Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ADIRONDACK FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
302 BEAR CUB LANE

City or town, state or province, country, and ZIP or foreign postal code
LAKE PLACID, NY 12946

D Employer identification number
16-1535724

E Telephone number
(518) 523-9904

G Gross receipts $ 13,766,276

F Name and address of principal officer:
JOSEPH STEINIGER
302 BEAR CUB LANE
LAKE PLACID,NY 12946

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ADIRONDACKFOUNDATION.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1997

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
ENHANCING THE LIVES OF PEOPLE IN THE ADIRONDACKS THROUGH PHILANTHROPY.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	15
6	Total number of volunteers (estimate if necessary)	**6**	142
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	13,403,243	7,109,320
	9	Program service revenue (Part VIII, line 2g)	159,558	138,839
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,447,052	2,043,284
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,009,853	9,291,443
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,067,781	5,430,268
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	997,701	1,113,713
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶360,128		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	493,191	657,572
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,558,673	7,201,553
	19	Revenue less expenses. Subtract line 18 from line 12	10,451,180	2,089,890

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	81,334,603	88,853,239
	21	Total liabilities (Part X, line 26)	23,660,526	24,834,339
	22	Net assets or fund balances. Subtract line 21 from line 20	57,674,077	64,018,900

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2023-10-19

▶ JOSEPH STEINIGER CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00369551
Firm's name ▶ PINTO MUCENSKI HOOPER VANHOUSE & CO			Firm's EIN ▶ 16-1207215	
Firm's address ▶ 42 MARKET STREET PO BOX 109 POTSDAM, NY 136760109			Phone no. (315) 265-6080	

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

ADIRONDACK FOUNDATION, FOUNDED IN 1997 AS ADIRONDACK COMMUNITY TRUST, STRENGTHENS COMMUNITY THROUGH PHILANTHROPY. ITS VISION IS THAT AGAINST A BACKDROP OF SCENIC BEAUTY, OUR COMMUNITIES ARE STRONG, JUST AND INCLUSIVE; FAMILY WELLBEING IS SUPPORTED THROUGH QUALITY HEALTHCARE, EDUCATION, AND ECONOMIC OPPORTUNITY; NATURE IS VALUED AND PROTECTED; AND ARTS AND CULTURE THRIVE.

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

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

ADIRONDACK FOUNDATION PLAYS A UNIQUE ROLE IN THE REGION BY 1) STEWARDING CHARITABLE ASSETS FROM GENEROUS PEOPLE WHO CARE ABOUT THE AREA AND WANT TO MAKE A DIFFERENCE, 2) MAKING GRANTS TO NONPROFITS, SCHOOLS, AND MUNICIPALITIES, AND 3) SERVING AS A COMMUNITY LEADER. THE FOUNDATION VALUES COLLABORATION, ACCOUNTABILITY, INCLUSION, DIVERSITY, AND COMPASSION IN ITS WORK. IT STEWARDS MORE THAN 250 CHARITABLE FUNDS AND ITS PRIMARY GRANTMAKING AREAS ARE: EDUCATION, COMMUNITY VITALITY, ECONOMIC OPPORTUNITY, ENVIRONMENT, HUMAN WELL-BEING, AND ARTS AND CULTURE. ITS LEADERSHIP WORK INCLUDES ESTABLISHING THE ADIRONDACK NONPROFIT NETWORK, HELPING TO DEVELOP THE ADIRONDACK COMMON GROUND ALLIANCE, AND COORDINATING THE ADIRONDACK BIRTH TO THREE ALLIANCE.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 6,270,601

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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 in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JAMIE CECILIA 304 BEAR CUB LANE LAKE PLACID,NY12946(518) 523-9904

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, or 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(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
(1) JOSEPH C STEINIGER CHAIR	3.00	X		X				0	0	0
(2) BILL CREIGHTON TREASURER	1.00	X		X				0	0	0
(3) HOLLY WOLFF SECRETARY	1.00	X		X				0	0	0
(4) LAWSON PRINCE ALLEN TRUSTEE	1.00	X						0	0	0
(5) JIM ALLISON TRUSTEE	1.00	X						0	0	0
(6) DAVID BRUNNER TRUSTEE	1.00	X						0	0	0
(7) DEB CLEARY TRUSTEE	1.00	X						0	0	0
(8) KATHLEEN COLSON TRUSTEE	1.00	X						0	0	0
(9) ZAK DAKE TRUSTEE	1.00	X						0	0	0
(10) DAVID DARRIN TRUSTEE	1.00	X						0	0	0
(11) MELISSA EISINGER TRUSTEE	1.00	X						0	0	0
(12) MARGOT ERNST TRUSTEE	1.00	X						0	0	0
(13) REG GIGNOUX TRUSTEE	1.00	X						0	0	0
(14) JOAN GRABE TRUSTEE	1.00	X						0	0	0
(15) LEA PAINE HIGHET TRUSTEE	1.00	X						0	0	0
(16) JAY IRELAND TRUSTEE	1.00	X						0	0	0
(17) SCOTT MCGRAW TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) NANCY MONETTE TRUSTEE	1.00	X						0	0	0
(19) DAVID SAND TRUSTEE	1.00	X						0	0	0
(20) CAROLYN SICHER TRUSTEE	1.00	X						0	0	0
(21) RICHARD STROWGER TRUSTEE	1.00	X						0	0	0
(22) CRAIG WEATHERUP TRUSTEE	1.00	X						0	0	0
(23) NANCY WOLCOTT TRUSTEE	1.00	X						0	0	0
(24) CATHERINE BROOKS PRESIDENT & CEO	40.00			X				154,477	0	0
(25) MATTHEW DONAHUE VICE PRESIDENT FOR PHILANT	40.00					X		110,687	0	0
(26) LINDA BATTIN CHIEF FINANCIAL OFFICER	40.00					X		107,387	0	0

1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . ▶			
d Total (add lines 1b and 1c) . . . . . ▶	372,551	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person*	**5**		No

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,109,320		
	g Noncash contributions included in lines 1a - 1f:$	1g	3,206,544		
	h **Total.** Add lines 1a-1f . . . . . ▶		7,109,320		

Program Service Revenue

	Business Code				
2a MANAGEMENT FEES	561000	130,203	130,203		
b SEMINAR FEES	561000	8,636	8,636		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	138,839				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		1,986,913			1,986,913
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					

		(i) Real	(ii) Personal
6a Gross rents	6a		
b Less: rental expenses	6b		
c Rental income or (loss)	6c		
d Net rental income or (loss) . . . . . ▶			

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	4,531,204					
b Less: cost or other basis and sales expenses	7b	4,474,833					
c Gain or (loss)	7c	56,371					
d Net gain or (loss) . . . . . ▶				56,371			56,371

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . .	10a				
b Less: cost of goods sold . .	10b				
c Net income or (loss) from sales of inventory . . ▶					

OtherRevenueMiscAmt

	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See instructions . . . . ▶		9,291,443	138,839	0	2,043,284

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,420,268	5,420,268		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000	10,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	162,223	69,414	51,337	41,472
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	814,383	348,470	257,718	208,195
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,445	8,320	6,154	4,971
9 Other employee benefits	40,951	17,523	12,959	10,469
10 Payroll taxes	76,711	32,824	24,276	19,611
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,500		17,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	81,339		81,339	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	120,924	78,335	42,589	
12 Advertising and promotion	46,271	45,858		413
13 Office expenses	109,812	46,988	34,751	28,073
14 Information technology				
15 Royalties				
16 Occupancy	8,800	3,765	2,785	2,250
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,894	2,318	930	1,646
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,600	4,108	3,038	2,454
23 Insurance	4,780	2,045	1,513	1,222
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM DEVELOPMENT	126,536	124,801	1,735	
b ANNUAL REPORT	29,657	22,243		7,414
c NEWSLETTER	23,927	20,427		3,500
d MEETING EXPENSE	18,253	7,607	4,246	6,400
e All other expenses	55,279	5,287	27,954	22,038
25 **Total functional expenses.** Add lines 1 through 24e	7,201,553	6,270,601	570,824	360,128
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ 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 IX . . . . . ☐

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

Part XI Reconcilliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	3,934,468	8,838,901	11,894,864	13,403,243	7,109,320	45,180,796
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	3,934,468	8,838,901	11,894,864	13,403,243	7,109,320	45,180,796
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						45,180,796

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .	3,934,468	8,838,901	11,894,864	13,403,243	7,109,320	45,180,796
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	666,971	448,064	1,475,073	2,542,102	1,986,913	7,119,123
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						52,299,919

12 Gross receipts from related activities, etc. (see instructions) **12** 734,656

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 86.390 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 88.670 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2021 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18

19a **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***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.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?*If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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

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

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

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

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

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B (Form 990) 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 for the latest information.	OMB No. 1545-0047 **2022**

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

Name of organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

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
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

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 information once. See instructions.) ▶ $ _____**

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

(e) Transfer of gift

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

(e) Transfer of gift

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

(e) Transfer of gift

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	110	
2	Aggregate value of contributions to (during year)	5,483,049	
3	Aggregate value of grants from (during year)	3,217,220	
4	Aggregate value at end of year	23,593,171	

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? ☑ Yes ☐ 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? ☑ Yes ☐ 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 (e.g., recreation or education)
- ☐ Preservation of an 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 Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 2(d) 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 ▶ $ _____

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 are a 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 programs

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		**3a(i)** No
(ii) Related organizations		**3a(ii)** No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		**3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

