POSITION OR THE AMOUNT OF THE POSITION'S TAX BENEFIT THAT WOULD ULTIMATELY BE SUSTAINED. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAS TAKEN NO TAX POSITIONS THAT REQUIRED ADJUSTMENT IN ITS FINANCIAL STATEMENTS AS OF JUNE 30, 2025 OR 2024.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SUPPORTING FEES -1,462,690.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

SUPPORTING FEES 1,462,690.

**SCHEDULE D PART V**

THE ENDOWMENTS ARE BEING RESTATED TO MATCH THE AUDITED FINANCIAL STATEMENTS. PRIOR YEARS INCLUDED ALL FUNDS HELD BY THE CORPORATION AND NOT JUST THE FUNDS CATEGORIZED AS ENDOWMENT FUNDS.



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**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
350.ORG PO BOX 843004 BOSTON, MA 02284	26-1150699	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT
ADIRONDACK ARCHITECTURAL HERITAGE (AARCH) - 1745 MAIN STREET - KEESVILLE, NY 12944-3743	22-3117009	501(C)(3)	42,241.	0.			FOR UNRESTRICTED SUPPORT AT THE RECOMMENDATION OF ELIZABETH FOLWELL AND THOMAS WARRINGTON
ADIRONDACK CENTER FOR WRITING PO BOX 956 SARANAC LAKE, NY 12983	01-0562418	501(C)(3)	10,560.	0.			FOR UNRESTRICTED SUPPORT AT THE RECOMMENDATION OF ELIZABETH FOLWELL AND THOMAS WARRINGTON
ADIRONDACK CENTER FOR WRITING PO BOX 956 SARANAC LAKE, NY 12983	01-0562418	501(C)(3)	24,212.	0.			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF ELIZABETH S. FOLWELL AND THOMAS WARRINGTON
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 SUPPORT OF THE HAUDENOSAUNEE CULTURAL CENTER
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 DEIJS WORK IN THE ADIRONDACKS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **428.**

3 Enter total number of other organizations listed in the line 1 table **11.**

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

Schedule I (Form 990) (Rev. 12-2024)

**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)	35,000.	0.			FOR SUPPORT OF THE INTERNSHIP PROGRAM (\$10,000) AND THE INDIGENOUS PEOPLES AND
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 FOLLENSBEE POND RESEARCH PROJECT
ADIRONDACK COMMUNITY ACTION PROGRAMS (ACAP) - 7572 COURT STREET SUITE 2 BOX 848 - ELIZABETHTOWN, NY 12932	14-1490418	501(C)(3)	25,000.	0.			FOR APPLICATION "NURTURING PARENTING EDUCATION AND SUPERVISED VISITATION"
ADIRONDACK COMMUNITY OUTREACH CENTER - 2718 STATE ROUTE 28 PO BOX 201 - NORTH CREEK, NY 12853	32-0151813	501(C)(3)	30,000.	0.			FOR SUPPORT OF IMPROVEMENTS TO THE BUILDING
ADIRONDACK COUNCIL 105 HAND AVE. SUITE 3 PO BOX D-2 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	15,000.	0.			FOR ANNUAL OPERATING SUPPORT
ADIRONDACK COUNCIL 106 HAND AVE. SUITE 3 PO BOX D-2 ELIZABETHTOWN, NY 12932	14-1594386	501(C)(3)	25,000.	0.			FOR OPERATING FUNDS FOR CLARENCE PETTY INTERN POSITIONS WITH THE ADIRONDACK COUNCIL
ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION (AEDC) - 67 MAIN ST SUITE 300 - SARANAC LAKE, NY 12983	22-2243540	501(C)(3)	20,000.	0.			FOR THE "COMPREHENSIVE ADIRONDACK ENTREPRENEUR SUPPORT INITIATIVE" APPLICATION. THIS GRANT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	250,000.	0.			FROM NANCY TOWARDS CURRENT CAPITAL CAMPAIGN
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

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)	7,500.	0.			FOR SUPPORT OF THE RAISE A PADDLE FUND
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	7,500.	0.			FOR GENERAL OPERATIONS SUPPORT
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	10,000.	0.			FOR SUPPORT IN HONOR OF LEE AND NANCY KEET
ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	13-5635801	501(C)(3)	15,000.	0.			FOR SUPPORT OF THE ANNUAL FUND
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	14-1781617	501(C)(3)	9,000.	0.			FOR UNRESTRICTED OPERATING SUPPORT
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	14-1781617	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	14-1781617	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE 25TH ANNIVERSARY CHALLENGE
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	14-1781617	501(C)(3)	30,000.	0.			TO EQUALLY SUPPORT CLIMATE REPORTING, REPORT FOR AMERICA FELLOW, AND GENERAL OPERATIONS
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	14-1781617	501(C)(3)	10,000.	0.			FOR THE "BUILDING BRIDGES BETWEEN JOURNALISTS AND UNHEARD COMMUNITIES" APPLICATION AND IS A

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 PO BOX 1355 SARANAC LAKE, NY 12983-7355	14-1781617	501(C)(3)	10,000.	0.			FOR THE "BUILDING BRIDGES BETWEEN JOURNALISTS AND UNHEARD COMMUNITIES" APPLICATION AND IS A
ADIRONDACK EXPLORER PO BOX 1355 SARANAC LAKE, NY 12983-7355	14-1781617	501(C)(3)	10,000.	0.			WHERE NEEDED MOST TO CONTINUE EXCELLENT ADK REPORTING
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	50,000.	0.			FOR SUPPORT OF THE CAPITAL CAMPAIGN
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	10,000.	0.			ADIRONDACK HEALTH IS COMMITTED TO IMPROVING ALL ASPECTS OF SERVICE AND CARE TO TRI-LAKES
ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CORNERSTONE CAMPAIGN
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 HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE, NY 12983-0471	16-1528554	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CORNERSTONE CAMPAIGN
ADIRONDACK HOUSING DEVELOPMENT CORPORATION - 14 KIWASSA ROAD - SARANAC LAKE, NY 12983	26-4541597	501(C)(3)	10,000.	0.			FOR SUPPORT IN STRENGTHENING ADIRONDACK SUPPORTIVE HOUSING
ADIRONDACK LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	425,000.	0.			FOR THE ALCA BUILDING FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADIRONDACK LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	98,172.	0.			FOR THE BUILDING PROJECT AT THE RECOMMENDATION OF THE SYLVIA C. WHEELER TRUST
ADIRONDACK LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE BUILDING PROJECT AT THE REQUEST OF THE P. MONROE
ADIRONDACK LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	9,680.	0.			FOR THE BUILDING PROJECT AT THE RECOMMENDATION OF TERRY AND AIMS CONEY III
ADIRONDACK LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	5,020.	0.			FOR JULY SPONSORSHIP (NO GOODS OR SERVICES PROVIDED IN EXCHANGE FOR THIS DONATION)
ADIRONDACK LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	20,000.	0.			IN SUPPORT OF THE POTTER PURCHASE CAPITAL PROJECT
ADIRONDACK LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	31,000.	0.			FOR THE BUILDING PROJECT AT THE RECOMMENDATION OF ALFRED AND ELISABETH KAEMMERLEN
ADIRONDACK LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	21,021.	0.			FOR THE BUILDING PROJECT AT THE REQUEST OF CECILIA MATTHEWS
ADIRONDACK LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	95,325.	0.			FOR THE BUILDING PROJECT AT THE RECOMMENDATION OF DAVID L. MYERS AND MONICA BILLS

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 LAKES CENTER FOR THE ARTS (ALCA) - 3446 NYS ROUTE 28 PO BOX 205 - BLUE MOUNTAIN LAKE, NY 12812	14-1501361	501(C)(3)	48,619.	0.			FOR THE BUILDING PROJECT AT THE RECOMMENDATION OF PATRICIA M. BENTON
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	12,500.	0.			FOR \$2,500 FOR ANNUAL FUND; \$10,000 FOR SIX NATIONS ENDOWMENT
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE GENERAL FUND
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 APPEAL
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	50,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	50,000.	0.			FOR UNRESTRICTED SUPPORT
ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE, NY 12942	22-2559576	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT FOR THE MISSION

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 MOUNTAIN CLUB 4833 CASCADE RD. LAKE PLACID, NY 12946	15-0586270	501(C)(3)	8,500.	0.			FOR THE 2025 SUMMIT STEWARD PROGRAM
ADIRONDACK NORTH COUNTRY ASSOCIATION (ANCA) - 67 MAIN STREET SUITE 201 - SARANAC LAKE, NY 12983	15-0563934	501(C)(3)	10,000.	0.			FOR GENERAL OPERATIONS \$5000 AND FOR MACE CHASM FARM PROJECT \$5000
ADIRONDACK REGIONAL IMMIGRATION COLLABORATIVE INC. - PO BOX 27 - LAKE GEORGE, NY 12845	35-2847011	501(C)(3)	10,000.	0.			FOR TRUST FOR CIVIC LIFE CIVIC ENTREPRENEUR AWARD SUPPORTING COORDINATING THE REGIONAL RESPONSE
ADIRONDACK RESEARCH CONSORTIUM PO BOX 96 PAUL SMITHS, NY 12970	20-4174188	501(C)(3)	10,000.	0.			FOR THE "ADIRONDACK CLIMATE OUTREACH & RESILIENCE NETWORK COMMUNITY
ADIRONDACK RESEARCH CONSORTIUM PO BOX 96 PAUL SMITHS, NY 12970	20-4174188	501(C)(3)	10,000.	0.			FOR THE "ADIRONDACK CLIMATE OUTREACH & RESILIENCE NETWORK COMMUNITY
ADIRONDACK ROOTS 103 HAND AVENUE PO BOX 157 ELIZABETHTOWN, NY 12932	14-1601549	501(C)(3)	10,000.	0.			FOR THE "URGENT NEEDS FUND APPLICATION". THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE
ADIRONDACK ROOTS 103 HAND AVENUE PO BOX 157 ELIZABETHTOWN, NY 12932	14-1601549	501(C)(3)	36,000.	0.			FOR SMART GROWTH GRANT MATCHING SUPPORT
ADIRONDACK WATERSHED INSTITUTE PAUL SMITHS COLLEGE PO BOX 265 PAUL SMITHS, NY 12970-0244	15-0533545	501(C)(3)	16,815.	0.			FOR SUPPORT OF 2023 CONTRACTED LAKE STEWARD SERVICES AT NYS + VILLAGE OF LAKE PLACID BOAT
ADIRONDACK WILD PO BOX 9247 NISKAYUNA, NY 12309	14-1743681	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE ANNUAL FUND

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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
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	50,000.	0.			TO SUPPORT THE FOOD ASSISTANCE PROGRAM FOR LOW INCOME FAMILIES
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	10,000.	0.			FOR SUPPORT OF HAMILTON COUNTYS COMMITMENT: STRENGTHENING FOOD SYSTEMS THROUGH
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE LEADERSHIP GIFT
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	20,000.	0.			FOR THE "EMPOWERING RURAL GROCERS FOR SUSTAINABLE FOOD SECURITY" APPLICATION
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	10,000.	0.			FOR THE ADKACTION PROGRAM SAFETY NET
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE LONG TERM RENTAL CATALYST PROGRAM
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
ADKACTION.ORG PO BOX 64 KEESEVILLE, NY 12944	27-4514665	501(C)(3)	15,000.	0.			FOR THE ADIRONDACK FOOD SYSTEM NETWORK APPLICATION "STRENGTHENING OUR
ALL HANDS AND HEARTS-SMART RESPONSE - 6 COUNTY ROAD SUITE 6 - MATTAPOISETT, MA 02739	20-3414952	501(C)(3)	25,000.	0.			FOR HELENE RELIEF

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ALLIANCE FOR GLOBAL JUSTICE 225 EAST 26TH STREET SUITE 1 TUCSON, AZ 85713	52-2094677	501(C)(3)	7,500.	0.			FOR SUPPORT OF PPEHRC/PPA TO PURCHASE A BUILDING
AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	50,000.	0.			IN SUPPORT OF CIVIL LIBERTIES
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD. DENVER, CO 80221	52-1573446	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE BISON RESTORATION SCHOLARSHIP FOR A STUDENT AT AANIIH NAKODA COLLEGE
AUSABLE FORKS FREE LIBRARY PO BOX 179 AUSABLE FORKS, NY 12912	14-1423924	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
BEHAVIORAL HEALTH SERVICES NORTH 22 U.S. OVAL SUITE 218 PLATTSBURGH, NY 12903	14-1338346	501(C)(3)	10,000.	0.			FOR HEALTHY FAMILIES NORTH COUNTRY PARENT ENGAGEMENT AND TO SUPPORT THE IMPLEMENTATION OF
BEHAVIORAL HEALTH SERVICES NORTH 22 U.S. OVAL SUITE 218 PLATTSBURGH, NY 12903	14-1338346	501(C)(3)	7,500.	0.			FOR THE "PEER SUPPORT AND ACCESSIBILITY PROPOSAL" APPLICATION
BEHAVIORAL HEALTH SERVICES NORTH 22 U.S. OVAL SUITE 218 PLATTSBURGH, NY 12903	14-1338346	501(C)(3)	10,000.	0.			FOR THE "PEER SUPPORT AND ACCESSIBILITY PROPOSAL" APPLICATION
BERKSHIRE CHORAL INTERNATIONAL 75 NORTH STREET SUITE 310 PITTSFIELD, MA 01201	13-2586807	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT WHERE NEEDED
BOQUET VALLEY CENTRAL SCHOOL DISTRICT - 28 SISCO STREET - WESTPORT, NY 12993	14-6001432	170(C)1	10,000.	0.			FOR THE "EMPOWERING LITERACY: BUILDING STRONGER FAMILIES & COMMUNITIES THROUGH

