Form **8879-EO**

Department of the Treasury
Internal Revenue Service

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20___

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-0047

**2020**

Name of exempt organization or person subject to tax

ADIRONDACK MOUNTAIN CLUB, INC.

**Taxpayer identification number**

15-0586270

Name and title of officer or person subject to tax

MICHAEL BARRETT
EXECUTIVE DIRECTOR

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | |
|---|---|---|---|
| **1a** Form 990 check here ▶ [X] | **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) | **1b** | 4,653,520. |
| **2a** Form 990-EZ check here ▶ [ ] | **b** Total revenue, if any (Form 990-EZ, line 9) | **2b** | |
| **3a** Form 1120-POL check here ▶ [ ] | **b** Total tax (Form 1120-POL, line 22) | **3b** | |
| **4a** Form 990-PF check here ▶ [ ] | **b** Tax based on investment income (Form 990-PF, Part VI, line 5) | **4b** | |
| **5a** Form 8868 check here ▶ [ ] | **b** Balance due (Form 8868, line 3c) | **5b** | |
| **6a** Form 990-T check here ▶ [ ] | **b** Total tax (Form 990-T, Part III, line 4) | **6b** | |
| **7a** Form 4720 check here ▶ [ ] | **b** Total tax (Form 4720, Part III, line 1) | **7b** | |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization)_____, (EIN)_____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

[X] I authorize MARVIN AND COMPANY, P.C. to enter my PIN 86270

**ERO firm name**

**Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ 05/15/21

## Part III Certification and Authentication

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

14095601112

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 06/14/21

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



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Form **8879-EO**

Department of the Treasury
Internal Revenue Service

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20___

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OMB No. 1545-0047

**2020**

Name of exempt organization or person subject to tax

ADIRONDACK MOUNTAIN CLUB, INC.

**Taxpayer identification number**

15-0586270

Name and title of officer or person subject to tax

MICHAEL BARRETT
EXECUTIVE DIRECTOR

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | |
|---|---|---|---|---|
| 1a | **Form 990** check here ▶ ☐ | b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a | **Form 990-EZ** check here ▶ ☐ | b **Total revenue,** if any (Form 990-EZ, line 9) | 2b | |
| 3a | **Form 1120-POL** check here ▶ ☐ | b **Total tax** (Form 1120-POL, line 22) | 3b | |
| 4a | **Form 990-PF** check here ▶ ☐ | b **Tax based on investment income** (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | **Form 8868** check here ▶ ☐ | b **Balance due** (Form 8868, line 3c) | 5b | |
| 6a | **Form 990-T** check here ▶ ☒ | b **Total tax** (Form 990-T, Part III, line 4) | 6b | 0. |
| 7a | **Form 4720** check here ▶ ☐ | b **Total tax** (Form 4720, Part III, line 1) | 7b | |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize MARVIN AND COMPANY, P.C. to enter my PIN 86270

**ERO firm name**

**Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ 05/15/21

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 14095601112

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 06/14/21

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



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EXTENDED TO NOVEMBER 15, 2021

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

**2020**

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

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

C Name of organization
ADIRONDACK MOUNTAIN CLUB, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 814 GOGGINS ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code LAKE GEORGE, NY 12845

F Name and address of principal officer: MICHAEL BARRETT
SAME AS C ABOVE

D Employer identification number
15-0586270

E Telephone number
518-668-4447

G Gross receipts $ 5,893,914.

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.ADK.ORG

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

L Year of formation: 1922

M State of legal domicile: NY

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROTECT WILD LANDS AND WATERS OF NY THROUGH CONSERVATION, PRESERVATION AND RESPONSIBLE RECREATION.

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

| | | | |
|---|---|---|---|
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 42 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 42 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 87 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 150 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 10,707. |
| | 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) | 1,887,797. | 2,572,983. |
| | 9 Program service revenue (Part VIII, line 2g) | 1,945,218. | 1,373,978. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 85,367. | 88,979. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 671,192. | 617,580. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,589,574. | 4,653,520. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 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) | 2,838,702. | 2,478,346. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 306,639. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,698,476. | 1,300,558. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,537,178. | 3,778,904. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 52,396. | 874,616. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 5,081,484. | 5,866,589. |
| | 21 Total liabilities (Part X, line 26) | 1,669,816. | 1,340,124. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,411,668. | 4,526,465. |