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

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	24,696,505

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE FOUNDATION TO EVALUATE ALL SIGNIFICANT TAX POSITIONS. AS OF JUNE 30, 2023 THE FOUNDATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY TAX LIABILITY, NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT SHOULD BE RECORDED.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization: ADIRONDACK FOUNDATION

Employer identification number: 16-1535724

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ADIRONDACK CENTER FOR WRITING 15 BROADWAY PO BOX 956 SARANAC LAKE,NY 12983	01-0562418	501(C)(3)	5,221	0			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF ELIZABETH FOLWELL
(2) ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY 8 NATURE WAY PO BOX 65 KEENE VALLEY,NY 12943	53-0242652	501(C)(3)	10,000	0			FOR SUPPORT OF THE CHAPTER'S WORK IN THE CHAMPLAIN VALLEY IN MEMORY OF HYDE BROWNELL
(3) ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY 8 NATURE WAY PO BOX 65 KEENE VALLEY,NY 12943	53-0242652	501(C)(3)	10,000	0			FOR SUPPORT OF THE INDIGENOUS ALLIES PROGRAM
(4) ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY 8 NATURE WAY PO BOX 65 KEENE VALLEY,NY 12943	53-0242652	501(C)(3)	12,500	0			FOR VARIOUS PROGRAMS WHICH PETER WILL OUTLINE TO SOPHIA. PLEASE DIRECT ATTENTION TO SOPHIA MCCLELLAND
(5) ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY 8 NATURE WAY PO BOX 65 KEENE VALLEY,NY 12943	53-0242652	501(C)(3)	15,000	0			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF MEREDITH M. PRIME
(6) ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY 8 NATURE WAY PO BOX 65 KEENE VALLEY,NY 12943	53-0242652	501(C)(3)	50,000	0			TO SUPPORT THE NATURE CONSERVANCY'S DEI WORK IN THE ADIRONDACKS
(7) ADIRONDACK CHAPTER OF THE NATURE CONSERVANCY 8 NATURE WAY PO BOX 65 KEENE VALLEY,NY 12943	53-0242652	501(C)(3)	70,000	0			FOR UNRESTRICTED SUPPORT
(8) ADIRONDACK COUNCIL 106 HAND AVE SUITE 3 PO BOX D-2 ELIZABETHTOWN,NY 12932	14-1594386	501(C)(3)	15,000	0			FOR UNRESTRICTED SUPPORT
(9) ADIRONDACK COUNCIL 107 HAND AVE SUITE 3 PO BOX D-2 ELIZABETHTOWN,NY 12932	14-1594386	501(C)(3)	15,000	0			FOR UNRESTRICTED SUPPORT
(10) ADIRONDACK COUNCIL 108 HAND AVE SUITE 3 PO BOX D-2 ELIZABETHTOWN,NY 12932	14-1594386	501(C)(3)	19,000	0			FOR UNRESTRICTED SUPPORT
(11) ADIRONDACK COUNCIL 109 HAND AVE SUITE 3 PO BOX D-2 ELIZABETHTOWN,NY 12932	14-1594386	501(C)(3)	50,000	0			FOR GENERAL SUPPORT IN HONOR OF WILLIE JANEWAY
(12) ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION 67 MAIN STREET SUITE 200 SARANAC LAKE,NY 129830747	22-2243540	501(C)(3)	20,000	0			FOR BUILDING ECONOMIC EQUITY IN THE NORTH COUNTRY
(13) ADIRONDACK ECONOMIC DEVELOPMENT CORPORATION 68 MAIN STREET SUITE 200 SARANAC LAKE,NY 129830747	22-2243540	501(C)(3)	30,000	0			FOR LOAN LOSS RESERVE FOR THE ADIRONDACK SMALL BUSINESS CAPITAL ACCESS FUND
(14) ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE,NY 128120099	13-5635801	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(15) ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE,NY 128120099	13-5635801	501(C)(3)	12,500	0			FOR SUPPORT OF ARTISTS & INSPIRATION IN THE WILD; WILLARD HANMER NAMING OPPORTUNITY
(16) ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE,NY 128120099	13-5635801	501(C)(3)	15,000	0			FOR THE ANNUAL FUND -$2500 AND THE MAP MOVE-$12,500
(17) ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE,NY 128120099	13-5635801	501(C)(3)	15,000	0			FOR THE BOARD CONTRIBUTION
(18) ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE,NY 128120099	13-5635801	501(C)(3)	25,000	0			FOR SUPPORT OF THE JULY 29TH GALA IN HONOR OF ED MCNEIL
(19) ADIRONDACK EXPERIENCE 9097 STATE ROUTE 30 PO BOX 99 BLUE MOUNTAIN LAKE,NY 128120099	13-5635801	501(C)(3)	25,000	0			FOR THE RENOVATION OF THE ARTS BUILDING
(20) ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE,NY 12983	14-1781617	501(C)(3)	7,000	0			FOR GENERAL OPERATING SUPPORT
(21) ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE,NY 12983	14-1781617	501(C)(3)	7,400	0			FOR ADIRONDACK HOUSING SOLUTIONS REPORTING
(22) ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE,NY 12983	14-1781617	501(C)(3)	7,500	0			FOR OPERATING EXPENSES
(23) ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE,NY 12983	14-1781617	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(24) ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE,NY 12983	14-1781617	501(C)(3)	10,000	0			FOR SUPPORT OF CLIMATE CHANGE INITIATIVE
(25) ADIRONDACK EXPLORER 36 CHURCH STREET SARANAC LAKE,NY 12983	14-1781617	501(C)(3)	20,000	0			FOR CLIMATE REPORTING INITIATIVE-$10,000 AND FOR GENERAL OPERATING SUPPORT-$10,000
(26) ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE,NY 129830471	16-1528554	501(C)(3)	8,850	0			FOR SUPPORT OF RENOVATIONS TO MOUNTAIN HEALTH CENTER, KEENE , NY
(27) ADIRONDACK HEALTH FOUNDATION 2233 STATE ROUTE 86 PO BOX 120 SARANAC LAKE,NY 129830471	16-1528554	501(C)(3)	20,000	0			FOR UNRESTRICTED SUPPORT
(28) ADIRONDACK LAKES CENTER FOR THE ARTS 3446 NYS ROUTE 28 PO BOX 205 BLUE MOUNTAIN LAKE,NY 12812	14-1501361	501(C)(3)	5,500	0			FOR SUPPORT OF RESTORATION
(29) ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE,NY 12942	22-2559576	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF MEREDITH M. PRIME
(30) ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE,NY 12942	22-2559576	501(C)(3)	10,000	0			FOR SUPPORT OF THE ANNUAL FUND
(31) ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE,NY 12942	22-2559576	501(C)(3)	20,000	0			FOR GENERAL SUPPORT
(32) ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE,NY 12942	22-2559576	501(C)(3)	25,000	0			FOR THE CAPITAL CAMPAIGN
(33) ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE,NY 12942	22-2559576	501(C)(3)	25,000	0			FOR THE BENEFIT OF STEWARDSHIP ENDOWMENT ON THE WEAVER FARM PROJECT IN WILLSBORO
(34) ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE,NY 12942	22-2559576	501(C)(3)	30,000	0			FOR UNRESTRICTED SUPPORT
(35) ADIRONDACK LAND TRUST 2861 NYS 73 PO BOX 130 KEENE,NY 12942	22-2559576	501(C)(3)	73,018	0			FOR SUPPORT OF THE FRED M. & WALKER D. KIRBY STEWARDSHIP ENDOWMENT FUND AS A RESULT OF THE CLOSURE OF THE LAKE PLACID LAND CONSERVANCY FUND
(36) ADIRONDACK MOUNTAIN CLUB PO BOX 4390 QUEENSBURY,NY 12804	15-0586270	501(C)(3)	7,600	0			FOR THE 2023 SUMMIT STEWARD PROGRAM
(37) ADIRONDACK NORTH COUNTRY ASSOCIATION 67 MAIN STREET SUITE 201 SARANAC LAKE,NY 12983	15-0563934	501(C)(3)	6,000	0			FOR BREAKING DOWN BARRIERS: EQUITABLE OUTDOOR ACCESS