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BRUCE L. CRARY FOUNDATION, INC. 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN, NY 12932	23-7366844	501(C)(3)	150,000.	0.			FOR SUPPORT OF THE SPRING SEMESTER 2025 CRARY AWARDS
BRUCE L. CRARY FOUNDATION, INC. 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN, NY 12932	23-7366844	501(C)(3)	150,000.	0.			FOR THE SCHOLARSHIP ACCOUNT IN SUPPORT OF FALL SCHOLARSHIPS
BRUCE L. CRARY FOUNDATION, INC. 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN, NY 12932	23-7366844	501(C)(3)	6,000.	0.			IN SUPPORT OF THE TWO FOUNDATION CO-OP SCHOLARSHIPS FOR NON TRADITIONAL STUDENTS
BRUCE L. CRARY FOUNDATION, INC. 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN, NY 12932	23-7366844	501(C)(3)	55,000.	0.			FOR SUPPORT OF OPERATIONS
BRUCE L. CRARY FOUNDATION, INC. 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN, NY 12932	23-7366844	501(C)(3)	75,000.	0.			FOR SUPPORT OF OPERATIONS
BRUSHTON-MOIRA CENTRAL SCHOOL 758 COUNTY RT 7 BRUSHTON, NY 12916	01-0730758	170(C)1	15,000.	0.			TO ENHANCE THE CAPACITY AND EFFECTIVENESS OF COMMUNITY SCHOOLS PROGRAMS
CENTRAL ADIRONDACK PARTNERSHIP FOR THE 21ST CENTURY INC. (DBA LIVINGADK ) - 108 CODLING ST. PO BOX 642 - OLD FORGE, NY 13420	16-1611972	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE WEST CENTRAL ADIRONDACK CONNECTION: MITIGATING SOCIAL ISOLATION AND
CENTRAL ADIRONDACK PARTNERSHIP FOR THE 21ST CENTURY INC. (DBA LIVINGADK ) - 108 CODLING ST. PO BOX 642 - OLD FORGE, NY 13420	16-1611972	501(C)(3)	50,000.	0.			FOR THE "DEDICATED SOCIAL SUPPORT CONNECTION IN THE WEST CENTRAL ADIRONDACKS" APPLICATION (YEAR1)
CHATEAUGAY ROTARY CLUB PO BOX 31 CHATEAUGAY, NY 12920	16-6093749	501(C)(4)	7,000.	0.			FOR SUPPORT OF SCHOLARSHIPS

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CHATEAUGAY ROTARY CLUB PO BOX 31 CHATEAUGAY, NY 12920	16-6093749	501(C)(4)	19,933.	0.			FOR SUPPORT OF SOUND SYSTEM IMPROVEMENTS
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY, INC. - 194 US OVAL PO BOX 2640 - PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	15,000.	0.			FOR SUPPORT OF THE NORTHEASTERN SHARED SERVICE ALLIANCE PROPOSAL
CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY, INC. - 194 US OVAL PO BOX 2640 - PLATTSBURGH, NY 12901	14-1731550	501(C)(3)	22,960.	0.			FOR SUPPORT OF FAMILY MATTERS RESOURCE CENTER AND FAMILIES IN TUPPER LAKE
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
CLIFTON-FINE CENTRAL SCHOOL DISTRICT - 11 HALL AVENUE - STAR LAKE, NY 13690	15-6002316	170(C)1	15,000.	0.			FOR THE DAMOTH SCHOLARSHIP FOR 2025
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 2025
CLOUDSPITTER FOUNDATION PO BOX 1357 SARANAC LAKE, NY 12983-7199	22-2784895	501(C)(3)	200,000.	0.			FOR SUPPORT OF THE BRIDGE LOAN FUND PER THE ATTACHED GRANT AGREEMENT
COLORADO SPRINGS PRO-HOUSING PARTNERSHIP - 405 S. CASCADE AVE. SUITE 204 - COLORADO SPRINGS, CO 80903	93-4293823	501(C)(3)	40,000.	0.			FOR UNRESTRICTED SUPPORT

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COLORADO SPRINGS PRO-HOUSING PARTNERSHIP - 405 S. CASCADE AVE. SUITE 204 - COLORADO SPRINGS, CO 80903	93-4293823	501(C)(3)	40,000.	0.			FOR UNRESTRICTED SUPPORT
COLUMBIA UNIVERSITY DEPT. OF OPHTHALMOLOGY VITREORETINAL DIVISION 516 W. 168TH ST. 3RD FLOOR - NE	13-5598093	501(C)(3)	15,000.	0.			FOR SUPPORT OF THE DEPARTMENT OF OPHTHALMOLOGY, ATTENTION: JANE E. HEFFNER
COOPERATIVE DEVELOPMENT FUND OF CDS - 997 TICONDEROGA TRAIL - EAGAN, MN 55123	39-1540529	501(C)(3)	10,000.	0.			FOR THE TICONDEROGA NATURAL FOODS COOPERATIVE APPLICATION "HEALTHY FOOD & WELLNESS HUB"
CRAIGARDAN 9216 NYS RT 9N ELIZABETHTOWN, NY 12932	81-4700195	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT IN HONOR OF NILS LUDEROWSKI
CRANBERRY LAKE VOLUNTEER FIRE DEPT. - PO BOX 549 - CRANBERRY LAKE, NY 12927	16-0925414	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
CVES/CLINTON-ESSEX-WARREN-WASHINGTON BOCES - 1585 MILITARY TURNPIKE PO BOX 455 - PLATTSBURGH, NY 12901	14-1760521	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CV-TEC FFA CLUB
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE FOLLOWING PROGRAMS: SKIING (\$3500), FOOTBALL BUDDY TEVEN'S FUND
DAUGHTERS OF THE AMERICAN REVOLUTION - 87 JABEZ ALLEN RD - PERU, NY 12972-4938	14-6030013	501(C)(3)	38,300.	0.			FOR SUPPORT OF THE SARANAC CHAPTER, NSDAR
DELAWARE VALLEY FRIENDS SCHOOL 19 EAST CENTRAL AVENUE PAOLI, PA 19301	23-2416737	501(C)(3)	50,000.	0.			FOR SUPPORT OF TRANSFORMING FUTURES

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DELAWARE VALLEY FRIENDS SCHOOL 19 EAST CENTRAL AVENUE PAOLI, PA 19301	23-2416737	501(C)(3)	33,000.	0.			FOR UNRESTRICTED SUPPORT
DELAWARE VALLEY FRIENDS SCHOOL 19 EAST CENTRAL AVENUE PAOLI, PA 19301	23-2416737	501(C)(3)	44,648.	0.			FOR SUPPORT 50% OF A SPEECH PATHOLOGIST AND 50% GENERAL USE
ECUMENICAL COUNCIL OF SARANAC LAKE, INC. - PO BOX 194 - SARANAC LAKE, NY 12983	27-1883973	501(C)(3)	17,500.	0.			FOR THE "SAMARITAN HOUSE OPERATING SUPPORT AND CAPACITY INCREASE PLANNING". THIS GRANT IS
ECUMENICAL COUNCIL OF SARANAC LAKE, INC. - PO BOX 194 - SARANAC LAKE, NY 12983	27-1883973	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE REFUGEE FUND
EMPOWERMENT WORKS 1187 COAST VILLAGE RD SUITE 101 SANTA BARBARA, CA 93108	31-1796801	501(C)(3)	10,500.	0.			FOR SUPPORT OF CCRJP'S STRATEGIC PLANNING RETREAT (FINAL INSTALLMENT)
EMPOWERMENT WORKS 1187 COAST VILLAGE RD SUITE 101 SANTA BARBARA, CA 93108	31-1796801	501(C)(3)	6,250.	0.			FOR SUPPORT OF REGENERATE CHANGE IN THEIR GUIDANCE OF CCRJP'S STRATEGIC PLANNING INITIATIVE.
EMPOWERMENT WORKS 1187 COAST VILLAGE RD SUITE 101 SANTA BARBARA, CA 93108	31-1796801	501(C)(3)	6,250.	0.			FOR SUPPORT OF RESTORATIVE JUSTICE IN COLORADO THROUGH REGENERATE CHANGE
EPILEPSY FOUNDATION OF NENY, INC. 3 WASHINGTON SQUARE ALBANY, NY 12205	14-1637156	501(C)(3)	45,000.	0.			TO BUILD AWARENESS AND UNDERSTANDING OF SEIZURES AND TO SUPPORT AFFECTED FAMILIES IN THE
ESSEX COUNTY INDUSTRIAL DEVELOPMENT AGENCY - 7566 COURT STREET - ELIZABETHTOWN, NY 12932	14-1630643	501(C)(4)	10,000.	0.			FOR SUPPORT OF SMALL BUSINESSES AFFECTED BY THE JULY 2024 STORM

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ESSEX FOOD HUB, INC. PO BOX 369 WESTPORT, NY 12993	92-0845255	501(C)(3)	10,000.	0.			FOR OPERATIONAL SUPPORT TO PROMOTE THE SUSTAINABILITY OF EFH
ESSEX FOOD HUB, INC. PO BOX 369 WESTPORT, NY 12993	92-0845255	501(C)(3)	50,000.	0.			TO SUPPORT THE FOOD ASSISTANCE PROGRAM FOR LOW INCOME FAMILIES
ESSEX FOOD HUB, INC. PO BOX 369 WESTPORT, NY 12993	92-0845255	501(C)(3)	70,000.	0.			FOR SUPPORT OF A TRUCK PURCHASE
FAMILIES FIRST IN ESSEX COUNTY, INC. - 196 WATER STREET PO BOX 565 - ELIZABETHTOWN, NY 12932	14-1763863	501(C)(3)	7,700.	0.			FOR UNRESTRICTED SUPPORT
FOUNDATION OF CVPH 75 BEEKMAN ST. PLATTSBURGH, NY 12901-1438	14-1727048	501(C)(3)	5,600.	0.			FOR THE FOUNDATION OF CVPH TO SUPPORT THE CARDIAC DEPARTMENT
FOUNDATION OF CVPH 75 BEEKMAN ST. PLATTSBURGH, NY 12901-1438	14-1727048	501(C)(3)	5,400.	0.			FOR SUPPORT OF THE CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OF EMPLOYEES OF THE
FOUR KINGDOMS COUNCIL 4081 GARNET LANE BOULDER, CO 80304	47-2691499	501(C)(3)	20,000.	0.			TO MATCH \$20K RAISED TOWARDS COMPLETION OF THE WELL INFRASTRUCTURE PROJECT
FRANKLIN COUNTY ECONOMIC DEVELOPMENT CORPORATION - 355 WEST MAIN STREET STE 428 - MALONE, NY 12953	14-1763507	501(C)(3)	5,700.	0.			FOR PRELIMINARY ASSESSMENT FOR "THE PATHWAYS BACK TO TUPPER LAKE". THE GRANT SHOULD
FRANKLIN-ESSEX-HAMILTON BOCES 23 HUSKIE LANE PO BOX 28 MALONE, NY 12953	15-6002363	501(C)(3)	7,500.	0.			FOR SUPPORT OF THE SUMMER TRADES CAMP PROGRAM