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## Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ MICHAEL BARRETT, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|---|---|---|---|
| Print/Type preparer's name: JAMES E. AMELL, CPA | Preparer's signature | Date: 06/14/21 | Check ☐ if self-employed | PTIN: P00316270 |
| Firm's name ▶ MARVIN AND COMPANY, P.C. | | | Firm's EIN ▶ 14-1567343 | |
| Firm's address ▶ 11 BRITISH AMERICAN BLVD. LATHAM, NY 12110-1405 | | | Phone no. 518-785-0134 | |

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
ADK IS THE ONLY NON-PROFIT ORGANIZATION IN NEW YORK STATE DEDICATED TO THE CONSERVATION, PRESERVATION AND RESPONSIBLE RECREATIONAL USE OF THE NEW YORK STATE FOREST PRESERVE AND OTHER PARKS, WILD LANDS, AND WATERS VITAL TO OUR MEMBERS AND CHAPTERS.

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 $ 189,485. including grants of $ _____ ) (Revenue $ 115,655. )
TRAILS
ADK'S THREE TRAILS PROGRAMS: SUPERVISED VOLUNTEERS, BACKCOUNTRY STEWARDSHIP, AND THE PROFESSIONAL TRAILS PROGRAM ADVOCATE FOR THE STEWARDSHIP, PROTECTION, AND RESPONSIBLE USE OF NEW YORK STATE'S WILD LANDS AND WATERWAYS. THE SUPERVISED VOLUNTEER TRAILS PROGRAM WORKS CLOSELY WITH THE DEC SINCE 1986 TO MAINTAIN HIKING TRAILS AND BACKCOUNTRY FACILITIES THROUGHOUT THE ADIRONDACK AND CATSKILL PARKS. THIS YEAR BACKCOUNTRY STEWARDSHIP PROGRAMS SUCH AS THE LEAN-TO ADOPTER PROGRAM ALLOW A GROUP OF ALMOST 260 VOLUNTEERS TO MAINTAIN "THEIR" LEAN-TO IN THE ADIRONDACKS, INCLUDING THE GENERAL CLEANLINESS, MAINTAINING A GUEST LOG BOOK, AND SUBMITTING YEARLY REPORTS TO THE DEC. THE ADK PROFESSIONAL TRAILS PROGRAM (PRO CREW) FOCUSES ON RESOURCE

4b (Code: _____ ) (Expenses $ 1,439,051. including grants of $ _____ ) (Revenue $ 1,196,074. )
RECREATION
STAY, PLAY, PROTECT, AND EXPLORE THE OUTDOORS. ADK PROVIDES UNIQUE LODGING FACILITIES TO HELP VISITORS LAUNCH THEIR ADVENTURES. ADK OFFERED OVER 2,000 OUTINGS AND ACTIVITIES LAST YEAR THROUGHOUT NEW YORK. OUTINGS INCLUDE HIKING, PADDLING, CYCLING, SKIING, SNOWSHOEING, EARN-A-PATCH CHALLENGES, AND MUCH MORE. ACTIVITIES INCLUDE WORKSHOPS, CERTIFICATION PROGRAMS, VOLUNTEERING AND TAKING ACTION ON ADVOCACY ISSUES. ADK LODGES ARE LOCATED IN THE ADIRONDACK HIGH PEAKS. ADK IS PROUD TO BE ONE OF 10 PROVIDERS OF THE LEAVE NO TRACE MASTER EDUCATOR COURSE AND A PARTNER WITH THE LEAVE NO TRACE CENTER FOR OUTDOOR ETHICS. ADK PUBLISHES MAPS AND GUIDEBOOKS.

4c (Code: _____ ) (Expenses $ 379,680. including grants of $ _____ ) (Revenue $ 62,249. )
EDUCATION
DISCOVER AND EXPLORE THE OUTDOORS WITH ADK'S ALL-AGES EDUCATION PROGRAMS. MAKE A DEEPER CONNECTION WITH THE NATURAL WORLD THROUGH ADK'S GUIDED OUTINGS, SUMMER NATURALIST PROGRAMS, NATURE MUSEUM, LECTURES, PRESENTATIONS AND EVENTS. INSPIRE A LOVE OF NATURE IN CHILDREN THROUGH ADK'S PROGRAMS FOR FOURTH GRADERS, TEENS, COLLEGE/YOUNG ADULTS, FAMILIES, AND CHILDREN OF ALL AGES. ADK'S PUBLICATIONS EXPLORE TOPICS SUCH AS ALPINE PLANTS, HISTORY, NATURAL HISTORY AND CULTURE.