(38) ADIRONDACK NORTH COUNTRY ASSOCIATION 68 MAIN STREET SUITE 201 SARANAC LAKE,NY 12983	15-0563934	501(C)(3)	6,000	0			FOR THE SUPPORT OF PAY RAISES AS REQUESTED BY JAMES L. SONNEBORN
(39) ADIRONDACK NORTH COUNTRY ASSOCIATION 69 MAIN STREET SUITE 201 SARANAC LAKE,NY 12983	15-0563934	501(C)(3)	25,000	0			FOR THE ADI - POLICING INITIATIVE
(40) ADIRONDACK NORTH COUNTRY ASSOCIATION 70 MAIN STREET SUITE 201 SARANAC LAKE,NY 12983	15-0563934	501(C)(3)	31,000	0			IN SUPPORT OF POLICE TRAINING BY ADI
(41) ADIRONDACK RECREATIONAL TRAIL ADVOCATES PO BOX 1081 SARANAC LAKE,NY 12983	45-4752327	501(C)(3)	15,000	0			FOR UNRESTRICTED SUPPORT
(42) ADIRONDACK SKY CENTER 36 HIGH STREET PO BOX 1332 TUPPER LAKE,NY 12986	77-0616930	501(C)(3)	10,000	0			TO SUPPORT THE SKY CENTER BUILDING CAMPAIGN
(43) ADIRONDACK SPORTS COUNCIL 49 PARKSIDE DRIVE LAKE PLACID,NY 12946	22-2861424	501(C)(3)	5,800	0			IN SUPPORT OF THE MAC PAC PROGRAM
(44) ADIRONDACK WATERSHED INSTITUTE PAUL SMITHS COLLEGE PO BOX 265 PAUL SMITHS,NY 129700244	15-0533545	501(C)(3)	13,800	0			FOR THE LAKE STEWARD PROGRAM
(45) ADKACTIONORG PO BOX 64 KEESEVILLE,NY 12944	27-4514665	501(C)(3)	10,000	0			FOR INCREASING FOOD SECURITY AND NUTRITION FOR ADIRONDACKERS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH GENEROUS ACTS FOR CENTRAL ADIRONDACKS COMMUNITY FUND. HUDSON HEADWATERS IS AWARDING $10,000 WHICH WILL BE SENT SEPARATELY
(46) ADKACTIONORG PO BOX 64 KEESEVILLE,NY 12944	27-4514665	501(C)(3)	10,000	0			FOR THE LEADERSHIP CIRCLE
(47) ADKACTIONORG PO BOX 64 KEESEVILLE,NY 12944	27-4514665	501(C)(3)	25,000	0			FOR THE LEADERSHIP CIRCLE
(48) AMERICAN FRIENDS OF CHRIST CHURCH INC 3900 NYS ROUTE 22 WILLSBORO,NY 12996	56-2390129	501(C)(3)	10,000	0			FOR SUPPORT OF THE EDWARD H. BURN LAW TUTORSHIP ENDOWMENT
(49) AMERICAN FRIENDS OF CHRIST CHURCH INC 3900 NYS ROUTE 22 WILLSBORO,NY 12996	56-2390129	501(C)(3)	10,000	0			FOR SUPPORT OF THE CHRISTOPHER LEWIS FUND FOR CHRIST CHURCH MEADOW
(50) AMERICAN FRIENDS OF CHRIST CHURCH INC 3900 NYS ROUTE 22 WILLSBORO,NY 12996	56-2390129	501(C)(3)	10,000	0			FOR A HISTORY GRADUATE SCHOLARSHIP IN HONOR OF SIMON OFFEN
(51) AMERICAN FRIENDS OF CHRIST CHURCH INC 3900 NYS ROUTE 22 WILLSBORO,NY 12996	56-2390129	501(C)(3)	10,000	0			FOR SUPPORT OF THE CHRISTOPHER LEWIS FUND FOR CHRIST CHURCH MEADOW
(52) AMERICAN FRIENDS OF CHRIST CHURCH INC 3900 NYS ROUTE 22 WILLSBORO,NY 12996	56-2390129	501(C)(3)	25,000	0			IN SUPPORT OF THE EDWARD H. BURN TUTORSHIP ENDOWMENT
(53) AMERICAN FRIENDS OF CHRIST CHURCH INC 3900 NYS ROUTE 22 WILLSBORO,NY 12996	56-2390129	501(C)(3)	25,000	0			FOR SUPPORT OF THE EDWARD BURN TUTORSHIP ENDOWMENT
(54) AMERICAN FRIENDS OF CHRIST CHURCH INC 3900 NYS ROUTE 22 WILLSBORO,NY 12996	56-2390129	501(C)(3)	25,000	0			FOR SUPPORT OF THE EDWARD H. BURN LAW TUTORSHIP ENDOWMENT
(55) AMERICAN TRUST FOR OXFORD UNIVERSITY 8230 BOONE BOULEVARD SUITE 240 VIENNA,VA 22182	13-6024454	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT FOR THE RHODES SCHOLARSHIPS ON THE OCCASION OF THE 120TH ANNIVERSARY
(56) AMERICAN TRUST FOR OXFORD UNIVERSITY 8231 BOONE BOULEVARD SUITE 240 VIENNA,VA 22182	13-6024454	501(C)(3)	15,000	0			FOR THE BENEFIT OF RHODES SCHOLARSHIPS
(57) APPLEBY FOUNDATION INC 2876 SILVER LAKE ROAD SARANAC,NY 12981	13-3002239	501(C)(3)	7,500	0			FOR VITALITY AND ENGAGEMENT ON MAIN STREET
(58) AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD PO BOX 8 WILMINGTON,NY 12997	14-1809764	501(C)(3)	15,000	0			FOR MIRROR LAKE SALT REDUCTION INITIATIVE
(59) BALLET SUN VALLEY PO BOX 555 SUN VALLEY,ID 83353	81-3872831	501(C)(3)	7,500	0			FOR UNRESTRICTED SUPPORT AND IN MEMORY OF ROBERT SMELICK
(60) BAY AREA NONVIOLENT COMMUNICATION PO BOX 22872 OAKLAND,CA 94609	20-1329504	501(C)(3)	7,500	0			TO SUPPORT THE MATERIAL SUSTAINABILITY OF NGL
(61) BEEKMANTOWN CENTRAL SCHOOL DISTRICT 37 EAGLE WAY WEST CHAZY,NY 12992	14-6010232	501(C)(3)	6,000	0			FOR PERSONAL DEVELOPMENT & CAREER READINESS PREPARATION FOR STUDENTS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WORKFORCE SKILLS FUND AND GENEROUS ACTS FUND
(62) BEEKMANTOWN CENTRAL SCHOOL DISTRICT 37 EAGLE WAY WEST CHAZY,NY 12992	14-6010232	501(C)(3)	6,000	0			FOR PERSONAL DEVELOPMENT & CAREER READINESS PREPARATION FOR STUDENTS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WORKFORCE SKILLS FUND AND GENEROUS ACTS FUND
(63) BERKSHIRE CHORAL INTERNATIONAL 406 MAIN STREET SUITE 1 GREAT BARRINGTON,MA 01230	13-2586807	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(64) BLUE MOUNTAIN CENTER PO BOX 109 BLUE MOUNTAIN LAKE,NY 12812	22-2370485	501(C)(3)	10,000	0			FOR HEALTHY, LOCAL FOOD VOUCHERS AND CONNECTIONS IN HAMILTON COUNTY. THIS GRANT IS MADE IN PARTNERSHIP WITH GENEROUS ACTS FOR CENTRAL ADIRONDACKS COMMUNITY FUND
(65) BRIDGES TO LIFE PO BOX 210204 ARLINGTON,TX 76006	76-0588279	501(C)(3)	25,000	0			FOR PRINTED MATERIALS - RESTORING PEACE BOOKS, STUDY GUIDES, SELF STUDY GUIDES.
(66) BRUCE L CRARY FOUNDATION INC 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN,NY 12932	23-7366844	501(C)(3)	45,000	0			CRARY OPERATIONS
(67) BRUCE L CRARY FOUNDATION INC 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN,NY 12932	23-7366844	501(C)(3)	50,000	0			FOR OPERATIONS
(68) BRUCE L CRARY FOUNDATION INC 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN,NY 12932	23-7366844	501(C)(3)	150,000	0			FOR SCHOLARSHIPS
(69) BRUCE L CRARY FOUNDATION INC 8273 RIVER STREET PO BOX 396 ELIZABETHTOWN,NY 12932	23-7366844	501(C)(3)	150,000	0			FOR 2022 SCHOLARSHIPS
(70) CHAMPLAIN CHILDREN'S LEARNING CENTER INC 10 CLINTON STREET ROUSES POINT,NY 12979	16-1537024	501(C)(3)	8,000	0			FOR LEARNING AREAS FOR INFANTS AND TODDLERS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BIRTH TO THREE FUND AND GENEROUS ACTS
(71) CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY INC 194 US OVAL PO BOX 2640 PLATTSBURGH,NY 12901	14-1731550	501(C)(3)	10,000	0			FOR TINY LEADERS CHILDREN'S CENTER TWO "UP AND AWAY AT TLC" SUBMITTED BY LEX BESSETTE WITH CCCCNC AS FISCAL SPONSOR. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ADIRONDACK FOR KIDS FUND AND GENEROUS ACTS FUND
(72) CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY INC 194 US OVAL PO BOX 2640 PLATTSBURGH,NY 12901	14-1731550	501(C)(3)	10,000	0			FOR TINY LEADERS CHILDREN'S CENTER TWO "UP AND AWAY AT TLC" SUBMITTED BY LEX BESSETTE WITH CCCCNC AS FISCAL SPONSOR. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ADIRONDACK FOR KIDS FUND
(73) CHILD CARE COORDINATING COUNCIL OF THE NORTH COUNTRY INC 194 US OVAL PO BOX 2640 PLATTSBURGH,NY 12901	14-1731550	501(C)(3)	16,250	0			FOR HIGH QUALITY CHILD CARE: SUPPORTING CHILDREN AND PROVIDERS IN CRISIS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BIRTH TO THREE FUND AND GENEROUS ACTS