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FREE AND FAIR LITIGATION GROUP 266 W. 37TH STREET 20TH FLOOR NEW YORK, NY 10036	88-3029662	501(C)(3)	50,000.	0.			FOR UNRESTRICTED SUPPORT
FRIENDS OF THE ACK (AUSABLE, CHESTERFIELD, KEESEVILLE) CIVIC CENTER - 1889 RT. 22 - KEESEVILLE, NY 12944	81-4605643	501(C)(3)	10,000.	0.			FOR THE "REVITALIZATION OF THE ACK (AUSABLE, CHESTERFIELD, KEESEVILLE) CIVIC CENTER"
GOFF-NELSON MEMORIAL LIBRARY 41 LAKE STREET TUPPER LAKE, NY 12986	15-6011803	501(C)(3)	9,000.	0.			FOR ANNUAL UNRESTRICTED SUPPORT
HIGH PEAKS EDUCATION FOUNDATION PO BOX 475 KEENE VALLEY, NY 12943	14-1815377	501(C)(3)	30,000.	0.			FOR ANNUAL GRANT REPLENISHMENT
HIGH PEAKS EDUCATION FOUNDATION PO BOX 475 KEENE VALLEY, NY 12943	14-1815377	501(C)(3)	26,000.	0.			FOR SUPPORT OF ANNUAL GRANTS FUND REPLENISHMENT
HIGH PEAKS EDUCATION FOUNDATION PO BOX 475 KEENE VALLEY, NY 12943	14-1815377	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE GRANTS PROGRAM
HIGH PEAKS HOSPICE & PALLIATIVE CARE INC. - 1247 DIX AVE. - HUDSON FALLS, NY 12839	14-1712904	501(C)(3)	10,000.	0.			FOR THE "CONTINUING CARE RESOURCES TO SUPPORT HOSPICE CARE IN THE ADIRONDACKS" APPLICATION.
HOMESTEAD DEVELOPMENT CORP. 70 TRILLIUM DR LAKE PLACID, NY 12946	85-0866443	501(C)(3)	40,000.	0.			FOR SUPPORT OF THE THRIFT AND THRIVE LAKE PLACID FOOD PANTRY
HOMESTEAD DEVELOPMENT CORP. 70 TRILLIUM DR LAKE PLACID, NY 12946	85-0866443	501(C)(3)	120,000.	0.			FOR SUPPORT OF THE LAKE PLACID THRIFT SHOP AND FOOD PANTRY PROJECT

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HOMESTEAD DEVELOPMENT CORP. 70 TRILLIUM DR LAKE PLACID, NY 12946	85-0866443	501(C)(3)	100,000.	0.			FOR SUPPORT OF THE LAKE PLACID THRIFT SHOP AND FOOD PANTRY PROJECT
HOMESTEAD DEVELOPMENT CORP. 70 TRILLIUM DR LAKE PLACID, NY 12946	85-0866443	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT
HOMESTEAD DEVELOPMENT CORP. 70 TRILLIUM DR LAKE PLACID, NY 12946	85-0866443	501(C)(3)	20,000.	0.			FOR THE "FOX HILL INITIAL DEVELOPMENT WORK" APPLICATION
HUMANITY'S TEAM 2735B IRIS AVENUE SUITE 3 BOULDER, CO 80304	86-1088741	501(C)(3)	25,000.	0.			FOR SUPPORT OF STAFFING THE FUNDRAISING/DEVELOPMENT TEAM WITH INTENTION TO
INFANT JESUS OF PRAGUE, INC. PO BOX 1238 TUPPER LAKE, NY 12986	16-1536247	501(C)(3)	24,000.	0.			FOR FURTHER DISTRIBUTION TO THE COMMUNITY IN 2025
INFANT JESUS OF PRAGUE, INC. PO BOX 1238 TUPPER LAKE, NY 12986	16-1536247	501(C)(3)	24,000.	0.			FOR FURTHER DISTRIBUTION TO THE COMMUNITY IN 2024
JOHN BROWN LIVES! 7176 ROUTE 9N PO BOX 357 WESTPORT, NY 12993	45-4553106	501(C)(3)	7,000.	0.			FOR THE "ADIRONDACK FAMILY BOOK FESTIVAL 2025" APPLICATION
JOINT COUNCIL FOR ECONOMIC OPPORTUNITY OF CLINTON AND FRANKLIN COUNTIES, INC. - 54 MARGARET ST. - PLATTSBURGH, NY	14-1494810	501(C)(3)	20,000.	0.			FOR THE "SUPPORTING ALICE HOUSEHOLDS IN CRISIS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP
JOSHUA FUND 188 NEWMAN ROAD LAKE PLACID, NY 12946	46-3928870	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT

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KEENE CENTRAL SCHOOL 33 MARKET STREET PO BOX 67 KEENE VALLEY, NY 12943	14-6001611	170(C)1	19,250.	0.			FOR SUPPORT OF PIA MORELLI'S SCOREBOARD PROJECT
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
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
KEVIN GUEST HOUSE 782 ELLICOTT ST. BUFFALO, NY 14203	23-7218160	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)	25,000.	0.			FOR UNRESTRICTED SUPPORT
LAKE GEORGE LAND CONSERVANCY 4905 LAKE SHORE DRIVE PO BOX 1250 BOLTON LANDING, NY 12814	22-2902944	501(C)(3)	100,000.	0.			FOR SUPPORT OF THE GLENBURNIE LAND PURCHASE
LAKE PLACID CENTER FOR THE ARTS (LPCA) - 17 ALGONQUIN AVE. - LAKE PLACID, NY 12946	14-6030874	501(C)(3)	9,703.	0.			FOR SUPPORT OF THE CAPITAL CAMPAIGN AT THE REQUEST OF BOB AND JILL BEIER
LAKE PLACID CENTER FOR THE ARTS (LPCA) - 17 ALGONQUIN AVE. - LAKE PLACID, NY 12946	14-6030874	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CAPITAL CAMPAIGN

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LAKE PLACID CENTER FOR THE ARTS (LPCA) - 17 ALGONQUIN AVE. - LAKE PLACID, NY 12946	14-6030874	501(C)(3)	50,000.	0.			FOR THE "EDUCATION PROGRAMMING AND ARTS OUTREACH" APPLICATION
LAKE PLACID CENTER FOR THE ARTS (LPCA) - 17 ALGONQUIN AVE. - LAKE PLACID, NY 12946	14-6030874	501(C)(3)	24,200.	0.			FOR SUPPORT OF PERFORMANCES AND MAINTENANCE OF THE THEATER, GALLERIES,
LAKE PLACID CENTER FOR THE ARTS (LPCA) - 17 ALGONQUIN AVE. - LAKE PLACID, NY 12946	14-6030874	501(C)(3)	49,800.	0.			FOR UNRESTRICTED SUPPORT
LAKE PLACID CENTER FOR THE ARTS (LPCA) - 17 ALGONQUIN AVE. - LAKE PLACID, NY 12946	14-6030874	501(C)(3)	100,000.	0.			FOR SUPPORT OF THE LPCA'S CAPITAL CAMPAIGN
LAKE PLACID CENTER FOR THE ARTS (LPCA) - 17 ALGONQUIN AVE. - LAKE PLACID, NY 12946	14-6030874	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE CAPITAL CAMPAIGN
LAKE PLACID CENTER FOR THE ARTS (LPCA) - 17 ALGONQUIN AVE. - LAKE PLACID, NY 12946	14-6030874	501(C)(3)	50,000.	0.			FOR SUPPORT OF THE CAPITAL CAMPAIGN
LAKE PLACID CENTER FOR THE ARTS (LPCA) - 17 ALGONQUIN AVE. - LAKE PLACID, NY 12946	14-6030874	501(C)(3)	7,500.	0.			FOR SUPPORT OF SPECIAL PROMOTIONS
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	170(C)1	40,300.	0.			FOR SUPPORT OF THE 2025 8TH GRADE TRIP TO WASHINGTON DC
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	170(C)1	20,000.	0.			FOR THE 2025 LAKE PLACID EDUCATION FOUNDATION SCHOLARSHIP RECIPIENTS

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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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LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	170(C)1	20,000.	0.			FOR ONE TIME ADDITIONAL SUPPORT OF THE 2025 8TH GRADE TRIP TO WASHINGTON DC
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	170(C)1	6,835.	0.			FOR SUPPORT OF THE M/HS SUMMER READING PROGRAM IN THE AMOUNT OF \$5,749 AND A GRANT REQUESTED BY N.
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	170(C)1	23,000.	0.			FOR THE 2025 NASH WILLIAMS/FOUNDING FAMILIES SCHOLARSHIPS WHICH SUPPORT STUDENTS
LAKE PLACID CENTRAL SCHOOL DISTRICT - 50 CUMMINGS ROAD - LAKE PLACID, NY 12946	14-6001627	170(C)1	15,000.	0.			TO ENHANCE THE CAPACITY AND EFFECTIVENESS OF COMMUNITY SCHOOLS PROGRAMS
LAKE PLACID NY ROTARY FOUNDATION PO BOX 854 LAKE PLACID, NY 12946	85-1112414	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE FIRST STEPS NORTH ELBA INFANT & TODDLER CARE INITIATIVE SUPPORTING LOCAL
LAKE PLACID PUBLIC LIBRARY 2471 MAIN STREET LAKE PLACID, NY 12946	14-1425847	501(C)(3)	20,000.	0.			FOR THE "TECHNOLOGY AND EDUCATION" APPLICATION
LAKE PLACID SINFONIETTA, INC. PO BOX 1303 LAKE PLACID, NY 12946	11-2608012	501(C)(3)	20,000.	0.			FOR THE "FESTIVAL 24" APPLICATION
LAKE PLACID SINFONIETTA, INC. PO BOX 1303 LAKE PLACID, NY 12946	11-2608012	501(C)(3)	6,400.	0.			FOR ANNUAL UNRESTRICTED SUPPORT
LAKE PLACID SINFONIETTA, INC. PO BOX 1303 LAKE PLACID, NY 12946	11-2608012	501(C)(3)	11,400.	0.			FOR SUPPORT OF THE 2025 SEASON

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LAKE PLACID THRIFT AND THRIVE PO BOX 1475 LAKE PLACID, NY 12946	99-1938721	501(C)(3)	57,193.	0.			FOR FINAL DISTRIBUTION TO CLOSE THE FUND
LAKE PLACID-NORTH ELBA HISTORICAL SOCIETY - 242 STATION STREET PO BOX 189 - LAKE PLACID, NY 12946	14-6032009	501(C)(3)	8,000.	0.			FOR THE "OPERATIONAL SUPPORT FOR NEW INITIATIVES: STAFFING, MUSEUM IMPROVEMENTS,
LANDER COMMUNITY FOUNDATION PO BOX 1131 LANDER, WY 82520	83-0308115	501(C)(3)	30,000.	0.			FUNDING FOR SLOW FOOD WIND RIVER
LAWYERS DEFENDING AMERICAN DEMOCRACY INC - PO BOX 1922 - FRAMINGHAM, MA 01701	83-3497204	501(C)(3)	100,000.	0.			FOR UNRESTRICTED SUPPORT
LITERACY VOLUNTEERS OF CLINTON, ESSEX AND FRANKLIN COUNTIES - POB 2864 - PLATTSBURGH, NY 12901	23-7330109	501(C)(3)	17,000.	0.			FOR THE "STRENGTHENING COMMUNITIES THROUGH LITERACY & COLLABORATION" APPLICATION
LITTLE PEAKS INC. PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	75,000.	0.			FOR UNRESTRICTED SUPPORT
LITTLE PEAKS INC. PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT
LITTLE PEAKS INC. PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	19,500.	0.			FOR SUPPORT OF SCHOLARSHIPS FOR LITTLE PEAKS STUDENTS
LITTLE PEAKS INC. PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	75,000.	0.			FOR KEENE WORKING FAMILIES TUITION SUPPORT

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LITTLE PEAKS INC. PO BOX 261 KEENE, NY 12942-0261	14-1764289	501(C)(3)	10,000.	0.			TO SUPPORT OPERATING, POSSIBLE CONSULTING/LEGAL FEES FOR SECURING OPTIMAL AMOUNT/MIX OF COUNTY,
LONG LAKE RESCUE SQUAD, INC. 8555 NEWCOMB ROAD PO BOX 415 LONG LAKE, NY 12847	14-1816469	501(C)(3)	15,000.	0.			FOR THE "INCREASING OUR CARDIAC ARREST REVERSAL OUTCOMES WITH AN AUTOMATED CPR DEVICE".
LPHSA INC. 5514 CASCADE ROAD LAKE PLACID, NY 12946	82-5074078	501(C)(3)	59,135.	0.			FOR FUND CLOSURE DISTRIBUTION IN ORDER TO MEET CURRENT WORKING CAPITAL REQUIREMENTS
LPHSA INC. 5514 CASCADE ROAD LAKE PLACID, NY 12946	82-5074078	501(C)(3)	125,000.	0.			TO SUPPORT CURRENT WORKING CAPITAL REQUIREMENTS AS APPROVED BY THE BOARD OF DIRECTORS
MALONE RECREATION FOUNDATION 81 CONSTABLE STREET MALONE, NY 12953	82-3516869	501(C)(3)	50,000.	0.			FOR SUPPORT OF THE SPLASH PAD
MASSACHUSETTS GENERAL HOSPITAL MASS GENERAL DEVELOPMENT OFFICE 125 NASHUA STREET SUITE 540 - BOSTON, MA 02	04-1564655	501(C)(3)	8,500.	0.			FOR SUPPORT OF THE CHRIS TOMLINSON FUND RAISING PAGE # 5911809 AT THE REQUEST OF SARAH R. AND
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT OF THE MISSION
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	7,500.	0.			FOR THE "STRENGTHEN THE SOCIAL CARE SAFETY NET FOR OLDER ADULTS IN THE ADIRONDACKS" APPLICATION
MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID, NY 12946	20-8720121	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE ENDOWMENT