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,039,124. including grants of $ _____ ) (Revenue $ _____ )

4e Total program service expenses ▶ 3,047,340.





SEE SCHEDULE O FOR CONTINUATION(S)

OPEN TO PUBLIC INSPECTION

**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 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? | 2 | X | |
| 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 | | X |
| 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 | X | |
| 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 Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | X |
| 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V* | 10 | X | |
| 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 | X | |
| 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 | X | |
| 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 | | X |
| 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 | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| 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 | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | X | |
| 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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* | 17 | | X |
| 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 | X | |
| 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 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| 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 | | X |

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

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

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 18 | | |
| b | Enter the number of Forms W-2G included in 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 | | X | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 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 87 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O* | 3b | X | |
| 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 | | X |
| 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 | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| 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 | | X |
| 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 | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| 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 | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| 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? | 13a | | |
| | **Note:** See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | X |
| 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 | | X |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year ..... | 1a | 42 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent ..... | 1b | 42 | | |
| 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 | | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? ..... | 5 | | | X |
| 6 | Did the organization have members or stockholders? ..... | 6 | | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... | 7a | | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? ..... | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? ..... | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O* ..... | 9 | | | X |

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

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

## Section C. Disclosure

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

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

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

BRUCE KATZ - (518) 668-4447

814 GOGGINS ROAD, LAKE GEORGE, NY 12845

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MICHAEL BARRETT<br>EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 142,924. | 0. | 6,446. |
| (2) BRUCE KATZ<br>CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | | 73,767. | 0. | 10,081. |
| (3) F. WESLEY LAMPMAN<br>CHIEF OPERATING OFFICER | 40.00 | | | X | | | | 25,246. | 0. | 4,008. |
| (4) AL MARTEL<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) BILL WASILAUSKI<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) BRIAN COVILLE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) CYNTHIA STEWART<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) DAVE NICHOLS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) DEAN MELVILLE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) EMILY KANE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) ERIK GREGORY<br>VICE PRESIDENT | 1.00 | | | X | | | | 0. | 0. | 0. |
| (12) HOLLY WOODWORTH<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) JACK LANGAN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) JAMES ORMSBEE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) JANET EMPSALL<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) JASON WATERS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) JEAN-CLAUDE FOUERE<br>ASSOCIATE VP | 1.00 | | | X | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) JEFF HERTER<br>ASSOCIATE VP | 1.00 | | | X | | | | 0. | 0. | 0. |
| (19) JEFF LACY<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) JILL NICHOLS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) JON BOWEN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) JOHN GANSFUSS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) JOHN MCCOY<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) JOHN SHEEHAN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) JOSEPH SEYMOUR<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) KATHLEEN GANSFUSS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal ▶ | | | | | | | | 241,937. | 0. | 20,535. |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | 241,937. | 0. | 20,535. |