(74) 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
(75) CLIFTON COMMUNITY LIBRARY 7171 STATE HWY 3 CRANBERRY LAKE,NY 12927	90-0918415	501(C)(3)	15,000	0			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE LIBRARY AND IMPROVE ITS IMPACT ON THE COMMUNITY
(76) CLIFTON-FINE CENTRAL SCHOOL DISTRICT 11 HALL AVENUE STAR LAKE,NY 13690	15-6002316	501(C)(3)	15,000	0			FOR THE DAMOTH SCHOLARSHIP FOR 2023
(77) CLIFTON-FINE ECONOMIC DEVELOPMENT CORPORATION PO BOX 115 WANAKENA,NY 13695	16-1607609	501(C)(3)	15,000	0			FOR FURTHER DISTRIBUTIONS BACK TO THE COMMUNITY IN 2023
(78) CLOUDSPLITTER FOUNDATION PO BOX 1357 SARANAC LAKE,NY 12983	22-2784895	501(C)(3)	150,000	0			FOR SUPPORT OF 501C3'S THAT IN TURN WORK TO IMPROVE THE ENVIRONMENT, ECONOMIES, AND LIVES OF THE PEOPLE OF THE ADIRONDACKS
(79) COLUMBIA UNIVERSITY 635 WEST 165TH STREET BOX 13 NEW YORK,NY 10032	13-5598093	501(C)(3)	15,000	0			FOR SUPPORT OF THE DEPARTMENT OF OPHTHALMOLOGY, VITREORETINAL DIVISION
(80) CRANBERRY LAKE VOLUNTEER FIRE DEPT PO BOX 549 CRANBERRY LAKE,NY 12927	16-0925414	501(C)(3)	15,000	0			FOR UNRESTRICTED SUPPORT TO SUSTAIN THE MISSION AND WORK OF THE FIRE DEPARTMENT AND IMPROVE ITS IMPACT ON THE COMMUNITY
(81) ECUMENICAL COUNCIL OF SARANAC LAKE INC PO BOX 194 SARANAC LAKE,NY 12983	27-1883973	501(C)(3)	10,000	0			FOR SAMARITAN HOUSE OPERATING SUPPORT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND AND SPECIAL AND URGENT NEEDS FUND
(82) ELIZABETHTOWN COMMUNITY HOSPITAL 75 PARK STREET PO BOX 277 ELIZABETHTOWN,NY 129320277	14-1364513	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT FROM THE STRICKLER GALLOGLY FAMILY
(83) ELIZABETHTOWN SOCIAL CENTER 7626 US RT9 PO BOX 205 ELIZABETHTOWN,NY 12932	14-1338389	501(C)(3)	9,450	0			FOR TEENS OFF SCREENS INITIATIVE. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ACE FUND, DRUCKER-HARRIS LEGACY FUND, TREETOP FAMILY FUND AND ADIRONDACK FOUNDATION
(84) EPILEPSY FOUNDATION OF NORTHEASTERN NEW YORK INC 3 WASHINGTON SQUARE ALBANY,NY 12205	14-1637156	501(C)(3)	40,000	0			TO PROVIDE RESOURCES FOR INSTITUTIONS TO BUILD AWARENESS AND UNDERSTANDING OF THE NATURE AND IMPACT OF SEIZURES AND TO SUPPORT FAMILIES CARING FOR LOVED ONES WITH SEIZURES IN THE ADIRONDACK REGION.
(85) ESSEX FOOD HUB INC 545 MIDDLE ROAD ESSEX,NY 12936	92-0845255	501(C)(3)	11,500	0			FOR TRANSPORTATION VEHICLE ACQUISITION TO ENSURE LOCAL FOOD ACCESS IN 501C3 TRANSITION. THIS GRANT IS FUNDED WITH SUPPORT FROM THE BILL AND LISA POWERS FUND, ERNST FAMILY FUND, SPECIAL AND URGENT NEEDS FUND AND GENEROUS ACTS FUND
(86) FAMILIES FIRST IN ESSEX COUNTY INC 196 WATER STREET PO BOX 565 ELIZABETHTOWN,NY 12932	14-1763863	501(C)(3)	17,200	0			FOR UNRESTRICTED SUPPORT OF AGENCY NEEDS
(87) FAMILY YMCA OF THE GLENS FALLS AREA 600 GLEN STREET GLENS FALLS,NY 12801	14-1340008	501(C)(3)	10,000	0			FOR NO MORE LEARNING GAP CAMP AND REGIONAL WELLNESS CENTER
(88) FORT TICONDEROGA ASSOCIATION INC PO BOX 390 TICONDEROGA,NY 128830390	14-1440924	501(C)(3)	25,000	0			FOR SUPPORT OF THE NITELLO COLLECTION IN HONOR OF TOM HOY
(89) FOUNDATION OF CVPH MEDICAL CENTER INC 75 BEEKMAN ST PLATTSBURGH,NY 129011438	14-1727048	501(C)(3)	5,900	0			TO SUPPORT THE CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT OF EMPLOYEES OF THE CHAMPLAIN VALLEY MEDICAL CENTER IN PLATTSBURGH, NEW YORK
(90) FOUNDATION OF CVPH MEDICAL CENTER INC 75 BEEKMAN ST PLATTSBURGH,NY 129011438	14-1727048	501(C)(3)	7,500	0			FOR THE HOSPITAL'S FAMILY MEDICINE RESIDENCY PROGRAM SCHWARTZBERG DO
(91) FOUR KINGDOMS COUNCIL 4081 GARNET LANE BOULDER,CO 80304	47-2691499	501(C)(3)	20,000	0			FOR SUPPORT OF OPERATING FUNDS
(92) HEALTH WORKFORCE COLLABORATIVE 1 MAIN STREET SUITE 102 CANTON,NY 13617	85-2837780	501(C)(3)	10,000	0			FOR HEALTHCARE CAREER PATHWAYS: THE INSTITUTE FOR CAREER ADVANCEMENT IN MEDICINE
(93) HEALTH WORKFORCE COLLABORATIVE 2 MAIN STREET SUITE 102 CANTON,NY 13617	85-2837780	501(C)(3)	10,000	0			FOR HEALTHCARE CAREER PATHWAYS: THE INSTITUTE FOR CAREER ADVANCEMENT IN MEDICINE. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WORKFORCE SKILLS FUND
(94) HIGH PEAKS EDUCATION FOUNDATION PO BOX 475 KEENE VALLEY,NY 12943	14-1815377	501(C)(3)	22,000	0			FOR ANNUAL UNRESTRICTED SUPPORT
(95) HIGH PEAKS EDUCATION FOUNDATION PO BOX 475 KEENE VALLEY,NY 12943	14-1815377	501(C)(3)	38,000	0			FOR ANNUAL UNRESTRICTED SUPPORT
(96) HISTORIC SARANAC LAKE INC 90 CHURCH ST SUITE 2 SARANAC LAKE,NY 129831834	14-1635407	501(C)(3)	25,000	0			IN SUPPORT OF CAPITAL CAMPAIGN
(97) HOMESTEAD DEVELOPMENT CORP 70 TRILLIUM DRIVE LAKE PLACID,NY 12946	85-0866443	501(C)(3)	15,000	0			FOR ORGANIZATIONAL OPERATING ITEMS
(98) HOUSING ASSISTANCE PROGRAM OF ESSEX COUNTY 103 HAND AVENUE PO BOX 157 ELIZABETHTOWN,NY 12932	14-1601549	501(C)(3)	20,000	0			FOR BOTH MEADOW TRAIL ENVIRONMENTAL HAZARD REMOVAL
(99) INDIAN LAKE COMMUNITY DEVELOPMENT CORPORATION 752 BIG BROOK ROAD PO BOX 355 INDIAN LAKE,NY 12842	46-0714153	501(C)(3)	7,500	0			FOR LAUNCHING REVITALIZATION EFFORTS IN THE TOWN OF INDIAN LAKE. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE GENEROUS ACTS FOR CENTRAL ADIRONDACKS COMMUNITY FUND
(100) INDIAN LAKE THEATER INC 13 WEST MAIN STREET PO BOX 517 INDIAN LAKE,NY 12842	26-1917553	501(C)(3)	10,000	0			FOR DIRECTOR TRANSITION SUPPORT. THIS GRANT IS FUNDED IN PARTNERSHIP WITH NORTHERN LIGHTS FUND
(101) INFANT JESUS OF PRAGUE INC PO BOX 1238 TUPPER LAKE,NY 12986	16-1536247	501(C)(3)	24,800	0			FOR FURTHER DISTRIBUTION TO THE COMMUNITY IN 2022-23
(102) INFANT JESUS OF PRAGUE INC PO BOX 1238 TUPPER LAKE,NY 12986	16-1536247	501(C)(3)	24,800	0			FOR SUPPORT OF FURTHER DISTRIBUTION TO THE COMMUNITY IN 2023
(103) JCEO OF CLINTON & FRANKLIN COUNTIES INC 112828 54 MARGARET ST PLATTSBURGH,NY 129010000	14-1494810	501(C)(3)	9,750	0			FOR FUEL AID FOR NORTH COUNTRY FAMILIES. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND. HUDSON HEADWATERS IS AWARDING $9,750 WHICH WILL BE SENT AS A SEPARATE CHECK
(104) 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
(105) 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
(106) 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
(107) KEEP SMILING MOVEMENT 8155 TR 89 FINDLAY,OH 45840	83-2192357	501(C)(3)	7,000	0			IN SUPPORT OF THE VALENTINE SOIREE / NO KID HUNGRY
(108) LAKE CHAMPLAIN-LAKE GEORGE REGIONAL PLANNING BOARD PO BOX 765 LAKE GEORGE,NY 12845	65-1256768	501(C)(3)	10,000	0			FOR EQUITABLE LENDING PROGRAM
(109) LAKE GEORGE ASSOCIATION 2392 STATE ROUTE 9N PO BOX 408 LAKE GEORGE,NY 12845	14-6000565	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(110) LAKE GEORGE ASSOCIATION 2392 STATE ROUTE 9N PO BOX 408 LAKE GEORGE,NY 12845	14-6000565	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(111) LAKE GEORGE LAND CONSERVANCY 4905 LAKE SHORE DRIVE PO BOX 1250 BOLTON LANDING,NY 12814	22-2902944	501(C)(3)	20,000	0			FOR UNRESTRICTED SUPPORT