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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.			FOR OPERATIONAL SUPPORT
MOTHER JONES PO BOX 584 SAN FRANCISCO, CA 94104	94-2282759	501(C)(3)	10,000.	0.			FOR SUPPORT OF EXCEPTIONAL JOURNALISM AND TO HONOR JANE BUTCHER'S GENEROUS
MOUNTAIN LAKE SERVICES 10 ST. PATRICK'S PLACE PORT HENRY, NY 12974	14-1563885	501(C)(3)	10,000.	0.			FOR THE "EARLY CHILDHOOD INTERVENTION PROGRAM (ECIP)" APPLICATION. THIS GRANT IS FUNDED IN
NATIONAL ASSOCIATION OF COMMUNITY AND RESTORATIVE JUSTICE - 715 16TH AVENUE NORTH - FARGO, ND 58102	46-1809518	501(C)(3)	18,000.	0.			TO FUND THE COFFEE DEFICIT FOR 2024 CONFERENCE IN WASHINGTON, DC.
NEW YORK LAWYERS FOR THE PUBLIC INTEREST - 151 WEST 30TH STREET 11TH FLOOR - NEW YORK, NY 10001	13-2860703	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
NEW YORK SKI EDUCATIONAL FOUNDATION (NYSEF) - 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)	50,000.	0.			FOR ANNUAL SUPPORT TO RESTORE GRAVE MARKERS AND FOR SUPPORT OF THE MUSEUM
NEWCOMB VOLUNTEER FIRE DEPARTMENT 5635 NY 28N NEWCOMB, NY 12852	20-5579752	501(C)(3)	8,500.	0.			FOR THE "STRENGTHENING EMERGENCY COMMUNICATIONS FOR DISASTER RESPONSE AND SEARCH & RESCUE
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC. - PO BOX 89 - SARANAC LAKE, NY 12983-0089	23-7316021	501(C)(3)	10,000.	0.			FOR THE "NCCC OPPORTUNITY SCHOLARSHIP FOR 2024-2025" APPLICATION

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NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC. - PO BOX 89 - SARANAC LAKE, NY 12983-0089	23-7316021	501(C)(3)	50,000.	0.			FOR THE "ADK CONNECT: ELEVATING STUDENT ENGAGEMENT, EDUCATIONAL ADVANCEMENT, AND
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 FUND
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 NURSING EDUCATION DEPARTMENT STAFF RETREAT
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 NURSING PROGRAM
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC. - PO BOX 89 - SARANAC LAKE, NY 12983-0089	23-7316021	501(C)(3)	7,500.	0.			FOR THE "COLLEGE READINESS COURSES FOR INCOMING STUDENTS AND UPNCODING SCHOLARSHIPS"
NORTH COUNTRY MINISTRY 3933 MAIN STREET PO BOX 478 WARRENSBURG, NY 12885	22-3787718	501(C)(3)	15,000.	0.			FOR THE "PROVIDING SUSTAINABLE AND QUALIFIED CASEWORKER TO THE SOUTHERN ADIRONDACKS"
NORTH COUNTRY MINISTRY 3933 MAIN STREET PO BOX 478 WARRENSBURG, NY 12885	22-3787718	501(C)(3)	50,000.	0.			FOR THE "BRINGING CASEWORK TO SOUTHERN ESSEX COUNTY WITH EMERGENCY FINANCIAL
NORTH COUNTRY MINISTRY 3933 MAIN STREET PO BOX 478 WARRENSBURG, NY 12885	22-3787718	501(C)(3)	10,000.	0.			FOR SUPPORT IN BRINGING CASEWORK TO SOUTHERN ESSEX COUNTY WITH EMERGENCY FINANCIAL
NORTH COUNTRY PUBLIC RADIO (NCPR) ST. LAWRENCE UNIVERSITY 23 RAMODA D CANTON, NY 13617	15-0532239	501(C)(3)	10,000.	0.			FOR THE "NORTH COUNTRY AT WORK: NEXT GENERATION" APPLICATION

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NORTH COUNTRY PUBLIC RADIO (NCPR) ST. LAWRENCE UNIVERSITY 23 RAMODA D CANTON, NY 13617	15-0532239	501(C)(3)	10,000.	0.			TO CONTINUE EXCELLENT LOCAL REPORTING
NORTH COUNTRY PUBLIC RADIO (NCPR) ST. LAWRENCE UNIVERSITY 23 RAMODA D CANTON, NY 13617	15-0532239	501(C)(3)	10,000.	0.			FOR THE "NORTH COUNTRY AT WORK: NEXT GENERATION" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP
NORTH COUNTRY PUBLIC RADIO (NCPR) ST. LAWRENCE UNIVERSITY 23 RAMODA D CANTON, NY 13617	15-0532239	501(C)(3)	7,500.	0.			FOR UNRESTRICTED SUPPORT
NORTH COUNTRY PUBLIC RADIO (NCPR) ST. LAWRENCE UNIVERSITY 23 RAMODA D CANTON, NY 13617	15-0532239	501(C)(3)	7,500.	0.			FOR SUPPORT OF THE SPRING MATCH FUND
NORTH COUNTRY PUBLIC RADIO (NCPR) ST. LAWRENCE UNIVERSITY 23 RAMODA D CANTON, NY 13617	15-0532239	501(C)(3)	89,900.	0.			FOR UNRESTRICTED SUPPORT
NORTH COUNTRY PUBLIC RADIO (NCPR) ST. LAWRENCE UNIVERSITY 23 RAMODA D CANTON, NY 13617	15-0532239	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT
NORTH COUNTRY RURAL DEVELOPMENT COALITION (FORMERLY PRIDE OF TICONDEROGA, INC.) - 111 MONTCALM STREET PO BOX 348 - TICONDEROGA,	14-1666190	501(C)(3)	20,000.	0.			FOR THE "MCINTYRE MEADOWS WORKFORCE HOUSING PROJECT" APPLICATION
NORTH COUNTRY SCHOOL 4382 CASCADE ROAD LAKE PLACID, NY 12946	14-1430542	501(C)(3)	20,000.	0.			FOR THE "COMMUNITY TUITION ASSISTANCE FUND" APPLICATION
NORTH COUNTRY SPCA 7700 ROUTE 9N PO BOX 55 ELIZABETHTOWN, NY 12932-0055	14-6034608	501(C)(3)	25,000.	0.			FOR SUPPORT OF OPERATIONS AND THE DIRECTOR'S SALARY

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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 HENRY AND MILDRED UIHLEIN FOUNDATION
NORTHERN FOREST ATLAS FOUNDATION, INC. - C/O CINDY BAERMAN PO BOX 88 - RAYBROOK, NY 12977	46-1349949	501(C)(3)	15,000.	0.			FOR UNRESTRICTED SUPPORT
NORTHERN FOREST CENTER, INC 18 NORTH MAIN ST SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	20,000.	0.			FOR THE "WORKFORCE HOUSING PROJECT DEVELOPMENT TO STRENGTHEN ADIRONDACK COMMUNITIES"
NORTHERN FOREST CENTER, INC 18 NORTH MAIN ST SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
NORTHERN FOREST CENTER, INC 18 NORTH MAIN ST SUITE 204 CONCORD, NH 03301-4926	22-3458955	501(C)(3)	10,000.	0.			FOR OPERATIONAL SUPPORT
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	10,000.	0.			FOR CAMPAIGN SUPPORT
NORTHWOOD SCHOOL 92 NORTHWOOD ROAD LAKE PLACID, NY 12946	14-1401103	501(C)(3)	10,000.	0.			FOR THE PURPOSE OF MATCHING GIFTS MADE BY LOCAL PARENTS, GRANDPARENTS, ALUMNI AND
OLD FORGE LIBRARY ASSOCIATION 220 CROSBY BOULEVARD PO BOX 128 OLD FORGE, NY 13420-0128	15-0582657	501(C)(3)	9,500.	0.			FOR THE "FAMILY-FRIENDLY PROGRAMMING EXPANSION" APPLICATION
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PO BOX 265 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	20,000.	0.			FOR SUPPORT OF THE ADIRONDACK SCHOLARSHIP

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PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PO BOX 265 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	10,000.	0.			FOR THE SUMMIT SCHOLAR PROGRAM
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PO BOX 265 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE ADK NORTH COUNTRY SUMMIT SCHOLARS PROGRAM
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PO BOX 265 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE SUMMIT SCHOLAR PROGRAM
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PO BOX 265 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	20,000.	0.			TO SUPPORT SCHOLARSHIPS FOR STUDENTS IN THE SUMMIT SCHOLARS PROGRAM
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PO BOX 265 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	20,000.	0.			FOR SUPPORT OF THE NORDIC SCHOLARSHIP PROGRAM
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PO BOX 265 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	29,600.	0.			FOR ANNUAL SUPPORT OF CHAIR IN LAKE ECOLOGY AND PALEONTOLOGY AT PAUL SMITHS COLLEGE
PAUL SMITH'S COLLEGE 7777 STATE RT. 86 AND 30 PO BOX 265 PAUL SMITH'S, NY 12970	15-0533545	501(C)(3)	19,700.	0.			FOR THE "MOBILE EMERGENCY OPERATIONS CENTER FOR ENHANCED DISASTER RESPONSE IN THE
PENDRAGON THEATRE 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983	22-2717124	501(C)(3)	10,000.	0.			FOR THE "A NEW STAGE FOR DOWNTOWN SARANAC LAKE-ECONOMIC DEVELOPMENT OF THE CHURCH STREET
PENDRAGON THEATRE 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983	22-2717124	501(C)(3)	7,000.	0.			FOR SUPPORT OF CAPITAL CAMPAIGN EXPENSES

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PENDRAGON THEATRE 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983	22-2717124	501(C)(3)	6,450.	0.			FOR SUPPORT OF GALA DONATIONS
PENDRAGON THEATRE 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983	22-2717124	501(C)(3)	25,000.	0.			TO BE PUT TOWARD JOAN GRABE'S INTENTION
PENDRAGON THEATRE 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983	22-2717124	501(C)(3)	15,000.	0.			FOR SUPPORT OF THE CAPITAL BUILDING CAMPAIGN
PENDRAGON THEATRE 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983	22-2717124	501(C)(3)	10,000.	0.			FOR THE "A NEW STAGE FOR DOWNTOWN SARANAC LAKE-ECONOMIC DEVELOPMENT OF THE CHURCH STREET
PENDRAGON THEATRE 15 BRANDY BROOK AVE. SARANAC LAKE, NY 12983	22-2717124	501(C)(3)	225,000.	0.			TO SETTLE PENDRAGON'S OUTSTANDING MORTGAGE OBLIGATION TO THE CLOUDSPLITTER FOUNDATION
PERU FREE LIBRARY PO BOX 96 PERU, NY 12972	14-1386807	501(C)(3)	11,000.	0.			FOR THE "BRIDGING THE DIGITAL DIVIDE" APPLICATION
PHILADELPHIA ORCHESTRA ASSOCIATION ANNUAL FUND OFFICE 1 S. BROAD ST. STE. 1400 - PHILADELPHIA, PA 19107-9935	23-1352289	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
PLATTSBURGH YMCA 17 OAK ST. PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	10,000.	0.			TO SUPPORT THE CAPITAL FUND AT THE REQUEST OF NORTHERN INSURING AGENCY
PLATTSBURGH YMCA 17 OAK ST. PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE PLEDGE DRIVE

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PLATTSBURGH YMCA 17 OAK ST. PLATTSBURGH, NY 12901	14-1340011	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE CAPITAL CAMPAIGN REQUESTED BY NORTHERN INSURING
PLAY ADK 165 NEIL STREET SARANAC LAKE, NY 12983	83-3183251	501(C)(3)	50,000.	0.			FOR SUPPORT OF THE CHILDREN'S MUSEUM
PLAY ADK 165 NEIL STREET SARANAC LAKE, NY 12983	83-3183251	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
PLAY ADK 165 NEIL STREET SARANAC LAKE, NY 12983	83-3183251	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
PUBLIC CITIZEN FOUNDATION 1600 20TH ST NW WASHINGTON, DC 20009	52-1263996	501(C)(3)	50,000.	0.			FOR UNRESTRICTED SUPPORT
READY4REAL INC. 186 US OVAL PLATTSBURGH, NY 12903	83-3745248	501(C)(3)	10,000.	0.			FOR THE "CAREER DEVELOPMENT & LIFE SKILLS FOR STUDENTS" CASE STATEMENT. THIS GRANT IS
READY4REAL INC. 186 US OVAL PLATTSBURGH, NY 12903	83-3745248	501(C)(3)	10,000.	0.			FOR SUPPORT OF TIED: BUILDING TIES BETWEEN WORKFORCE, ECONOMIC AND EDUCATION DEVELOPMENT
READY4REAL INC. 186 US OVAL PLATTSBURGH, NY 12903	83-3745248	501(C)(3)	15,000.	0.			FOR THE "CAREER DEVELOPMENT & LIFE SKILLS FOR STUDENTS" CASE STATEMENT. THIS GRANT IS
REGIONAL OFFICE OF SUSTAINABLE TOURISM (ROOST) - LAKE PLACID CVB 2608 MAIN STREET - LAKE PLACID, NY 12946	20-4915538	501(C)(3)	10,000.	0.			FOR THE "ESSEX COUNTY MARKET RATE HOUSING ANALYSIS" APPLICATION