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 ▶ 1

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

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) KATHLEEN WILEY<br>SECRETARY | 1.00 | | | X | | | | 0. | 0. | 0. |
| (28) KATHY O'KANE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (29) KEN SHEA<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (30) LAURA FISKE<br>TREASURER | 1.00 | | | X | | | | 0. | 0. | 0. |
| (31) LAURA YERKOVICH<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (32) MARK FEDOW<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (33) MICHAEL VETRANO<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (34) NED GARDNER<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (35) PEGGY WISSLER<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (36) REX BROWN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (37) ROB LAING<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (38) ROBERT STREBEL<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (39) STEVE BAKER<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (40) TERRI MAXYMILLIAN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (41) TOM ANDREWS<br>PRESIDENT | 1.00 | | | X | | | | 0. | 0. | 0. |
| (42) TOM BLACKSTONE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (43) TOM ORTMEYER<br>ASSOCIATE VP | 1.00 | | | X | | | | 0. | 0. | 0. |
| (44) WALT LANE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (45) WAYNE OWENS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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**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 Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 755,495. | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 450,000. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,367,488. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ | | | | |
| | h **Total.** Add lines 1a-1f | | | 2,572,983. | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a LODGING FEES | 900099 | | 777,900. | 777,900. | | |
| | b HIGH PEAKS INFO CTR | 900099 | | 355,783. | 355,783. | | |
| | c FEES AND CONTRACTS | 900099 | | 137,225. | 137,225. | | |
| | d EDUCATIONAL WORKSHOPS | 900099 | | 62,249. | 62,249. | | |
| | e OUTINGS REVENUE | 900099 | | 40,821. | 40,821. | | |
| | f All other program service revenue | | | | | | |
| | g **Total.** Add lines 2a-2f | | | 1,373,978. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 34,052. | | | 34,052. |
| | 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 | 985,242. | | | | | |
| | b Less: cost or other basis and sales expenses 7b | 930,315. | | | | | |
| | c Gain or (loss) 7c | 54,927. | | | | | |
| | d Net gain or (loss) | | | 54,927. | | | 54,927. |
| | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a | 58,826. | | | | | |
| | b Less: direct expenses 8b | 5,571. | | | | | |
| | c Net income or (loss) from fundraising events | | | 53,255. | | | 53,255. |
| | 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 | 812,159. | | | | | |
| | b Less: cost of goods sold 10b | 304,508. | | | | | |
| | c Net income or (loss) from sales of inventory | | | 507,651. | 507,651. | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| | 11a MISCELLANEOUS | 900099 | | 45,967. | 45,967. | | |
| | b ADVERTISING | 541800 | | 10,707. | | 10,707. | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d | | | 56,674. | | | |
| | 12 **Total revenue.** See instructions | | | 4,653,520. | 1,927,596. | 10,707. | 142,234. |

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## 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 ..... X

| *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 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 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 | 277,320. | 148,209. | 129,111. | |
| 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 | 1,797,913. | 1,293,658. | 352,607. | 151,648. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 40,755. | 29,743. | 7,525. | 3,487. |
| 9 Other employee benefits | 226,144. | 161,659. | 46,423. | 18,062. |
| 10 Payroll taxes | 136,214. | 97,497. | 27,462. | 11,255. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 92,487. | 84,000. | 8,487. | |
| 17 Travel | 19,044. | 12,571. | 6,378. | 95. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 8,055. | | 8,055. | |
| 20 Interest | 19,369. | 168. | 19,201. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 188,225. | 149,034. | 39,191. | |
| 23 Insurance | 104,229. | 70,027. | 34,202. | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PRINTING | 91,612. | 74,084. | 6,317. | 11,211. |
| b POSTAGE | 86,997. | 58,113. | 21,681. | 7,203. |
| c COMPUTER EXPENSE | 81,454. | 16,416. | 47,443. | 17,595. |
| d CREDIT CARD DISCOUNTS | 75,675. | 53,155. | 7,994. | 14,526. |
| e All other expenses SEE SCH O | 533,411. | 799,006. | -337,152. | 71,557. |
| 25 **Total functional expenses.** Add lines 1 through 24e | 3,778,904. | 3,047,340. | 424,925. | 306,639. |
| 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) | | | | |

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## Part X Balance Sheet

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 226,032. | 1 | 806,264. |
| | 2 | Savings and temporary cash investments | 66,976. | 2 | 149,717. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 138,220. | 4 | 168,850. |
| | 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 | 239,386. | 8 | 139,166. |
| | 9 | Prepaid expenses and deferred charges | 171,249. | 9 | 106,209. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 4,942,779. | | | |
| | b | Less: accumulated depreciation — 10b: 2,904,801. | 2,114,198. | 10c | 2,037,978. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | 2,042,858. | 12 | 2,363,096. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 82,565. | 15 | 95,309. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 5,081,484. | 16 | 5,866,589. |
| Liabilities | 17 | Accounts payable and accrued expenses | 413,562. | 17 | 300,946. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 650,710. | 19 | 494,910. |
| | 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 | 549,750. | 23 | 487,606. |
| | 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 | 55,794. | 25 | 56,662. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 1,669,816. | 26 | 1,340,124. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ [X] and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 2,207,862. | 27 | 3,046,244. |
| | 28 | Net assets with donor restrictions | 1,203,806. | 28 | 1,480,221. |
| | | **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 | 3,411,668. | 32 | 4,526,465. |
| | 33 | Total liabilities and net assets/fund balances | 5,081,484. | 33 | 5,866,589. |