(112) LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE LAKE PLACID,NY 12946	14-6030874	501(C)(3)	7,500	0			FOR THE GENERAL FUND
(113) LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE LAKE PLACID,NY 12946	14-6030874	501(C)(3)	10,000	0			FOR THE PURCHASE OF THE PROPERTY
(114) LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE LAKE PLACID,NY 12946	14-6030874	501(C)(3)	25,700	0			FOR PERFORMANCE IN DANCE, MUSICALS, CONCERTS, FILM, CHILDRENS' PROGRAMMING, AND OTHER EVENTS: & MAINTENANCE AND UPKEEP OF THE THEATER, GALLERIES, STUDIO AND PLANT OPERATIONS
(115) LAKE PLACID CENTER FOR THE ARTS 17 ALGONQUIN AVE LAKE PLACID,NY 12946	14-6030874	501(C)(3)	52,400	0			FOR UNRESTRICTED SUPPORT
(116) LAKE PLACID CENTRAL SCHOOL DISTRICT 50 CUMMINGS ROAD LAKE PLACID,NY 12946	14-6001627	501(C)(3)	11,064	0			FOR TEACHER GRANTS, INDIVIDUAL NEEDS ASSISTANCE AND COLLEGE VISITATION TRIP#22230181 FROM LPCSD
(117) LAKE PLACID CENTRAL SCHOOL DISTRICT 50 CUMMINGS ROAD LAKE PLACID,NY 12946	14-6001627	501(C)(3)	20,148	0			FOR SUPPORT OF 2023 FUNDING OF: COMMUNITY SCHOOLS $800; BRIDGE CLASSES $420; NYC FIELD TRIP $1,200 (TEACHER GRANT); STUDENT GRANTS $1,328; 5TH GRADE FIELD TRIP $3,000; M/H SUMMER READING $5,400; ELEMENTARY SUMMER READING $8,000
(118) LAKE PLACID CENTRAL SCHOOL DISTRICT 50 CUMMINGS ROAD LAKE PLACID,NY 12946	14-6001627	501(C)(3)	29,000	0			FOR THE 2023 NASH WILLIAMS/FOUNDING FAMILIES SCHOLARSHIPS WHICH SUPPORT STUDENTS GRADUATING FROM LAKE PLACID CENTRAL SCHOOL BASED ON ACADEMIC EXCELLENCE, LEADERSHIP POTENTIAL AND CITIZENSHIP
(119) LAKE PLACID CENTRAL SCHOOL DISTRICT 50 CUMMINGS ROAD LAKE PLACID,NY 12946	14-6001627	501(C)(3)	44,700	0			FOR SUPPORT OF THE 2023 8TH GRADE TRIP TO WASHINGTON DC
(120) LAKE PLACID COMMUNITY BEAUTIFICATION ASSOC INC 2693 MAIN STREET SUITE 301 LAKE PLACID,NY 12946	22-3799091	501(C)(3)	78,403	0			FOR UNRESTRICTED SUPPORT FROM CLOSURE OF THE COMMUNITY BEAUTIFICATION FUND OF LAKE PLACID
(121) LAKE PLACID OLYMPIC MUSEUM OLYMPIC CENTER 2634 MAIN ST PO BOX 2002 LAKE PLACID,NY 12946	16-1517554	501(C)(3)	37,165	0			FOR SUPPORT OF RENOVATION OF THE OLYMPIC MUSEUM
(122) LAKE PLACID SINFONIETTA INC PO BOX 1303 LAKE PLACID,NY 12946	11-2608012	501(C)(3)	7,000	0			FOR UNRESTRICTED SUPPORT
(123) LAKE PLACID SINFONIETTA INC PO BOX 1303 LAKE PLACID,NY 12946	11-2608012	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(124) LEAVENERS COMMUNITY FOUNDATION PO BOX 237 ESSEX,NY 12936	48-1172029	501(C)(3)	15,000	0			FOR ADAPTIVE REUSE PLANNING FOR THE FORMER ESSEX COUNTY HOME SUBMITTED BY STEVE ENGLEHART WITH LEAVENERS COMMUNITY FOUNDATION AS FISCAL SPONSOR
(125) LITERACY VOLUNTEERS OF CLINTON ESSEX AND FRANKLIN COUNTIES 101 BROAD STREET HAWKINS HALL 052 POB 2864 PLATTSBURGH,NY 12901	23-7330109	501(C)(3)	10,000	0			FOR TAKING LITERACY TO NEW FRONTIERS. THIS GRANT IS FUNDED THROUGH A PARTNERSHIP WITH THE KIWASSA FUND AND GENEROUS ACTS FUND
(126) LITTLE PEAKS INC PO BOX 261 KEENE,NY 129420261	14-1764289	501(C)(3)	25,000	0			FOR UNRESTRICTED SUPPORT
(127) LITTLE PEAKS INC PO BOX 261 KEENE,NY 129420261	14-1764289	501(C)(3)	39,400	0			TO SUPPORT THE LITTLE PEAKS BUILDING FUND
(128) LITTLE PEAKS INC PO BOX 261 KEENE,NY 129420261	14-1764289	501(C)(3)	48,021	0			FOR LITTLE PEAKS BUILDING ACCOUNT FROM THE CLOSING OF THE LITTLE PEAKS CAMPAIGN FUND AT THE ADIRONDACK FOUNDATION
(129) LITTLE PEAKS INC PO BOX 261 KEENE,NY 129420261	14-1764289	501(C)(3)	100,000	0			FOR OPERATIONS
(130) LITTLE PEAKS INC PO BOX 261 KEENE,NY 129420261	14-1764289	501(C)(3)	229,441	0			TO SUPPORT THE LITTLE PEAKS BUILDING FUND
(131) MALONE RECREATION FOUNDATION 81 CONSTABLE STREET MALONE,NY 12953	82-3516869	501(C)(3)	50,000	0			FOR INSTALLATION OF A POOL AT THE RECREATION PARK
(132) MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID,NY 12946	20-8720121	501(C)(3)	10,000	0			FOR EMPOWERING ELDERS TO AGE IN PLACE MORE SUCCESSFULLY. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND
(133) MERCY CARE FOR THE ADIRONDACKS 185 OLD MILITARY ROAD LAKE PLACID,NY 12946	20-8720121	501(C)(3)	25,000	0			$15,000 FOR OPERATIONS AND $10,000 FOR ENDOWMENT
(134) METROPOLITAN OPERA ASSOCIATION INC OFFICE OF DEVELOPMENT 30 LINCOLN CENTER NEW YORK,NY 10023	13-1624087	501(C)(3)	5,500	0			FOR UNRESTRICTED SUPPORT AT THE RECOMMENDATION OF ERNEST E KEET
(135) MOUNTAIN LAKE PBS 1 SESAME STREET PLATTSBURGH,NY 129010617	14-1513789	501(C)(3)	10,000	0			FOR SUPPORT OF THE TRISTAN FUND / GIVING LIBRARY
(136) MOUNTAIN LAKE SERVICES 10 ST PATRICKS PLACE PORT HENRY,NY 12974	14-1563885	501(C)(3)	5,600	0			FOR EXPANDING AVAILABLE HEALTHY FOOD TO OUR COMMUNITY
(137) NATIONAL ASSOCIATION OF COMMUNITY AND RESTORATIVE JUSTICE 16650 HUEBNER RD STE 1336 SAN ANTONIO,TX 78248	46-1809518	501(C)(3)	115,000	0			FOR * NEW WEBSITE/MEMBERSHIP SOFTWARE/SUPPORT - 3 YR CONTRACT $34,750 *COMMUNICATIONS & BRAND IDENTITY DEVELOPMENT $9,000 *MEMBERSHIP SPECIALIST/PROGRAM ASSISTANT $27,500 *EVENTS/PROGRAM COORDINATOR $21,000 *STRATEGIC PLANNING $10,000 *INDIRECT COST $12,
(138) NEW YORK SKI EDUCATION FOUNDATION 5021 NYS RT 86 PO BOX 300 WILMINGTON,NY 12997	14-1577846	501(C)(3)	20,000	0			FOR UNRESTRICTED SUPPORT
(139) NEWCOMB HISTORICAL MUSEUM PO BOX 408 NEWCOMB,NY 12852	81-2053129	501(C)(3)	25,000	0			FOR ANNUAL SUPPORT
(140) NEWCOMB HISTORICAL MUSEUM PO BOX 408 NEWCOMB,NY 12852	81-2053129	501(C)(3)	25,000	0			FOR GRAVE MARKER RESTORATION AND SUPPORT OF THE MUSEUM
(141) NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION INC PO BOX 89 SARANAC LAKE,NY 129830089	23-7316021	501(C)(3)	10,000	0			FOR SUPPORT OF THE OPPORTUNITY SCHOLARSHIP FUND
(142) NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION INC PO BOX 89 SARANAC LAKE,NY 129830089	23-7316021	501(C)(3)	10,000	0			FOR CURRICULUM IMPLEMENTATION FOR EARLY CHILDHOOD CARE PROVIDERS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH BIRTH TO THREE FUND AND GENEROUS ACTS FUND
(143) NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION INC PO BOX 89 SARANAC LAKE,NY 129830089	23-7316021	501(C)(3)	10,000	0			FOR SCHOLARSHIPS
(144) NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION INC PO BOX 89 SARANAC LAKE,NY 129830089	23-7316021	501(C)(3)	10,000	0			FOR CURRICULUM IMPLEMENTATION FOR EARLY CHILDHOOD CARE PROVIDERS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH BIRTH TO THREE FUND AND GENEROUS ACTS FUND
(145) NORTH COUNTRY MINISTRY 3933 MAIN STREET PO BOX 478 WARRENSBURG,NY 12885	22-3787718	501(C)(3)	15,000	0			FOR COMMUNITY CASEWORKER IN THE SOUTH EASTERN ADIRONDACKS. THIS GRANT IS FUNDED IN PARTNERSHIP WITH WEATHERUP FIELD OF INTEREST FUND AND SPECIAL AND URGENT NEEDS FUND