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
RESTORATIVE APPROACHES TO INTIMATE VIOLENCE - 912 PRATT ST - LONGMONT, CO 80601	33-2261201	501(C)(3)	36,000.	0.			FOR STAFF SUPPORT
RURAL LAW CENTER OF NEW YORK, INC. 22 US OVAL SUITE 101 PLATTSBURGH, NY 12903	14-1792819	501(C)(3)	16,000.	0.			FOR THE "ADIRONDACK REGIONAL FAMILY STABILIZATION PROGRAM" APPLICATION. THIS GRANT
RURAL LAW CENTER OF NEW YORK, INC. 22 US OVAL SUITE 101 PLATTSBURGH, NY 12903	14-1792819	501(C)(3)	15,000.	0.			FOR LEGAL AID SERVICE
SAGAMORE INSTITUTE OF THE ADIRONDACKS, INC. - PO BOX 40 - RAQUETTE LAKE, NY 13436	23-7401872	501(C)(3)	12,000.	0.			FOR SUPPORT OF PEGGY LYNN'S HISTORY PROJECT WITH 20 ADIRONDACK CARETAKERS
SANTA CRUZ CHILDREN'S MUSEUM OF DISCOVERY - 1855 41ST AVENUE SUITE C-10 - CAPITOLA, CA 95010	46-1699711	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT IN HONOR OF ROBERT AND PATRICE KEET
SARANAC CENTRAL SCHOOL DISTRICT 60 PICKETTS CORNERS PO BOX 8 SARANAC, NY 12981	14-6001907	170(C)1	5,411.	0.			FOR PROJECT "21ST CENTURY FOREIGN LANGUAGE AND CULTURE EXPERIENCE K-8 (EXPANDED)" REQUESTED BY
SARANAC CENTRAL SCHOOL DISTRICT 60 PICKETTS CORNERS PO BOX 8 SARANAC, NY 12981	14-6001907	170(C)1	7,500.	0.			FOR THE "SARANAC EARLY LEARNING" APPLICATION. THIS GRANT IS MADE IN PARTNERSHIP WITH THE
SARANAC LAKE ARTWORKS 52 B MAIN ST. PO BOX 145 SARANAC LAKE, NY 12983	84-3689441	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT IN HONOR OF SANDRA HILDRETH
SARANAC LAKE CENTRAL PRIZE FUND 79 CANARAS AVE. SARANAC LAKE, NY 12983	15-6002367	501(C)(3)	10,000.	0.			FOR THE 2025 LAKE PLACID EDUCATION FOUNDATION SCHOLARSHIP

Schedule I (Form 990)

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

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SARANAC LAKE CENTRAL SCHOOL DISTRICT - 79 CANARAS AVE. - SARANAC LAKE, NY 12983-1500	15-6002367	170(C)1	10,000.	0.			FOR THE "NOURISHING OUR COMMUNITY: ADVANCING EQUITABLE FOOD ACCESS" APPLICATION
SARANAC LAKE CENTRAL SCHOOL DISTRICT - 79 CANARAS AVE. - SARANAC LAKE, NY 12983-1500	15-6002367	170(C)1	15,000.	0.			TO ENHANCE THE CAPACITY AND EFFECTIVENESS OF COMMUNITY SCHOOLS PROGRAMS
SARANAC LAKE ROTARY FOUNDATION PO BOX 310 RAY BROOK, NY 12977	14-1826563	501(C)(3)	5,105.	0.			FOR SUPPORT OF THE ESTHER BERRY RAINBOW PROJECT
SCHROON LAKE CENTRAL SCHOOL DISTRICT - 1125 US ROUTE 9 PO BOX 338 - SCHROON LAKE, NY 12870	32-0301399	170(C)1	8,980.	0.			FOR THE "CAREER PATHWAYS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ALLISON FAMILY
SEAGLE FESTIVAL 999 CHARLEY HILL ROAD PO BOX 366 SCHROON LAKE, NY 12870	14-6030188	501(C)(3)	10,000.	0.			FOR SUPPORT OF SCHOLARSHIPS AND OPERATIONS
SHORE OWNERS ASSOCIATION OF LAKE PLACID - PO BOX 1235 - LAKE PLACID, NY 12946	14-6030664	501(C)(7)	19,297.	0.			FOR GRANT REIMBURSEMENT OF SOA DIRECT PAYMENT FOR 2024 DAM REPAIR WORK DONE FROM 10/29/24 TO 11/9/24
SHORE OWNERS ASSOCIATION OF LAKE PLACID - PO BOX 1235 - LAKE PLACID, NY 12946	14-6030664	501(C)(7)	78,218.	0.			FOR GRANT REIMBURSEMENT OF SOA DIRECT PAYMENT FOR 2024 DAM REPAIR FOR WORK DONE FROM JUNE 17 TO JULY
SHORE OWNERS ASSOCIATION OF LAKE PLACID - PO BOX 1235 - LAKE PLACID, NY 12946	14-6030664	501(C)(7)	78,372.	0.			FOR GRANT REIMBURSEMENT OF SOA DIRECT PAYMENT FOR 2024 DAM REPAIR WORK DONE FROM 08/28/24 TO 09/20/24
SHORE OWNERS ASSOCIATION OF LAKE PLACID - PO BOX 1235 - LAKE PLACID, NY 12946	14-6030664	501(C)(7)	5,467.	0.			FOR 2023 PAYMENT OF INVOICE #4 FOR SOA CONTRACTED SERVICES INVASIVE SPECIES HARVEST

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
SHORE OWNERS ASSOCIATION OF LAKE PLACID - PO BOX 1235 - LAKE PLACID, NY 12946	14-6030664	501(C)(7)	28,823.	0.			FOR GRANT REIMBURSEMENT IN THE AMOUNT OF \$28,822.50 FOR EXPENSES PAID TO MCLAREN
SHORE OWNERS ASSOCIATION OF LAKE PLACID - PO BOX 1235 - LAKE PLACID, NY 12946	14-6030664	501(C)(7)	17,225.	0.			FOR 2024 GRANT REIMBURSEMENT OF SOA DIRECT PAYMENT FOR 2024 DAM REPAIR FOR WORK DONE
SILVER BAY YMCA 87 SILVER BAY ROAD SILVER BAY, NY 12874	13-5604788	501(C)(3)	7,500.	0.			FOR THE "TICONDEROGA TEEN CENTER PROGRAM ENHANCEMENT" APPLICATION
SILVER SPRINGS MARTIN LUTHER SCHOOL (D/B/A GEMMA SERVICES) - 512 W. TOWNSHIP LINE RD - PLYMOUTH MTNG, PA 19462	23-2310084	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
SIX NATIONS IROQUOIS CULTURAL CENTER - 1462 COUNTY ROUTE 60 - VERMONTVILLE, NY 12989	85-4015917	501(C)(3)	6,000.	0.			FOR THE "ORAL TRADITION OF THE HAUDENOSAUNEE (IROQUOIS)" APPLICATION
SLOW FOOD WIND RIVER C/O MEADOWLARK MARKET 228 MAIN STRE LANDER, WY 82520	13-4100161	501(C)(3)	10,000.	0.			FOR MEADOWLARK MARKET FUNDING
ST. AGNES SCHOOL 2322 SARANAC AVENUE LAKE PLACID, NY 12946	14-1341171	501(C)(3)	12,000.	0.			FOR THE "SCHOLARSHIPS FOR DESERVING PRIMARY STUDENTS AND SPARK AFTER-SCHOOL PROGRAM"
ST. CECILIA CLUB, INC. PO BOX 421 FDR STATION NEW YORK, NY 10150	11-2004760	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT OF CECILIA CHORUS OF NEW YORK AT THE REQUEST OF JUDITH LANDON
ST. EUSTACE EPISCOPAL CHURCH 2450 MAIN STREET LAKE PLACID, NY 12946	14-6022889	501(C)(3)	12,000.	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.)

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ST. JOSEPH'S COMMUNITY OUTREACH CENTER - 1349 MILITARY TURNPIKE PO BOX 159 - PLATTSBURGH, NY 12901	14-1510900	501(C)(3)	10,000.	0.			FOR TRUST FOR CIVIC LIFE CIVIC ENTREPRENEUR AWARD SUPPORTING IMMIGRANT RESOURCES THROUGH THE
TECHNOSERVE 1777 N. KENT ST. SUITE 1100 ARLINGTON, VA 22209	13-2626135	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT
THE ANDREW GOODMAN FOUNDATION 55 EXCHANGE PLACE SUITE 402 NEW YORK, NY 10005	13-6207568	501(C)(3)	20,000.	0.			FOR UNRESTRICTED SUPPORT
THE BRIGID PROJECT 907 CASEY ROAD PO BOX 222 SARANAC, NY 12981	81-4185231	501(C)(3)	10,000.	0.			FOR UNRESTRICTED SUPPORT
THE CENTER OF ANNA MARIA ISLAND 407 MAGNOLIA AVE. PO BOX 253 ANNA MARIA, FL 34216	59-6166231	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE HURRICANE HELENE RELIEF FUND BEING ORGANIZED BY THE CENTER OF AMI
THE SALVATION ARMY-EMPIRE STATE DIVISION - 200 TWIN OAKS DR. PO BOX 148 - SYRACUSE, NY 13206	13-5562351	501(C)(3)	15,000.	0.			FOR THE "ONGOING BASIC NEEDS ASSISTANCE AND MATCH FUNDING FOR WALK-IN FREEZER" APPLICATION.
THE WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986	14-1811534	501(C)(3)	10,000.	0.			FOR "THE RURAL YOUTH LEADERSHIP INITIATIVE" APPLICATION
THOMAS A. SHIPMAN MEMORIAL YOUTH CENTER - 61 CUMMINGS RD PO BOX 1122 - LAKE PLACID, NY 12946	14-1794204	501(C)(3)	10,000.	0.			FOR THE "CONNECTING THE YOUTH TO OUR COMMUNITY" APPLICATION
TICONDEROGA ALUMNI ASSOCIATION PO BOX 644 TICONDEROGA, NY 12883	20-1489708	501(C)(3)	144,945.	0.			FOR FUND CLOSURE DISTRIBUTION

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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TICONDEROGA CENTRAL SCHOOL DISTRICT - 5 CALKINS PLACE - TICONDEROGA, NY 12883	14-6001978	170(C)1	6,500.	0.			FOR THE "BUILDING HOPE, EMPATHY AND CONNECTION THROUGH STUDENT LEADERSHIP" APPLICATION
TOLEDO MUSEUM OF ART 2445 MONROE STREET PO BOX 1013 TOLEDO, OH 43697	34-4434678	501(C)(3)	16,000.	0.			FOR UNRESTRICTED SUPPORT
TOLEDO SYMPHONY PO BOX 407 TOLEDO, OH 43697	34-4005365	501(C)(3)	25,000.	0.			FOR SUPPORT OF THE TOLEDO SYMPHONY
TOWN OF JAY 11 SCHOOL LANE PO BOX 730 AUSABLE FORKS, NY 12912	30-0559725	TOWN OF JAY	10,000.	0.			FOR TRUST FOR CIVIC LIFE CIVIC ENTREPRENEUR GRANTEE JAY COMMUNITY NEWS
TOWN OF JOHNSBURG LIBRARY 219 MAIN STREET NORTH CREEK, NY 12853	14-1815844	501(C)(3)	6,100.	0.			FOR UNRESTRICTED SUPPORT
TRI-LAKES COMMUNITY ALLIANCE C/O 3 DYNAMITE HILL PO BOX 56 CHESTERTOWN, NY 12817	84-2388767	501(C)(3)	8,000.	0.			FOR THE "NEW E-SIGN FOR NORTH WARREN REGION" APPLICATION
TRI-LAKES HUMANE SOCIETY 255 GEORGE LAPAN HIGHWAY PO BOX 111 SARANAC LAKE, NY 12983	23-7394117	501(C)(3)	50,000.	0.			FOR OPERATIONAL SUPPORT
TRUDEAU INSTITUTE 154 ALGONQUIN AVE. SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	25,000.	0.			FOR UNRESTRICTED SUPPORT
TUPPER ARTS, INC 106 PARK ST. TUPPER LAKE, NY 12986-1718	82-4186197	501(C)(3)	10,000.	0.			TO SUPPORT PURCHASE AND RENOVATIONS OF STATE THEATER IN TUPPER LAKE