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## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,653,520. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,778,904. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 874,616. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,411,668. |
| 5 | Net unrealized gains (losses) on investments | 5 | 240,181. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 4,526,465. |

## 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<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant?<br>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:<br>☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | 2b | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 2c | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | | |

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SCHEDULE A
(Form 990 or 990-EZ)

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

**2020**

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|---|
| ADIRONDACK MOUNTAIN CLUB, INC. | 15-0586270 |

**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 or 990-EZ).)

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 **section 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 in 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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 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. | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 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 | | | | | | |

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

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 2020 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2020.** 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 - 2019.** 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 - 2020.** 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 - 2019.** 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 ..... ▶ ☐

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## 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1743770. | 1616645. | 1474298. | 1887797. | 2572983. | 9295493. |
| 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 | 1209132. | 1522585. | 1358750. | 2985415. | 2244963. | 9320845. |
| 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 | 2952902. | 3139230. | 2833048. | 4873212. | 4817946. | 18616338. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | 18616338. |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 2952902. | 3139230. | 2833048. | 4873212. | 4817946. | 18616338. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 86,373. | 174,429. | 76,344. | 37,030. | 34,052. | 408,228. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 86,373. | 174,429. | 76,344. | 37,030. | 34,052. | 408,228. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 15,825. | 15,249. | 10,561. | 13,669. | 10,707. | 66,011. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 19,601. | 20,934. | 27,887. | 33,389. | 45,967. | 147,778. |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | 3074701. | 3349842. | 2947840. | 4957300. | 4908672. | 19238355. |

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 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | 96.77 % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | 96.33 % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f)) | 17 | 2.12 % |
| 18 Investment income percentage from **2019** Schedule A, Part III, line 17 | 18 | 2.54 % |

19a **33 1/3% support tests - 2020.** 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 - 2019.** 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 ▶ ☐

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## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 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.* | | |
| 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).* | | |
| 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.* | | |
| 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.* | | |
| 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.* | | |
| 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.* | | |
| 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.* | | |
| 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.* | | |
| 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).* | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.** | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | | |
| 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.** | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.** | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.** | | |
| 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.* | | |
| 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.)* | | |

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**Part IV Supporting Organizations** *(continued)*

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

## Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | 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 governmental entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test. **Answer lines 2a and 2b below.** | | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes 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 in 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 | | |

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

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

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

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

| **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

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

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**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 2020 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-2020 | (iii) Distributable Amount for 2020 |
|---|---|---|---|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - *explain in* **Part VI**). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020 | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f **Total** of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: $ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions. | | | |
| 7 **Excess distributions carryover to 2021.** Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016 | | | |
| b Excess from 2017 | | | |
| c Excess from 2018 | | | |
| d Excess from 2019 | | | |
| e Excess from 2020 | | | |

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**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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISC

2016 AMOUNT: $ 19,601.

2017 AMOUNT: $ 20,934.

2018 AMOUNT: $ 27,887.

2019 AMOUNT: $ 33,389.

2020 AMOUNT: $ 45,967.

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# Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

ADIRONDACK MOUNTAIN CLUB, INC.

**Employer identification number**

15-0586270

**Organization type** (check one):

| Filers of: | Section: |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

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

**General Rule**

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

**Special Rules**

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



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Name of organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | GENERAL ELECTRIC<br>1 RIVER ROAD, BLDG 2-103A<br>SCHENECTADY, NY 12345-6000 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 2 | ERIK S. GREGORY<br>291 TOWN LINE ROAD<br>KIRKWOOD, NY 13795-1539 | $ 5,100. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 3 | ART HABERL<br>45 CHESTNUT LANE<br>NISKAYUNA, NY 12309-1247 | $ 45,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 4 | MATTHEW QUIGLEY<br>60 QUINN ROAD<br>BRIARCLIFF, NY 10510-2131 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 5 | ADIRONDACK LOJ CHAPTER<br>7 OLD MILITARY ROAD<br>LAKE PLACID, NY 12946 | $ 7,900. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 6 | ESTATE OF ROBERT J. RINGLEE<br>315 JUNIPER DR.<br>SCHENECTADY, NY 12306-1705 | $ 142,801. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