(146) NORTH COUNTRY PUBLIC RADIO ST LAWRENCE UNIVERSITY 23 RAMODA DRIVE CANTON,NY 13617	15-0532239	501(C)(3)	20,000	0			FOR POVERTY IN NORTHERN NEW YORK COMMUNITIES. THIS GRANT IS FUNDED IN PARTNERSHIP WITH NORTHERN LIGHTS FUND
(147) NORTH COUNTRY PUBLIC RADIO ST LAWRENCE UNIVERSITY 23 RAMODA DRIVE CANTON,NY 13617	15-0532239	501(C)(3)	98,200	0			FOR UNRESTRICTED SUPPORT
(148) NORTH COUNTRY SPCA 7700 ROUTE 9N PO BOX 55 ELIZABETHTOWN,NY 129320055	14-6034608	501(C)(3)	15,000	0			FOR DIRECTOR SALARY AND OPERATING SUPPORT
(149) NORTH COUNTRY WORKFORCE PARTNERSHIP INC 194 US OVAL PLATTSBURGH,NY 12901	22-3396729	501(C)(3)	7,500	0			FOR AUTHENTIC STEM EXPANSION SUPPORT. THIS GRANT IS BEING FUNDED IN PARTNERSHIP WITH THE BOB AND KRISTIN DAVIDSON FOUNDATION AND GENEROUS ACTS FUND
(150) NORTH ELBA COMMUNITY CHRISTMAS FUND 2693 MAIN STREET LAKE PLACID,NY 12946	14-1675577	501(C)(3)	9,700	0			FOR THE CHRISTMAS FUND AT THE REQUEST OF THE UIHLEIN FOUNDATION
(151) NORTHEAST WILDERNESS TRUST 17 STATE STREET SUITE 302 MONTPELIER,VT 05602	01-0729039	501(C)(3)	25,000	0			FOR SUPPORT OF THE MORIAH PROJECT
(152) NORTHEAST WILDERNESS TRUST 18 STATE STREET SUITE 302 MONTPELIER,VT 05602	01-0729039	501(C)(3)	50,000	0			FOR THE BEAR POND FOREST FUND
(153) NORTHERN FOREST ATLAS FOUNDATION INC C/O RAY CURRAN 416 PARK AVENUE SARANAC LAKE,NY 129835528	46-1349949	501(C)(3)	15,000	0			FOR UNRESTRICTED SUPPORT
(154) NORTHERN FOREST CENTER INC 20 NORTH MAIN ST SUITE 204 CONCORD,NH 033014926	22-3458955	501(C)(3)	10,000	0			FOR SUPPORT OF ATTRACTING NEW RESIDENTS TO ADIRONDACK COMMUNITIES
(155) NORTHERN FOREST CENTER INC 21 NORTH MAIN ST SUITE 204 CONCORD,NH 033014926	22-3458955	501(C)(3)	20,000	0			FOR ATTRACTING NEW RESIDENTS: CATALYTIC WORKFORCE HOUSING PROJECT DEVELOPMENT
(156) NORTHERN FOREST CENTER INC 22 NORTH MAIN ST SUITE 204 CONCORD,NH 033014926	22-3458955	501(C)(3)	100,000	0			FOR THE NORTHERN FOREST FUND ATTRACTING NEW RESIDENTS
(157) NORTHERN LIGHTS SCHOOL 26 TRUDEAU ROAD PO BOX 228 SARANAC LAKE,NY 12983	16-1522782	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(158) NORTHERN LIGHTS SCHOOL 26 TRUDEAU ROAD PO BOX 228 SARANAC LAKE,NY 12983	16-1522782	501(C)(3)	10,000	0			FOR SUPPORT OF A NEW HEATING SYSTEM REQUESTED BY MRS. JOAN GRABE
(159) OUR STORY BRIDGE PO BOX 807 KEENE VALLEY,NY 12943	87-4745651	501(C)(3)	10,000	0			FOR JERY HUNTLEY'S HISTORICAL NARRATIVE/ORAL HISTORY PROJECT
(160) PAINE MEMORIAL FREE LIBRARY 2 GILLILAND LANE WILLSBORO,NY 12996	14-1407061	501(C)(3)	20,000	0			FOR UNRESTRICTED SUPPORT TO HONOR PATTY PAINE'S 40 YEARS OF SERVICE ON THE LIBRARY BOARD
(161) PAUL SMITH'S COLLEGE 7777 STATE RT 86 AND 30 PO BOX 265 PAUL SMITHS,NY 12970	15-0533545	501(C)(3)	10,000	0			FOR GALA SUPPORT FROM CAROLINE AND SERGE LUSSI-ATTN: MARY MCCLEAN-SUMMER GALA
(162) PAUL SMITH'S COLLEGE 7777 STATE RT 86 AND 30 PO BOX 265 PAUL SMITHS,NY 12970	15-0533545	501(C)(3)	10,000	0			FOR SUPPORT OF THE NORDIC SCHOLARSHIP PROGRAM
(163) PAUL SMITH'S COLLEGE 7777 STATE RT 86 AND 30 PO BOX 265 PAUL SMITHS,NY 12970	15-0533545	501(C)(3)	25,000	0			IN HONOR OF ADIRONDACK FOUNDATION'S RECOGNITION AT THE SUMMER GALA
(164) PAUL SMITH'S COLLEGE 7777 STATE RT 86 AND 30 PO BOX 265 PAUL SMITHS,NY 12970	15-0533545	501(C)(3)	30,000	0			FOR CHAIR IN LAKE ECOLOGY AND PALEONTOLOGY AT PAUL SMITHS COLLEGE
(165) PENDRAGON INC 15 BRANDY BROOK AVE SARANAC LAKE,NY 129832031	22-2717124	501(C)(3)	10,000	0			FOR SUPPORT OF THE CAPITAL CAMPAIGN
(166) PENDRAGON INC 15 BRANDY BROOK AVE SARANAC LAKE,NY 129832031	22-2717124	501(C)(3)	10,000	0			FOR THE 2022 SUMMER SEASON
(167) PENDRAGON INC 15 BRANDY BROOK AVE SARANAC LAKE,NY 129832031	22-2717124	501(C)(3)	25,000	0			FOR SUPPORT OF THE CAPITAL CAMPAIGN
(168) PLATTSBURGH CARES INC PO BOX 1932 PLATTSBURGH,NY 12901	82-2906928	501(C)(3)	7,500	0			FOR CARING FOR VULNERABLE REFUGEES IN THE NORTH COUNTRY. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND
(169) PLATTSBURGH COLLEGE FOUNDATION HAWKINS HALL 107 101 BROAD STREET PLATTSBURGH,NY 12901	14-1484644	501(C)(3)	10,300	0			FOR SHINE ON! FOR SUCCESS IN LIFE
(170) PLATTSBURGH YMCA 17 OAK ST PLATTSBURGH,NY 12901	14-1340011	501(C)(3)	10,000	0			FOR THE CAPITAL CAMPAIGN RECOMMENDED BY NORTHERN INSURING
(171) PLATTSBURGH YMCA 17 OAK ST PLATTSBURGH,NY 12901	14-1340011	501(C)(3)	20,000	0			FOR WHERE COMMUNITY COMES TOGETHER- A NEW YMCA FUTURE FOR THE NORTH COUNTRY
(172) PLATTSBURGH YMCA 17 OAK ST PLATTSBURGH,NY 12901	14-1340011	501(C)(3)	25,000	0			FOR THE CAPITAL CAMPAIGN
(173) PLAY ADK INC 165 NEIL STREET SARANAC LAKE,NY 12983	83-3183251	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(174) POINT POSITIVE INC 75 MAIN STREET PO BOX 1281 SARANAC LAKE,NY 12983		501(C)(3)	6,800	0			FOR SUPPORT OF EDUCATION, MENTORING AND OUTREACH
(175) POINT POSITIVE INC 75 MAIN STREET PO BOX 1281 SARANAC LAKE,NY 12983		501(C)(3)	7,200	0			FOR SUPPORT FOR MENTORING, EDUCATION AND OUTREACH
(176) POINT POSITIVE INC 75 MAIN STREET PO BOX 1281 SARANAC LAKE,NY 12983		501(C)(3)	12,500	0			FOR POINT POSITIVE OUTREACH AND EDUCATION
(177) PRIDE OF TICONDEROGA INC 111 MONTCALM STREET PO BOX 348 TICONDEROGA,NY 12883	14-1666190	501(C)(3)	20,000	0			FOR AFFORDABLE HOUSING AND CONTINUUM OF CARE COUNSELING PROJECT
(178) REACH OUT AND READ INC 90 SOUTH STREET SUITE 201 BOSTON,MA 02111	04-3481253	501(C)(3)	10,000	0			FOR ADIRONDACK LITERACY REGIONALIZATION INITIATIVE
(179) REELING FOR RECOVERY 929 RT 374 CADYVILLE,NY 12918	88-3758974	501(C)(3)	10,000	0			SUPPORT FOR THREE KIDS FISHING EVENTS AT IN NORTH COUNTRY
(180) RURAL LAW CENTER OF NEW YORK INC 22 US OVAL SUITE 101 PLATTSBURGH,NY 12903	14-1792819	501(C)(3)	9,200	0			FOR THE ADIRONDACK REGION FAMILY STABILIZATION PROGRAM. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE SAND FAMILY FUND
(181) RURAL LAW CENTER OF NEW YORK INC 23 US OVAL SUITE 101 PLATTSBURGH,NY 12903	14-1792819	501(C)(3)	10,000	0			FOR THE ADIRONDACK REGION FAMILY STABILIZATION PROGRAM. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND
(182) SAGAMORE INSTITUTE OF THE ADIRONDACKS INC PO BOX 40 RAQUETTE LAKE,NY 13436	23-7401872	501(C)(3)	16,000	0			FOR THE BRUCHAC NATIVE HISTORY AND INTERPRETATION PROJECT REQUESTED BARBARA L. GLASER
(183) SARANAC CENTRAL SCHOOL DISTRICT 60 PICKETTS CORNERS PO BOX 8 SARANAC,NY 12981	14-6001907	501(C)(3)	6,000	0			FOR ELEMENTARY SCHOOL'S BACKPACK PROGRAM. THIS GRANT IS FUNDED IN PARTNERSHIP WITH BRUCE MCLANAHAN