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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TUPPER ARTS, INC 106 PARK ST. TUPPER LAKE, NY 12986-1718	82-4186197	501(C)(3)	5,200.	0.			FOR SUPPORT OF 2024 LITTLE LOGGERS PROGRAM
TUPPER ARTS, INC 106 PARK ST. TUPPER LAKE, NY 12986-1718	82-4186197	501(C)(3)	10,000.	0.			FOR SUPPORT OF AFTER SCHOOL PROGRAMMING
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	15-6002402	170(C)1	100,000.	0.			FOR SUPPORT OF THE NEW CHILLER SYSTEM AT THE ICE RINK
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	15-6002402	170(C)1	7,000.	0.			FOR THE 2025 ALBERTA P. MOODY HIGHER EDUCATION SCHOLARSHIP
TUPPER LAKE CENTRAL SCHOOL DISTRICT - 294 HOSLEY AVENUE - TUPPER LAKE, NY 12986	15-6002402	170(C)1	10,000.	0.			FOR THE "TOOLS TO SUCCEED FOR ALL STUDENTS IN THEIR EDUCATIONAL PATHWAYS" APPLICATION
TUPPER LAKE VOLUNTEER AMBULANCE & EMERGENCY SQUAD, INC. - 169 MAIN STREET - TUPPER LAKE, NY 12986	23-7042451	501(C)(3)	10,000.	0.			FOR THE "AMBULANCE PURCHASE" APPLICATION
UNITED WAY OF THE ADIRONDACK REGION, INC. - 45 TOM MILLER ROAD - PLATTSBURGH, NY 12901	14-1368185	501(C)(3)	7,000.	0.			FOR SUPPORT OF THE 2025 ANNUAL FUND AT \$2000 AND ALICE AT \$5000, AT REQUEST OF ROD GILTZ
UNITED WAY OF THE ADIRONDACK REGION, INC. - 45 TOM MILLER ROAD - PLATTSBURGH, NY 12901	14-1368185	501(C)(3)	50,000.	0.			FOR THE "EMPOWERING ALICE FAMILIES: STRENGTHENING STABILITY AND RESILIENCE IN THE ADIRONDACK REGION"
UNITED WAY OF THE ADIRONDACK REGION, INC. - 45 TOM MILLER ROAD - PLATTSBURGH, NY 12901	14-1368185	501(C)(3)	10,000.	0.			FOR SUPPORT OF RURAL ADIRONDACK ALICE FAMILIES THROUGH CRISIS INTERVENTION

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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UNITED WAY OF THE ADIRONDACK REGION, INC. - 45 TOM MILLER ROAD - PLATTSBURGH, NY 12901	14-1368185	501(C)(3)	20,000.	0.			FOR SUPPORT OF THE ALICE FUND
UNIVERSITY OF SAN DIEGO DAC 215 5998 ALCALA PARK SAN DIEGO, CA 92110	95-2544535	501(C)(3)	20,000.	0.			TO ESTABLISH A MATCHING GRANT PROGRAM FOR MASTER OF ARTS IN RESTORATIVE JUSTICE (MARJ)
VERMONT LAW SCHOOL 164 CHELSEA STREET PO BOX 96 SOUTH ROYALTON, VT 05068	23-7251952	501(C)(3)	6,000.	0.			FOR SUPPORT OF THE ADIRONDACK FOUNDATION SCHOLARSHIP FOR THE PROFESSIONAL CERTIFICATE
VERMONT LAW SCHOOL 164 CHELSEA STREET PO BOX 96 SOUTH ROYALTON, VT 05068	23-7251952	501(C)(3)	10,000.	0.			FOR DESIGNATED SUPPORT OF THE FIELD STUDY COURSE TO IRELAND OR IN THE DISCRETION OF THE CENTER
VERMONT LAW SCHOOL 164 CHELSEA STREET PO BOX 96 SOUTH ROYALTON, VT 05068	23-7251952	501(C)(3)	12,000.	0.			IN SUPPORT OF THE 2023 AND 2024 ADK FOUNDATION SCHOLARSHIP FOR VERMONT LAW AND GRADUATE SCHOOL
VERMONT PUBLIC PUBLIC RADIO CENTER 365 TROY AVE. COLCHESTER, VT 05446	85-2913577	501(C)(3)	8,000.	0.			FOR UNRESTRICTED SUPPORT
WAIT HOUSE 10-12 WAIT ST. PO BOX 3252 GLENS FALLS, NY 12801	14-1826963	501(C)(3)	7,500.	0.			FOR THE "ADIRONDACK FAMILIES HOMELESSNESS PREVENTION AND RAPID REHOUSING PROGRAM"
WARRENSBURG EMERGENCY MEDICAL SERVICES - 3 KING STREET PO BOX 157 - WARRENSBURG, NY 12885	14-1816555	501(C)(3)	15,000.	0.			FOR THE "GROWING OUR FUTURE" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE
WHALLONSBURG GRANGE HALL 1610 NYS ROUTE 22 PO BOX 54 ESSEX, NY 12936	14-1826686	501(C)(3)	10,000.	0.			FOR THE "TRANSITION YEAR FUNDING" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE

Schedule I (Form 990)

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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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MEDICAL TRAVEL ASSISTANCE	2	13,500.	0.		
EDUCATIONAL ASSISTANCE	11	61,000.	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 GRANTEES' 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 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

**Part IV Supplemental Information**

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.

4. FOR INTERNATIONAL GRANTMAKING AND GRANTS TO A NON-501(C)(3), ALL GRANTEEES 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 PROCEDURES #1-5 LISTED ABOVE.

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

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

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ADIRONDACK CENTER FOR LOON CONSERVATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADIRONDACK LOONS-A CHARISMATIC ICON FOR ENHANCING TOURISTIC APPEAL AND ECONOMIC VITALITY OF THE PARK" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ZAK AND DESIREE DAKE FUND

NAME OF ORGANIZATION OR GOVERNMENT:

ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE INTERNSHIP PROGRAM (\$10,000) AND THE INDIGENOUS PEOPLES AND COMMUNITIES WORK (\$25,000)

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK COMMUNITY OUTREACH CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "2025 ADDRESSING FOOD SCARCITY AMONGST JOHNSBURG AREA YOUTHS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT:

ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION (AEDC)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "COMPREHENSIVE ADIRONDACK ENTREPRENEUR SUPPORT INITIATIVE" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE LEEDOM CHARITABLE TRUST FUND

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK EXPERIENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "AFRICAN AMERICAN EXPERIENCE IN THE ADIRONDACKS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ZAK AND DESIREE DAKE FUND

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK EXPLORER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT. THE FUNDHOLDER ALSO INCLUDED THIS NOTE: "I WAS VERY ENCOURAGED TO HEAR ABOUT THE PARTNERSHIP WITH NCPR & THE RESULTING GREAT REPORTING FROM DAVID E. THAT SORT OF COLLABORATION WILL KEEP THESE TWO\*\*

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK EXPLORER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "BUILDING BRIDGES BETWEEN JOURNALISTS AND UNHEARD COMMUNITIES" APPLICATION AND IS A TRUST FOR CIVIC LIFE - CIVIC ENTREPRENEUR AWARD RECIPIENT

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK EXPLORER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "BUILDING BRIDGES BETWEEN JOURNALISTS AND UNHEARD COMMUNITIES" APPLICATION AND IS A TRUST FOR CIVIC LIFE - CIVIC ENTREPRENEUR AWARD RECIPIENT

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ADIRONDACK HEALTH IS COMMITTED TO IMPROVING ALL ASPECTS OF SERVICE AND CARE TO TRI-LAKES REGION AND ESSENTIAL TO CARE OF SUPPORT OF ALL TUPPER LAKERS. THIS GRANT IS SPECIFICALLY TO SUPPORT THE CORNERSTONE CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK RAIL TRAIL ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "STEWARDED THE MULTI-USE ADIRONDACK RAIL TRAIL" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP

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**WITH THE RHOADES FAMILY FUND**

NAME OF ORGANIZATION OR GOVERNMENT:

ADIRONDACK REGIONAL IMMIGRATION COLLABORATIVE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TRUST FOR CIVIC LIFE CIVIC ENTREPRENEUR AWARD SUPPORTING COORDINATING THE REGIONAL RESPONSE AMONG WELCOME CIRCLES AND OTHER GROUPS SERVING IMMIGRANT COMMUNITIES, OUTREACH EFFORTS, AND SUPPORT TO INDIVIDUALS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK RESEARCH CONSORTIUM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADIRONDACK CLIMATE OUTREACH & RESILIENCE NETWORK COMMUNITY CAPACITY-BUILDING PROGRAMS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH WATERWHEEL FOUNDATION FUND AT VT COMMUNITY FOUNDATION & IS A TRUST FOR CIVIC LIFE - CIVIC ENTREPRENEUR\*

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK RESEARCH CONSORTIUM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADIRONDACK CLIMATE OUTREACH & RESILIENCE NETWORK COMMUNITY CAPACITY-BUILDING PROGRAMS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH WATERWHEEL FOUNDATION FUND AT VT COMMUNITY FOUNDATION & IS A TRUST FOR CIVIC LIFE - CIVIC ENTREPRENEUR\*

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK ROOTS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "URGENT NEEDS FUND APPLICATION". THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE HUDSON HEADWATERS HEALTH NETWORK UPSTREAM FUND

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK SKY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF CONTINUED GROWTH AND DEVELOPMENT OF THE ADIRONDACK SKY CENTER AND RECOGNITION OF THE DEDICATION AND SKILLS OF ITS BOARD TO MAKE THIS HAPPEN

NAME OF ORGANIZATION OR GOVERNMENT: ADIRONDACK WATERSHED INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF 2023 CONTRACTED LAKE STEWARD SERVICES AT NYS + VILLAGE OF LAKE PLACID BOAT LAUNCHES ON TUESDAYS & WEDNESDAYS FROM 5/30/23 TO 8/30/23 TOTAL: \$16,814.80 = \$40/HR X 395.37 HOURS + \$1000 FOR MAINTAINING DECONTAMINATION EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: ADKACTION.ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF HAMILTON COUNTYS COMMITMENT: STRENGTHENING FOOD SYSTEMS THROUGH STAKEHOLDER ENGAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: ADKACTION.ORG

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ADIRONDACK FOOD SYSTEM NETWORK APPLICATION "STRENGTHENING OUR VULNERABLE COMMUNITIES BY IMPROVING REGIONAL FOOD SYSTEM COLLABORATION". THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ASGAARD FUND

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS OF EASTERN NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "DISASTER RELIEF: FINANCIAL ASSISTANCE FUND" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WATERWHEEL FOUNDATION FUND AT VERMONT COMMUNITY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: ARISE OF NORTHERN NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "TUPPER LAKE BACKPACK PROGRAM" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE

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## ADIRONDACK FOR KIDS FUND

NAME OF ORGANIZATION OR GOVERNMENT: AUSABLE FORKS FREE LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "OUTDOOR EDUCATION AND RELAXATION AND IMPROVED FUNCTIONALITY" APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT: AUSABLE VALLEY CENTRAL SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "AUSABLE VALLEY ELEMENTARY SCHOOLS BACKPACK FOOD PROGRAM" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ADIRONDACK FOR KIDS FUND

NAME OF ORGANIZATION OR GOVERNMENT: BEHAVIORAL HEALTH SERVICES NORTH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HEALTHY FAMILIES NORTH COUNTRY PARENT ENGAGEMENT AND TO SUPPORT THE IMPLEMENTATION OF HELP ME GROW IN THE ADIRONDACK REGION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE TRUST FOR CIVIC LIFE

NAME OF ORGANIZATION OR GOVERNMENT: BETH JOSEPH SYNAGOGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ITS ROLE AS A PUBLIC EVENTS AND MEETING SPACE, A MUSEUM AND ARCHIVE OF ITS HISTORY IN TUPPER LAKE (HISTORICAL DESIGNATION), AND ITS ROLE IN EDUCATION AND DIVERSITY IN THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: BOQUET VALLEY CENTRAL SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EMPOWERING LITERACY: BUILDING STRONGER FAMILIES &amp; COMMUNITIES THROUGH EQUITABLE ENGAGEMENT" APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT:

BRUSHTON-MOIRA AMERICAN LEGION AUXILIARY POST 939

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE BRUSHTON MOIRA POST 939 IN SUPPORT OF THE ANNUAL PARADE OF LIGHTS, MALONE, FOR CHILDREN'S GIFTS AND SANTA VISIT

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL ADIRONDACK PARTNERSHIP FOR THE 21ST CENTURY INC. (DBA LIVINGADK )