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Name of organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 7 | CLOUDSPLITTER FOUNDATION<br>PO BOX 1199<br>SARANAC LAKE, NY 12983 | $ 15,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 8 | ADIRONDACK FORTY-SIXERS, INC<br>PO BOX 180<br>CADYVILLE, NY 12918-0180 | $ 35,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 9 | ALBANY CHAPTER<br>30 CLAREMONT DR<br>VOORHEESVILLE, NY 12186-9101 | $ 6,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 10 | CHAPEL HILL FOUNDATION, INC.<br>107 SALMON RIVER RD<br>PLATTSBURGH, NY 12901 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 11 | DAN CUNNINGHAM<br>45 OVERLAKE PARK<br>BURLINGTON, VT 05401-4014 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 12 | KAREN ROSS<br>7 BIRD RD<br>LEBANON SPRINGS, NY 12125 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

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Name of organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 13 | RECREATIONAL EQUIPMENT INC.<br>PO BOX 1938<br>SUMNER, WA 98390-0800 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 14 | RICHARD C. REICHMAN<br>821 LOS ARBOLES LANE<br>SANTEA FE, NM 87501 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 15 | ESTATE OF PETER W. HANNAN<br>22 URSULAR CT<br>SMITHTOWN, NY 11787-1720 | $ 100,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 16 | ESTATE OF GERRIT H. HOSPERS<br>PO BOX 88<br>ONTARIO CENTER, NY 14520-0088 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 17 | LAURA GARDNER<br>15 ALEXANDRIA RD<br>MORRISTOWN, NJ 07960 | $ 22,605. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 18 | HEATHER MILLER<br>PO BOX 38<br>ALTON, NH 03809 | $ 132,028. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

CLIENT COPY

Name of organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 19 | WILLIAM H. NIXON<br>77 CORNELL ST STE 302<br>KINGSTON, NY 12401-3650 | $ 10,153. | Person [X]<br>Payroll [ ]<br>Noncash [X]<br>(Complete Part II for noncash contributions.) |
| 20 | NORTH COUNTRY TRAILS ASSOCIATION<br>ATTN MARY C COFFIN 229 E MAIN ST<br>LOWELL, MI 49331-1711 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 21 | HELEN AND RITTER SHUMWAY FOUNDATION<br>ROCHELLE FURMAN-MILLER BANK OF AMERICA PRIVATE BANK 114 W 47TH ST., N<br>NEW YORK, NY 10036 | $ 20,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 22 | ADIRONDACK FOUNDATION - PAINE FAMILY FUND<br>ROCHELLE FURMAN-MILLER BANK OF AMERICA PRIVATE BANK 114 W 47TH ST., N<br>LAKE PLACID, NY 12946-0288 | $ 6,184. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 23 | BOBBY KOTICK<br>3435 OCEAN PARK BLVD.<br>SANTA MONICA, CA 90405 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 24 | MARY LOOSE<br>55 BRYAN ST<br>SARATOGA SPRINGS, NY 12866-1730 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

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Name of organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 25 | JENNIFER RYAN<br>94 HIGHLAND AVE<br>WINCHESTER, MA 01890-1412 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 26 | L. JOHN VAN NORDEN<br>161 ROWLEY HILL RD<br>STERLING, MA 01564 | $ 5,500. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 27 | KEITH JOHNSON<br>161 ROWLEY HILL RD<br>NASHVILLE, TN 37215-4409 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 28 | SUZANNE PETERSON<br>152 DUGWAY RD<br>WAITSFIELD, VT 05673-6004 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 29 | EVELYN RINELLA<br>8 OWEN DRIVE<br>PERU, NY 12972 | $ 15,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 30 | EASTERN MOUNTAIN SPORTS<br>160 CORPORATE CT<br>MERIDEN, CT 06450 | $ 16,038. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

CLIENT COPY

Name of organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 31 | PARSONSKELLOG LLC<br>2290 PAWTUCKET AVE<br>E PROVIDENCE, RI 02914 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 32 | RICHARD FROST<br>107 SALMON RIVER RD<br>PLATTSBURGH, NY 12901-5730 | $ 10,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 33 | LAKE PLACID CHAPTER<br>5046 CASCADE RD<br>LAKE PLACID, NY 12946-4119 | $ 6,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| 34 | GENESEE VALLEY CHAPTER<br>590 ELEANOR RD.<br>VICTOR, NY 14564 | $ 5,000. | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |

CLIENT COPY

Name of organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

**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 |
|---|---|---|---|
| 19 | MARKETABLE SECURITIES | $ 10,153. | 02/06/20 |
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |
| | | $ | |