(184) SCHOOL FOR ADVANCED RESEARCH PO BOX 2188 SANTA FE,NM 875042188	85-0125045	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(185) SCHROON LAKE COMMUNITY CHURCH 1088 ROUTE 9 PO BOX 276 SCHROON LAKE,NY 12870	22-2502674	501(C)(3)	6,750	0			FOR THE SCHROON LAKE FOOD PANTRY WITH SCHROON LAKE COMMUNITY CHURCH AS FISCAL SPONSOR. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE ALLISON FAMILY FUND. HUDSON HEADWATERS IS AWARDING $6,750 WHICH WILL BE SENT SEPARATELY
(186) SEAGLE FESTIVAL 999 CHARLEY HILL ROAD PO BOX 366 SCHROON LAKE,NY 12870	14-6030188	501(C)(3)	10,000	0			FOR SUPPORT OF THE OPERA AND MUSICAL THEATER PRODUCTION
(187) SHORE OWNERS ASSOCIATION OF LAKE PLACID BOX 1235 LAKE PLACID,NY 12946	14-6030664	501(C)(3)	8,010	0			FOR SUPPORT OF REPAIRS TO THE DAM
(188) SHORE OWNERS ASSOCIATION OF LAKE PLACID BOX 1235 LAKE PLACID,NY 12946	14-6030664	501(C)(3)	26,148	0			FOR SUPPORT OF REPAIRS TO THE DAM
(189) SMALL TALES EARLY LEARNING CENTER AND DAY CARE 99 RIVER STREET WARRENSBURG,NY 12885	84-4731995	501(C)(3)	5,900	0			FOR EXPANDING CHILD CARE SERVICES TO OUR NEIGHBORS IN THE NORTH. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND, THE COMMUNITY FUND FOR THE GORE MOUNTAIN REGION, AND THE BIRTH TO THREE FUND
(190) SPECTRUM YOUTH & FAMILY SERVICES 31 ELMWOOD AVENUE BURLINGTON,VT 05401	03-0253232	501(C)(3)	8,000	0			FOR UNRESTRICTED SUPPORT
(191) ST EUSTACE EPISCOPAL CHURCH 2450 MAIN STREET LAKE PLACID,NY 12946	14-6022889	501(C)(3)	16,000	0			FOR UNRESTRICTED SUPPORT
(192) ST REGIS FALLS CENTRAL SCHOOL DISTRICT 92 N MAIN STREET PO BOX 309 ST REGIS FALLS,NY 12980	15-6002362	501(C)(3)	8,090	0			FOR THE PROJECT "NEW DESKS FOR THE NEW YEAR" REQUESTED BY JAMIE LEROUX
(193) STRIDE ADAPTIVE SPORTS 4482 NY HIGHWAY 150 WEST SAND LAKE,NY 12196	14-1732830	501(C)(3)	15,575	0			FOR ADAPTIVE EQUIPMENT - SKI PROGRAM
(194) SUNY UPSTATE MEDICAL UNIVERSITY OFFICE OF STUDENT ACCOUNTS 750 E ADAMS ST ROOM 200 CAB SYRACUSE,NY 13210	16-1068101	501(C)(3)	6,000	0			DR. U.R. PLANTE SCHOLARSHIP FUND :: HOOPER, MR. BRODY
(195) SUNY UPSTATE MEDICAL UNIVERSITY OFFICE OF STUDENT ACCOUNTS 750 E ADAMS ST ROOM 200 CAB SYRACUSE,NY 13210	16-1068101	501(C)(3)	10,000	0			DR. U.R. PLANTE SCHOLARSHIP FUND :: CROWLEY, MS. BETHANY
(196) THE BRIGID PROJECT 907 CASEY ROAD PO BOX 222 SARANAC,NY 12981	81-4185231	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(197) THE SALVATION ARMY-EMPIRE STATE DIVISION 200 TWIN OAKS DR PO BOX 148 SYRACUSE,NY 13206	13-5562351	501(C)(3)	6,000	0			FOR EMERGENCY HEATING ASSISTANCE FOR ALICE FAMILIES IN THE ADIRONDACK REGION. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE WEATHERUP FIELD OF INTEREST FUND
(198) TICONDEROGA REVITALIZATION ALLIANCE PO BOX 247 111 MONTCALM STREET TICONDEROGA,NY 12883	90-0642083	501(C)(3)	6,000	0			FOR CHILDCARE FOR TICONDEROGA. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE BILL AND LISA POWERS FAMILY FUND, BIRTH TO THREE FUND AND GENEROUS ACTS FUND
(199) TICONDEROGA REVITALIZATION ALLIANCE PO BOX 247 111 MONTCALM STREET TICONDEROGA,NY 12883	90-0642083	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(200) TOLEDO MUSEUM OF ART 2445 MONROE STREET PO BOX 1013 TOLEDO,OH 43697	34-4434678	501(C)(3)	15,000	0			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF MEREDITH M. PRIME
(201) TOLEDO SYMPHONY PO BOX 407 TOLEDO,OH 43697	26-2728010	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT AT THE REQUEST OF MEREDITH M. PRIME
(202) TOWN OF JOHNSBURG LIBRARY 219 MAIN STREET NORTH CREEK,NY 12853	14-1815844	501(C)(3)	6,500	0			FOR UNRESTRICTED SUPPORT
(203) TOWN OF KEENE 10892 NYS ROUTE 9N PO BOX 89 KEENE,NY 12942	14-6002261	501(C)(3)	23,600	0			FOR SUPPORT OF THE KEENE VALLEY SAFETY PATH ACCOUNT
(204) TOWN OF KEENE 10892 NYS ROUTE 9N PO BOX 89 KEENE,NY 12942	14-6002261	501(C)(3)	32,000	0			FOR THE KEENE SAFETY PATH ACCOUNT
(205) TOWN OF KEENE 10892 NYS ROUTE 9N PO BOX 89 KEENE,NY 12942	14-6002261	501(C)(3)	70,000	0			FOR THE KEENE SAFETY PATH ACCOUNT
(206) TOWN OF LONG LAKE PO BOX 307 LONG LAKE,NY 12847	14-6002284	501(C)(3)	10,000	0			FOR WORKFORCE HOUSING SITE ASSESSMENT AND CONCEPT PLAN. THIS GRANT IS FUNDED IN PARTNERSHIP WITH THE GENEROUS ACTS FOR CENTRAL ADIRONDACK COMMUNITIES FUND
(207) TUPPER LAKE CENTRAL SCHOOL DISTRICT 294 HOSLEY AVENUE TUPPER LAKE,NY 12986	15-6002402	501(C)(3)	7,000	0			FOR THE 2023 ALBERTA P. MOODY HIGHER EDUCATION SCHOLARSHIP
(208) UNIVERSITY OF SAN DIEGO MRH 205F 5998 ALCALA PARK SAN DIEGO,CA 921102492	95-2544535	501(C)(3)	20,000	0			IN SUPPORT OF GFT_00262 CENTER FOR RESTORATIVE JUSTICE
(209) UPPER SARANAC LAKE FOUNDATION INC PO BOX 564 SARANAC LAKE,NY 12983	22-3041892	501(C)(3)	5,200	0			FOR INVASIVE SPECIES PREVENTION
(210) UPPER SARANAC LAKE FOUNDATION INC PO BOX 564 SARANAC LAKE,NY 12983	22-3041892	501(C)(3)	5,467	0			FOR SUPPORT OF INVASIVE SPECIES HARVESTING
(211) UVM FOUNDATION GRASSE MOUNT 411 MAIN STREET BURLINGTON,VT 05401	45-1556038	501(C)(3)	15,000	0			FOR CANCER RESEARCH IN MEMORY OF BEV WHALEY
(212) VERMONT LAW SCHOOL 164 CHELSEA STREET PO BOX 96 SOUTH ROYALTON,VT 05068	23-7251952	501(C)(3)	6,000	0			TO FUND THE INAUGURAL ADK FOUNDATION - SAND FAMILY FUND-PROFESSIONAL CERTIFICATE IN RESTORATIVE JUSTICE SCHOLARSHIP
(213) VERMONT PUBLIC PUBLIC RADIO CENTER 365 TROY AVE COLCHESTER,VT 05446	03-0259051	501(C)(3)	8,000	0			FOR UNRESTRICTED SUPPORT
(214) VILLANOVA UNIVERSITY COLLEGE OF LIBERAL ARTS SCIENCES OFFICE OF ADVANCEMENT 800 EAST LANC VILLANOVA,PA 19085	23-1352688	501(C)(3)	6,000	0			FOR SUPPORT DIRECTED TO THE ATTENTION OF PAT GALLAGHER, SR. DIR OF DEVELOPMENT--COLLEGES OF LIBERAL ARTS AND SCIENCES, OFFICE OF ADVANCEMENT
(215) VILLANOVA UNIVERSITY COLLEGE OF LIBERAL ARTS SCIENCES OFFICE OF ADVANCEMENT 800 EAST LANC VILLANOVA,PA 19085	23-1352688	501(C)(3)	17,000	0			FOR SUPPORT OF VILLANOVA PER KATHY TRAINOR'S INSTRUCTIONS
(216) 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 THE COMMUNITY
(217) WILLSBORO HERITAGE SOCIETY PO BOX 212 WILLSBORO,NY 12996	14-1784119	501(C)(3)	7,500	0			FOR UNRESTRICTED SUPPORT IN HONOR OF RON BRUNO
(218) WILLSBORO HERITAGE SOCIETY PO BOX 212 WILLSBORO,NY 12996	14-1784119	501(C)(3)	10,000	0			FOR UNRESTRICTED SUPPORT
(219) YALE UNIVERSITY CONTRIBUTION PROCESSING PO BOX 2038 NEW HAVEN,CT 06521	06-0646973	501(C)(3)	10,000	0			FOR THE YALE SCHOOL FOR THE ENVIRONMENT SCHOLARSHIP: FOR DUAL DEGREE CANDIDATES
(220) YALE UNIVERSITY CONTRIBUTION PROCESSING PO BOX 2038 NEW HAVEN,CT 06521	06-0646973	501(C)(3)	10,000	0			FOR SUPPORT OF THE SCHOLARSHIP FOR JOINT DEGREE CANDIDATES
(221) 350ORG PO BOX 7843004 BOSTON,MA 02284	26-1150699	501(C)(3)	7,850	0			FOR UNRESTRICTED SUPPORT
(222) ADIRONDACK CENTER FOR LOON CONSERVATION PO BOX 195 RAY BROOK,NY 12977	81-4571117	501(C)(3)	10,000	0			FOR SUPPORT OF NINA SCHOCH DISCRETIONARY FUNDS