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE WEST CENTRAL ADIRONDACK CONNECTION: MITIGATING SOCIAL ISOLATION AND LONELINESS

NAME OF ORGANIZATION OR GOVERNMENT: DARTMOUTH COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE FOLLOWING PROGRAMS: SKIING (\$3500), FOOTBALL BUDDY TEVEN'S FUND (\$2500), GOLF (\$1000), HOCKEY (\$1000), TENNIS (\$1000), AND SOCCER (\$1000)

NAME OF ORGANIZATION OR GOVERNMENT:

ECUMENICAL COUNCIL OF SARANAC LAKE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SAMARITAN HOUSE OPERATING SUPPORT AND CAPACITY INCREASE PLANNING". THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE LEEDOM CHARITABLE TRUST FUND

NAME OF ORGANIZATION OR GOVERNMENT: EPILEPSY FOUNDATION OF NENY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD AWARENESS AND UNDERSTANDING OF SEIZURES AND TO SUPPORT AFFECTED FAMILIES IN THE ADIRONDACK REGION

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION OF CVPH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CARDIAC &amp; PULMONARY

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REHABILITATION CENTER" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH 8650'S GRAVELLY POINT FUND

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION OF CVPH  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OF EMPLOYEES OF THE CHAMPLAIN VALLEY MEDICAL CENTER IN PLATTSBURGH

NAME OF ORGANIZATION OR GOVERNMENT: FRANKLIN COUNTY ECONOMIC DEVELOPMENT CORPORATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PRELIMINARY ASSESSMENT FOR "THE PATHWAYS BACK TO TUPPER LAKE". THE GRANT SHOULD BE RESTRICTED TO OUTREACH FOR JOB TRAINING/DISCUSSIONS WITH EXISTING BUSINESSES AND ORGANIZATIONS, AND OUTREACH COMMUNICATIONS TO YOUNG PEOPLE

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE ACK (AUSABLE, CHESTERFIELD, KEESEVILLE) CIVIC CENTER  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "REVITALIZATION OF THE ACK (AUSABLE, CHESTERFIELD, KEESEVILLE) CIVIC CENTER" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BRELIA MEIGHAN FUND

NAME OF ORGANIZATION OR GOVERNMENT: HIGH PEAKS HOSPICE & PALLIATIVE CARE INC.  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CONTINUING CARE RESOURCES TO SUPPORT HOSPICE CARE IN THE ADIRONDACKS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE LEEDOM CHARITABLE TRUST FUND

NAME OF ORGANIZATION OR GOVERNMENT: HOPE KITCHEN AT KEESEVILLE GOOD SHEPHERD CHURCH OF THE NAZARENE  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EAT. EDUCATE. EMPOWER." APPLICATION. THIS APPLICATION IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND AND THE NANCY JOHNSON REMEMBRANCE FUND

NAME OF ORGANIZATION OR GOVERNMENT: HUMANITY'S TEAM  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF STAFFING THE FUNDRAISING/DEVELOPMENT TEAM WITH INTENTION TO BUILD-OUT THE ORGANIZATION'S CAPACITY TO ACCEPT MAJOR GIFTS

NAME OF ORGANIZATION OR GOVERNMENT: JOINT COUNCIL FOR ECONOMIC OPPORTUNITY OF CLINTON AND FRANKLIN COUNTIES, INC  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SUPPORTING ALICE HOUSEHOLDS IN CRISIS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE LEEDOM CHARITABLE TRUST FUND

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID CENTER FOR THE ARTS (LPCA)  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF PERFORMANCES AND MAINTENANCE OF THE THEATER, GALLERIES, STUDIOS, AND PLANT OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID CENTRAL SCHOOL DISTRICT  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE M/HS SUMMER READING PROGRAM IN THE AMOUNT OF \$5,749 AND A GRANT REQUESTED BY N. COLBY FOR \$1,086

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID CENTRAL SCHOOL DISTRICT  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE 2025 NASH WILLIAMS/FOUNDING

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FAMILIES SCHOLARSHIPS WHICH SUPPORT STUDENTS GRADUATING FROM LAKE PLACID CENTRAL SCHOOL BASED ON ACADEMIC EXCELLENCE, LEADERSHIP POTENTIAL AND CITIZENSHIP

NAME OF ORGANIZATION OR GOVERNMENT: LAKE PLACID NY ROTARY FOUNDATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE FIRST STEPS NORTH ELBA INFANT & TODDLER CARE INITIATIVE SUPPORTING LOCAL RESIDENTS AND WORKERS

NAME OF ORGANIZATION OR GOVERNMENT:  
LAKE PLACID-NORTH ELBA HISTORICAL SOCIETY  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "OPERATIONAL SUPPORT FOR NEW INITIATIVES: STAFFING, MUSEUM IMPROVEMENTS, DIGITAL MEDIA ENHANCEMENTS" APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT:  
LAKESIDE PRESCHOOL: LAKESIDE SCHOOL AT BLACK KETTLE FARM  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR UNRESTRICTED SUPPORT AND THANKS FOR PROVIDING A STRONG FOUNDATION FOR OUR YOUNGEST COMMUNITY MEMBERS

NAME OF ORGANIZATION OR GOVERNMENT: LITTLE PEAKS INC.  
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OPERATING, POSSIBLE CONSULTING/LEGAL FEES FOR SECURING OPTIMAL AMOUNT/MIX OF COUNTY, STATE, AND FEDERAL OPERATIONAL FUNDING AT THE REQUEST OF JAMES AND PAMELA MCCLELLAND

NAME OF ORGANIZATION OR GOVERNMENT: LONG LAKE RESCUE SQUAD, INC.  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "INCREASING OUR CARDIAC ARREST REVERSAL OUTCOMES WITH AN AUTOMATED CPR DEVICE". THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WATERWHEEL FOUNDATION FUND AT VERMONT COMMUNITY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS GENERAL HOSPITAL  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE CHRIS TOMLINSON FUND RAISING PAGE # 5911809 AT THE REQUEST OF SARAH R. AND PHILIP M. BOGDANOVITCH

NAME OF ORGANIZATION OR GOVERNMENT: MERCY CARE FOR THE ADIRONDACKS  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF MERCY CARE WHICH IS VITAL TO SUPPORTING ELDERLY, DISABLED, HOMEBOUND INDIVIDUALS IN TL AND THEIR FAMILIES, ALLOWING THEM TO MAINTAIN THEIR DIGNITY AND PREFERRED LIFE IN THEIR OWN HOMES

NAME OF ORGANIZATION OR GOVERNMENT: MOTHER JONES  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF EXCEPTIONAL JOURNALISM AND TO HONOR JANE BUTCHER'S GENEROUS 7.16.24 FUNDRAISING MATCH

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN LAKE SERVICES  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EARLY CHILDHOOD INTERVENTION PROGRAM (ECIP)" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ALLISON FAMILY FUND, THE BILL AND LISA POWERS FAMILY FUND, AND THE JOAN GRABE FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN LAKE SERVICES  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EARLY CHILDHOOD INTERVENTION PROGRAM (ECIP)" APPLICATION. THIS GRANT IS FUNDED IN

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PARTNERSHIP WITH THE ALLISON FAMILY FUND, THE BILL AND LISA POWERS FAMILY FUND, AND THE JOAN GRABE FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN LAKE SERVICES  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EARLY CHILDHOOD INTERVENTION PROGRAM (ECIP)" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ALLISON FAMILY FUND, THE BILL AND LISA POWERS FAMILY FUND, AND THE JOAN GRABE FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: NEWCOMB VOLUNTEER FIRE DEPARTMENT  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "STRENGTHENING EMERGENCY COMMUNICATIONS FOR DISASTER RESPONSE AND SEARCH & RESCUE OPERATIONS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WATERWHEEL FOUNDATION FUND AT VERMONT COMMUNITY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT:  
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC.  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADK CONNECT: ELEVATING STUDENT ENGAGEMENT, EDUCATIONAL ADVANCEMENT, AND WORKFORCE SUSTAINABILITY" APPLICATION (YEAR 1)

NAME OF ORGANIZATION OR GOVERNMENT:  
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION, INC.  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "COLLEGE READINESS COURSES FOR INCOMING STUDENTS AND UPNCODING SCHOLARSHIPS" APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTRY MINISTRY  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "PROVIDING SUSTAINABLE AND QUALIFIED CASEWORKER TO THE SOUTHERN ADIRONDACKS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTRY MINISTRY  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "PROVIDING SUSTAINABLE AND QUALIFIED CASEWORKER TO THE SOUTHERN ADIRONDACKS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTRY MINISTRY  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "BRINGING CASEWORK TO SOUTHERN ESSEX COUNTY WITH EMERGENCY FINANCIAL ASSISTANCE" APPLICATION (YEAR 1)

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTRY MINISTRY  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT IN BRINGING CASEWORK TO SOUTHERN ESSEX COUNTY WITH EMERGENCY FINANCIAL ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: NORTH COUNTRY PUBLIC RADIO (NCPR)  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "NORTH COUNTRY AT WORK: NEXT GENERATION" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ERNST FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN ADIRONDACK PET FUND INC  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "VETERINARY CARE FOR LOW-INCOME PET GUARDIANS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE NANCY ADAMS SWEET FUND

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN FOREST CENTER, INC

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "WORKFORCE HOUSING PROJECT DEVELOPMENT TO STRENGTHEN ADIRONDACK COMMUNITIES" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE LEEDOM CHARITABLE TRUST FUND

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWOOD SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE PURPOSE OF MATCHING GIFTS MADE BY LOCAL PARENTS, GRANDPARENTS, ALUMNI AND FRIENDS OF THE SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: PAUL SMITH'S COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "MOBILE EMERGENCY OPERATIONS CENTER FOR ENHANCED DISASTER RESPONSE IN THE ADIRONDACKS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WATERWHEEL FOUNDATION FUND AT VERMONT COMMUNITY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: PENDRAGON THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "A NEW STAGE FOR DOWNTOWN SARANAC LAKE- ECONOMIC DEVELOPMENT OF THE CHURCH STREET CORRIDOR" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ZAK AND DESIREE DAKE FUND

NAME OF ORGANIZATION OR GOVERNMENT: PENDRAGON THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "A NEW STAGE FOR DOWNTOWN SARANAC LAKE- ECONOMIC DEVELOPMENT OF THE CHURCH STREET CORRIDOR" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ZAK AND DESIREE DAKE FUND

NAME OF ORGANIZATION OR GOVERNMENT: PLATTSBURGH CARES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CARING FOR VULNERABLE REFUGEES AND FOOD-INSECURE IN THE NORTH COUNTRY" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: PLATTSBURGH CARES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CARING FOR VULNERABLE REFUGEES AND FOOD-INSECURE IN THE NORTH COUNTRY" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: PLATTSBURGH PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "BUILDING A FUTURE-READY LIBRARY: INVESTING IN OUR TECHNOLOGY INFRASTRUCTURE TO MEET COMMUNITY NEEDS" APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT: READY4REAL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CAREER DEVELOPMENT & LIFE SKILLS FOR STUDENTS" CASE STATEMENT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WORKFORCE SKILLS FUND

NAME OF ORGANIZATION OR GOVERNMENT: READY4REAL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CAREER DEVELOPMENT & LIFE SKILLS FOR STUDENTS" CASE STATEMENT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WORKFORCE SKILLS FUND

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADIRONDACK REGIONAL FAMILY STABILIZATION PROGRAM" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE JACK AND FRAN DAVIS FAMILY FUND

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NAME OF ORGANIZATION OR GOVERNMENT: SARANAC CENTRAL SCHOOL DISTRICT  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROJECT "21ST CENTURY FOREIGN LANGUAGE AND CULTURE EXPERIENCE K-8 (EXPANDED)" REQUESTED BY BRITTANY TRIBENDIS

NAME OF ORGANIZATION OR GOVERNMENT: SARANAC CENTRAL SCHOOL DISTRICT  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SARANAC EARLY LEARNING" APPLICATION. THIS GRANT IS MADE IN PARTNERSHIP WITH THE BIRTH TO THREE FUND

NAME OF ORGANIZATION OR GOVERNMENT: SARANAC CENTRAL SCHOOL DISTRICT  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SARANAC EARLY LEARNING" APPLICATION. THIS GRANT IS MADE IN PARTNERSHIP WITH THE BIRTH TO THREE FUND

NAME OF ORGANIZATION OR GOVERNMENT: SARANAC LAKE CENTRAL SCHOOL DISTRICT  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROJECT "PURA VIDA! CULTURAL IMMERSION AND ADVENTURE IN COSTA RICA" REQUESTED BY DOUGLAS ZOBEL

NAME OF ORGANIZATION OR GOVERNMENT: SCHROON LAKE CENTRAL SCHOOL DISTRICT  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "CAREER PATHWAYS" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ALLISON FAMILY FUND AND THE J.C. STEINIGER AND M.E. MCDONALD CHARITABLE FUND