CLIENT COPY

Name of organization

ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number

15-0586270

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(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 |
|---|---|
| | |

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

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

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

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

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

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

Name of organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---|---|---|---|---|
| | | | | |
| | | | | |
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**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e. |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000. |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000. |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000. |
| Over $17,000,000 | $1,000,000. |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| *For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 0. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

| | | |
|---|---|---|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (See instructions) | 5 | |

**Part IV** **Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ADK DOES ENGAGE IN LOBBYING ACTIVITIES. NEIL WOODWORTH, MICHAEL BARRETT, CATHY PEDLER AND WES LAMPMAN ARE REGISTERED LOBBYISTS. PART OF THE TIME FOR THESE INDIVIDUALS WAS ALLOCATED TO LOBBYING ACTIVITIES FOR ADK. WE FILE BI-MONTHLY LOBBYING REPORTS WITH THE NEW YORK STATE JOINT COMMISSION ON PUBLIC ETHICS. OUR TOTAL LOBBYING EXPENSES FOR 2020 WERE

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**Part IV** **Supplemental Information** *(continued)*

$58,096 FOR PAYROLL AND RELATED PAYROLL COSTS OF ADK EMPLOYEES ALLOCATED TO LOBBYING ACTIVITIES PLUS A SMALL AMOUNT OF TELEPHONE COST. THERE WERE NO DONATIONS OF ANY KIND TO POLITICIANS, OR THEIR ELECTION COMMITTEES, OR ANY SOFT MONEY ORGANIZATIONS.

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**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

**2020**

Open to Public Inspection

**Name of the organization**
ADIRONDACK MOUNTAIN CLUB, INC.

**Employer identification number**
15-0586270

## 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 | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

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 (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

| | | Held at the End of the Tax Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

## Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 458,026. | 376,845. | 416,140. | 334,490. | 265,213. |
| b Contributions | 141,561. | 8,589. | 5,689. | 35,527. | 50,131. |
| c Net investment earnings, gains, and losses | 98,791. | 72,592. | -44,984. | 46,123. | 19,146. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 698,378. | 458,026. | 376,845. | 416,140. | 334,490. |

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)) | | X |
| (ii) Related organizations (3a(ii)) | | X |

b If "Yes" on line 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 | | 195,761. | | 195,761. |
| b Buildings | | 3,187,585. | 1,664,641. | 1,522,944. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,559,433. | 1,240,160. | 319,273. |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ | | | | 2,037,978. |

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## 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) MUTUAL FUNDS | 2,363,096. | END-OF-YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 2,363,096. | |

## Part VIII Investments - Program Related.

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

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

## Part IX Other Assets.

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

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

## Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) DEPOSITS | 16,480. |
| (3) CHARITIBLE GIFT ANNUITY LIABILITY | 40,182. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | 56,662. |

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



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## 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 | 5,203,780. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 240,181. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 310,079. | | |
| e | Add lines 2a through 2d | | | 2e | 550,260. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,653,520. |
| 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 | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 | 4,653,520. |

## 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 | 4,088,983. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 310,079. | | |
| e | Add lines 2a through 2d | | | 2e | 310,079. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,778,904. |
| 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 | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* | | | 5 | 3,778,904. |

## Part XIII Supplemental Information.

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

PART X, LINE 2:

THE CLUB IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3), OF THE INTERNAL REVENUE CODE, EXCEPT FOR NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. UNDER ACCOUNTING STANDARDS CODIFICATION (ASC) SECTION 740, THE TAX STATUS OF TAX-EXEMPT ENTITIES IS AN UNCERTAIN TAX POSITION SINCE EVENTS COULD POTENTIALLY OCCUR THAT JEOPARDIZE TAX-EXEMPT STATUS. MANAGEMENT IS NOT AWARE OF ANY EVENTS THAT COULD JEOPARDIZE THE CLUB'S TAX-EXEMPT STATUS. THE CLUB HAS ADVERTISING REVENUE WHICH IS SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, BUT HAS NO NET INCOME FROM ADVERTISING ACTIVITIES AND THEREFORE HAS NOT RECORDED A TAX LIABILITY. THE CLUB BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO

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**Part XIII Supplemental Information** *(continued)*

THE FINANCIAL STATEMENTS.