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

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDICAL AND TRAVEL ASSISTANCE	2	10,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 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 GRANTEES ARE REQUIRED TO SIGN AN AGREEMENT STIPULATING THAT THEY WILL MAINTAIN PROGRAM AND FINANCIAL RECORDS ADEQUATE TO VERIFY EXPENDITURES AND ACTIVITY RELATED TO THE GRANT. THEY ARE ALSO PROVIDED WITH AN ANNUAL REPORT FORM THAT MUST BE COMPLETED AND SUBMITTED TO ADIRONDACK FOUNDATION. 5. ONCE GRANT RECIPIENT RECORD KEEPING IS COMPLETE IN THE DATABASE, THE STAFF APPROVE THE GRANTS AND SEND CHECK WITH A LETTER DETAILING ANY RESTRICTIONS. QUARTERLY, THE STAFF SUBMITS THE LIST OF GRANTS PROCESSED TO THE BOARD OF TRUSTEES FOR RATIFICATION. FOR COMPETITIVE GRANTS: 1. ALL GRANT RECIPIENTS MUST BE SELECTED IN AN OBJECTIVE, NONDISCRIMINATORY FASHION FROM A BROAD GROUP OF CANDIDATES. 2. ALL GRANT APPLICATIONS ARE WIDELY PUBLICIZED AND DISTRIBUTED AND THE SUBMITTED APPLICATIONS ARE REVIEWED BY AN IMPARTIAL COMMITTEE MADE UP OF COMMUNITY MEMBERS. 3. ALL GRANT COMMITTEES ARE APPROVED ANNUALLY BY ADIRONDACK FOUNDATION'S BOARD OF TRUSTEES AND MUST SIGN THE FOUNDATION'S CONFLICT OF INTEREST AND CONFIDENTIALITY POLICY FORMS ANNUALLY. 4. QUALIFIED GRANT RECIPIENTS ARE SELECTED BASED ON THEIR SUCCESSFUL FULFILLMENT OF THE APPLICATION CRITERIA. 5. ONCE GRANT RECIPIENTS ARE SELECTED, WE FOLLOW NON-COMPETITIVE GRANTS PROCEDURES #1-5 LISTED ABOVE. 6. CERTAIN GRANT RECIPIENTS ARE REQUIRED TO COMPLETE GRANT AGREEMENTS BASED ON THE TYPES OF GRANTS ISSUED. (INDIVIDUALS, NON-501(C)(3) ORGANIZATIONS, ETC.) 7. FOR FOLLOW-UP REPORTING PURPOSES, COMPETITIVE GRANTS PROGRAM GRANTEES ARE REQUIRED TO COMPLETE A SIX MONTH REPORT ON HOW THE FUNDS WERE UTILIZED IN ORDER TO DETERMINE THE SUCCESS OF THE FUNDED PROGRAM(S).

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

Part I Questions Regarding Compensation

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

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 CATHERINE BROOKS PRESIDENT & CEO	**(i)**	154,477	0	0	0	0	154,477	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	60	3,204,475	FMV AT DATE OF DONATION
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	**30a**		No
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?	**31**	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**		No
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.			

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.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

Return Reference	Explanation
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. 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 PINTO MUCENSKI HOOPER VANHOUSE & CO., CERTIFIED PUBLIC ACCOUNTANTS, P.C. FORM 990 THIS RETURN REPRESENTS THE INTERNAL REVENUE SERVICE (IRS) FEDERAL FORM 990 FOR ADIRONDACK FOUNDATION. THE PURPOSE OF THE FORM 990 IS TO PROVIDE THE PUBLIC WITH A RETURN THAT SUMMARIZES ALL OF THE ACTIVITY OF THE FOUNDATION. WE HAVE OUR TAX DETERMINATION LETTER AVAILABLE ON OUR WEBSITE FOR PUBLIC REVIEW. IF YOU HAVE ANY QUESTIONS REGARDING THE INFORMATION INCLUDED IN THE RETURN, REPORTS OR LETTERS, OR WISH TO RECEIVE INFORMATION FROM PRIOR FISCAL YEARS, PLEASE CONTACT CALI BROOKS, PRESIDENT & CEO OF ADIRONDACK FOUNDATION AT (518) 523-9904 OR E-MAIL CALI@ADKFOUNDATION.ORG. DISCLOSURE-ANNUAL REPORT ADIRONDACK FOUNDATION PUBLISHES AN ANNUAL REPORT WHICH INCLUDES A STATEMENT OF FINANCIAL POSITION AND A STATEMENT OF ACTIVITIES. INCLUDED IN THIS DOCUMENT IS THE FOLLOWING STATEMENT, "A COMPLETE AUDITED FINANCIAL STATEMENT WITH ACCOMPANYING NOTES AND OPINION IS AVAILABLE FROM THE FOUNDATION'S OFFICE OR FROM THE NEW YORK ATTORNEY GENERAL'S CHARITIES BUREAU, 120 BROADWAY, NEW YORK, 10271."
FORM 990, PART XII, LINE 2C	THE FOUNDATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS POLICY HAS NOT CHANGED SINCE THE PRIOR YEAR.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ADIRONDACK FOUNDATION

Employer identification number
16-1535724

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

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

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

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

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) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		No
b Gift, grant, or capital contribution to related organization(s)	**1b**		No
c Gift, grant, or capital contribution from related organization(s)	**1c**		No
d Loans or loan guarantees to or for related organization(s)	**1d**		No
e Loans or loan guarantees by related organization(s)	**1e**		No
f Dividends from related organization(s)	**1f**		No
g Sale of assets to related organization(s)	**1g**		No
h Purchase of assets from related organization(s)	**1h**		No
i Exchange of assets with related organization(s)	**1i**		No
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		No
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		No
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		No
o Sharing of paid employees with related organization(s)	**1o**		No
p Reimbursement paid to related organization(s) for expenses	**1p**		No
q Reimbursement paid by related organization(s) for expenses	**1q**		No
r Other transfer of cash or property to related organization(s)	**1r**		No
s Other transfer of cash or property from related organization(s)	**1s**		No

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

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

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(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**		**Yes**	**No**	

Part VII Supplemental Information

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

Return Reference	Explanation

Schedule R (Form 990) 2021

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