NAME OF ORGANIZATION OR GOVERNMENT:  
SHORE OWNERS ASSOCIATION OF LAKE PLACID  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GRANT REIMBURSEMENT OF SOA DIRECT PAYMENT FOR 2024 DAM REPAIR WORK DONE FROM 10/29/24 TO 11/9/24 BY NEW ENGLAND CONCRETE SOLUTIONS, INVOICE #4, DATED 10/28/24 - \$19, 297.02

NAME OF ORGANIZATION OR GOVERNMENT:  
SHORE OWNERS ASSOCIATION OF LAKE PLACID  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GRANT REIMBURSEMENT OF SOA DIRECT PAYMENT FOR 2024 DAM REPAIR FOR WORK DONE FROM JUNE 17 TO JULY 3 BY NEW ENGLAND CONCRETE SOLUTIONS/DEBRINO CONTRACTING - 78,217.69

NAME OF ORGANIZATION OR GOVERNMENT:  
SHORE OWNERS ASSOCIATION OF LAKE PLACID  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GRANT REIMBURSEMENT OF SOA DIRECT PAYMENT FOR 2024 DAM REPAIR WORK DONE FROM 08/28/24 TO 09/20/24 BY NEW ENGLAND CONCRETE SOLUTIONS, INVOICE #2, DATED 10/16/24 - \$78,371.76

NAME OF ORGANIZATION OR GOVERNMENT:  
SHORE OWNERS ASSOCIATION OF LAKE PLACID  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2023 PAYMENT OF INVOICE #4 FOR SOA CONTRACTED SERVICES INVASIVE SPECIES HARVEST ON LAKE PLACID LAKE UPPER SARANAC FOUNDATION- DIVER CREW 120 HOURS FOR OCT 2-3, 2023 AND OCT 9-10, 2023 (SOA PAID INVOICE ON 11/21/23)

NAME OF ORGANIZATION OR GOVERNMENT:  
SHORE OWNERS ASSOCIATION OF LAKE PLACID  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GRANT REIMBURSEMENT IN THE AMOUNT OF \$28,822.50 FOR EXPENSES PAID TO MCLAREN ENGINEERING FOR DAM REPAIR FROM 6/27/24 TO 11/21/23 TO 6/27/24. INVOICES: 5071184, 5070944, 5070681, 5070438, 5069850, 5068605, 5069565

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NAME OF ORGANIZATION OR GOVERNMENT:  
SHORE OWNERS ASSOCIATION OF LAKE PLACID  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR 2024 GRANT REIMBURSEMENT OF SOA  
DIRECT PAYMENT FOR 2024 DAM REPAIR FOR WORK DONE FROM 10/17 TO 10/25 BY  
NEW ENGLAND CONCRETE SOLUTIONS - \$17,225.24

NAME OF ORGANIZATION OR GOVERNMENT: ST. AGNES SCHOOL  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "INFANT AND TODDLER  
CHILDCARE PROJECT" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH  
THE JOAN GRABE FAMILY FUND AND THE BILL AND LISA POWERS FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: ST. AGNES SCHOOL  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "INFANT AND TODDLER  
CHILDCARE PROJECT" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH  
THE JOAN GRABE FAMILY FUND AND THE BILL AND LISA POWERS FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: ST. AGNES SCHOOL  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "INFANT AND TODDLER  
CHILDCARE PROJECT" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH  
THE JOAN GRABE FAMILY FUND AND THE BILL AND LISA POWERS FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: ST. AGNES SCHOOL  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "SCHOLARSHIPS FOR DESERVING  
PRIMARY STUDENTS AND SPARK AFTER-SCHOOL PROGRAM" APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT:  
ST. JOSEPH'S COMMUNITY OUTREACH CENTER  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR TRUST FOR CIVIC LIFE CIVIC  
ENTREPRENEUR AWARD SUPPORTING IMMIGRANT RESOURCES THROUGH THE OFFICE FOR  
NEW AMERICANS

NAME OF ORGANIZATION OR GOVERNMENT:  
THE SALVATION ARMY-EMPIRE STATE DIVISION  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ONGOING BASIC NEEDS  
ASSISTANCE AND MATCH FUNDING FOR WALK-IN FREEZER" APPLICATION. THIS GRANT  
IS FUNDED IN PARTNERSHIP WITH THE LEEDOM CHARITABLE TRUST FUND

NAME OF ORGANIZATION OR GOVERNMENT: THE WILD CENTER  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF AN ABSOLUTE TREASURE  
THAT ENRICHES, ELEVATES AND HAS PUT TUPPER LAKE ON THE MAP. A "MUST-GO"  
EXPERIENCE DRAWING MULTITUDES OF PEOPLE TO LEARN AND EXPERIENCE ALL  
ASPECTS OF OUR ENVIRONMENT AND ITS PEOPLE

NAME OF ORGANIZATION OR GOVERNMENT:  
TICONDEROGA MONTCALM STREET PARTNERSHIP  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "VOLUNTEERS COLLABORATING TO  
MAKE TICONDEROGA A BETTER PLACE TO LIVE AND WORK" APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT: TIMBUKII INITIATIVE INC.  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF BUSINESS PLAN  
DEVELOPMENT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE PROSPECT HILL  
FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: TUPPER LAKE FIRE DEPARTMENT  
(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THIS DEDICATED GROUP  
OF VOLUNTEER FIRE FIGHTERS, WHO RESPOND AND RISK LIFE AND LIMB TO COME

**Part IV Supplemental Information**

TO AID TO TUPPER LAKERS WHOSE HOMES AND LIFE ARE IN JEOPARDY BECAUSE OF FIRE AND OTHER LIFE THREATENING OCCURRENCES

NAME OF ORGANIZATION OR GOVERNMENT:  
UNITED WAY OF THE ADIRONDACK REGION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "VOAD-ADK: STRENGTHENING RESILIENCE AND UNITY IN ADIRONDACK DISASTER RESPONSE" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE LEEDOM CHARITABLE TRUST FUND

NAME OF ORGANIZATION OR GOVERNMENT:  
UNITED WAY OF THE ADIRONDACK REGION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "EMPOWERING ALICE FAMILIES: STRENGTHENING STABILITY AND RESILIENCE IN THE ADIRONDACK REGION" APPLICATION (YEAR 1)

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SAN DIEGO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A MATCHING GRANT PROGRAM FOR MASTER OF ARTS IN RESTORATIVE JUSTICE (MARJ) SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT:  
UNIVERSITY OF VERMONT MEDICAL CENTER FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE ORTHOPEDIC RESIDENCY EDUCATION AND PROFESSIONAL TRAINING FUND IN HONOR OF DR. DAVID J LUNARDINI

NAME OF ORGANIZATION OR GOVERNMENT: USLA SCHOLARSHIP FUND INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SPONSORSHIP OF THE GOLF TOURNAMENT (NO GOODS OR SERVICES PROVIDED IN EXCHANGE FOR THIS DONATION)

NAME OF ORGANIZATION OR GOVERNMENT: VERMONT LAW SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE ADIRONDACK FOUNDATION SCHOLARSHIP FOR THE PROFESSIONAL CERTIFICATE IN RESTORATIVE JUSTICE AT VERMONT LAW AND GRADUATE SCHOOL FOR THE 2025-26 ACADEMIC YEAR

NAME OF ORGANIZATION OR GOVERNMENT: VERMONT LAW SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR DESIGNATED SUPPORT OF THE FIELD STUDY COURSE TO IRELAND OR IN THE DISCRETION OF THE CENTER FOR JUSTICE REFORM DIRECTOR OR ACTING DIRECTOR (\$5000) AND IN THE DISCRETION OF THE PRINCIPLE INVESTIGATOR AT THE NATIONAL CENTER ON RJ (\$5000)

NAME OF ORGANIZATION OR GOVERNMENT: VERMONT LAW SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THE 2023 AND 2024 ADK FOUNDATION SCHOLARSHIP FOR VERMONT LAW AND GRADUATE SCHOOL RESTORATIVE JUSTICE CERTIFICATE

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE OF TUPPER LAKE

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

NAME OF ORGANIZATION OR GOVERNMENT: WAIT HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "ADIRONDACK FAMILIES HOMELESSNESS PREVENTION AND RAPID REHOUSING PROGRAM" APPLICATION

NAME OF ORGANIZATION OR GOVERNMENT:

WARRENSBURG EMERGENCY MEDICAL SERVICES

**Part IV Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "GROWING OUR FUTURE" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WATERWHEEL FOUNDATION FUND AT VERMONT COMMUNITY FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: WE ARE INSTRUMENTAL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "HARMONY RESTORED: STUDENT DISCOVERY OF INSTRUMENT-REPAIR TRAINING" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ALLISON FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: WHALLONSBURG GRANGE HALL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE "TRANSITION YEAR FUNDING" APPLICATION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE LANDON FUND

NAME OF ORGANIZATION OR GOVERNMENT:

WILDERNESS HEALTH CARE FOUNDATION, INC.

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

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>ADIRONDACK FOUNDATION</b>	Employer identification number <b>16-1535724</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**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) CALI BROOKS PRESIDENT & CEO	(i)	170,000.	0.	4,190.	5,226.	1,310.	180,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRANDY HOBSON INTERIM CFO	(i)	115,000.	0.	5,500.	3,615.	0.	124,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LORI BELLINGHAM VP COMMUNITY IMPACT	(i)	106,600.	0.	0.	3,198.	8,400.	118,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://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	76	9,240,767.	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 on 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.		

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

Schedule M (Form 990) 2024

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ADIRONDACK FOUNDATION

Employer identification number

16-1535724

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
ADIRONDACK REGION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
ADIRONDACK FOUNDATION (THE "FOUNDATION") IS A COMMUNITY FOUNDATION AND  
A TAX-EXEMPT, NOT-FOR-PROFIT, AUTONOMOUS, PUBLICLY SUPPORTED,  
PHILANTHROPIC INSTITUTION FORMED FOR THE FOLLOWING PURPOSES:

1. TO SERVE AS A PERMANENT COLLECTION OF ENDOWED AND OTHER FUNDS  
BENEFITING ADIRONDACK COMMUNITIES, THEIR INSTITUTIONS AND RESIDENTS,  
INCLUDING BUT NOT LIMITED TO SUPPORT FOR ARTS AND HUMANITIES, COMMUNITY  
AND ECONOMIC DEVELOPMENT, EDUCATION, ENVIRONMENT, HEALTH, HISTORIC  
PRESERVATION, LIBRARIES, RECREATION, SOCIAL SERVICES AND YOUTH PROGRAMS  
THROUGH GRANT MAKING AND OTHER PROGRAMS.

2. TO DO ANY OTHER LAWFUL ACT INCIDENTAL OR CONNECTED WITH THE  
FOREGOING PURPOSES OR IN ADVANCEMENT THEREOF THAT IS CONSISTENT WITH  
THE FOUNDATION'S CERTIFICATE OF INCORPORATION AND APPROVED BY THE  
FOUNDATION'S BOARD OF TRUSTEES.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:  
THIS YEAR, THE FOUNDATION LAUNCHED THE ADIRONDACK INNOVATION INITIATIVE  
(A2I), WHICH IS FOCUSED ON BUILDING A TECH ECOSYSTEM IN THE REGION. IN  
ITS FIRST YEAR, THE INITIATIVE CONCENTRATED ON CONVENING AND CONNECTING  
REMOTE WORKERS, TECHNOLOGY PROFESSIONALS, AND PARTNERS TO STRENGTHEN  
OPPORTUNITIES IN THE ADIRONDACKS. IN ADDITION, THE FOUNDATION  
INTRODUCED KINDLING AND BONFIRE AWARDS IN PARTNERSHIP WITH THE TRUST  
FOR CIVIC LIFE. THESE AWARDS SUPPORT ORGANIZATIONS WORKING TO  
STRENGTHEN CIVIC SOCIETY AND COMMUNITY ENGAGEMENT.

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 CHAIR.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

#### FINANCIAL STATEMENTS:

WE ARE ALSO PLEASED TO OFFER OUR FINANCIAL STATEMENT WHICH INCLUDES THE INDEPENDENT AUDITORS' REPORT FROM BST & CO. CPAS, LLP.

#### 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 STEPHANIE PIANKA, CFO OF ADIRONDACK FOUNDATION AT (518) 523-9904 OR E-MAIL STEPHANIE.PIANKA@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 OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF AN INDEPENDENT



**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**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
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	ADIRONDACK FOUNDATION	<input checked="" type="checkbox"/>	
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	ADIRONDACK FOUNDATION	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) (Rev. 1-2025)

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

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

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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRUCE L. CRARY FOUNDATION, INC.	B	430,000.	CASH
(2) LAKE PLACID EDUCATION FOUNDATION	B	355,050.	CASH
(3)			
(4)			
(5)			
(6)			