IN ADDITION, THE CLUB QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|---|
| SPECIAL EVENTS EXPENSE | 5,571. |
| COST OF GOODS SOLD | 304,508. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 310,079. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|---|
| SPECIAL EVENTS EXPENSE | 5,571. |
| COST OF GOODS SOLD | 304,508. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 310,079. |

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number

15-0586270

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
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| | | | | | | |
| Total ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 ONLINE AUCTION (event type) | (b) Event #2 IDIDARIDE! (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 36,916. | 21,910. | | 58,826. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 36,916. | 21,910. | | 58,826. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 3,496. | 2,075. | | 5,571. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 5,571. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 53,255. |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number

15-0586270

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROTECTION THROUGH QUALITY TRAIL WORK, LAYOUT, AND DESIGN. THE CREW HAS GROWN FROM ONE PERSON IN 1978 TO SIXTEEN IN 2020. THE PRO CREW MAINTAINS, BUILDS, AND RECONSTRUCTS TRAILS THROUGHOUT NEW YORK STATE WITH A FOCUS ON THE ADIRONDACK AND CATSKILL FOREST PRESERVES.

ADK HAS THREE COMPLIMENTARY TRAILS PROGRAMS: SUPERVISED VOLUNTEERS, BACKCOUNTRY STEWARDSHIP, AND THE PROFESSIONAL TRAILS PROGRAM. VOLUNTEERS MAINTAINED 199 LEAN-TOS, CLEARED DRAINAGE AND REMOVED BLOWDOWN FROM 152 MILES OF TRAILS. OUR PRO CREWS BUILT ONE 30 FOOT SPAN BRIDGE, CREATED ONE 64 ROCK STONE RETAINING WALL, AND INSTALLED 21 ROCK STEPS. ADDITIONALLY 9 CAIRNS WERE CONSTRUCTED ON THE SUMMIT OF HAYSTACK. THESE PROGRAMS ADVOCATE FOR THE STEWARDSHIP, PROTECTION, AND RESPONSIBLE USE OF NEW YORK STATE'S WILD LANDS AND WATERWAYS. THE SUPERVISED VOLUNTEER TRAILS PROGRAM HAS WORKED CLOSELY WITH THE DEC SINCE 1986 TO HELP MAINTAIN HIKING TRAILS AND BACKCOUNTRY FACILITIES THROUGHOUT THE ADIRONDACK AND CATSKILL PARKS. OTHER OPPORTUNITIES INCLUDE SKILL WORKSHOPS SUCH AS BASIC TRAIL MAINTENANCE, SPECIAL EVENTS LIKE NATIONAL TRAILS DAY AND FALL TRAILS DAY, HIGH SCHOOL PROGRAMS, AND JOHNS BROOK VALLEY TRAIL WORK WEEKEND. BACKCOUNTRY STEWARDSHIP PROGRAMS SUCH AS THE LEAN-TO ADOPTER PROGRAM ALLOW A GROUP OF ALMOST 260 VOLUNTEERS TO MAINTAIN "THEIR" LEAN-TO IN THE ADIRONDACKS, INCLUDING THE GENERAL CLEANLINESS OF THE STRUCTURE AND ADJACENT PIT PRIVY, MAINTAINING A GUEST LOG BOOK, AND SUBMITTING YEARLY REPORTS TO THE DEC. THE ADK PROFESSIONAL TRAILS PROGRAM (PRO CREW) IS BASED ON RESOURCE PROTECTION THROUGH QUALITY TRAIL WORK, TRAIL LAYOUT, AND DESIGN. SINCE

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Name of the organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

1978, THE CREW HAS GROWN FROM ONE PERSON TO SIXTEEN. INITIALLY, THE FOCUS WAS ON THE DAMAGED TRAILS OF THE HIGH PEAKS REGION OF THE ADIRONDACK PARK. NOW WITH A MUCH BROADER SCOPE, THE PRO CREW MAINTAINS, BUILDS, AND RECONSTRUCTS TRAILS THROUGHOUT NEW YORK STATE WITH A FOCUS ON THE ADIRONDACK AND CATSKILL FOREST PRESERVES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
IN 2020 WE OFFERED VOLUNTEER PARTICIPATION PROGRAMS IN THE ADIRONDACK HIGH PEAKS, THE CATSKILLS, AND ALL ACCROSS NEW YORK STATE. ADK HAS EXCITING RECREATIONAL CHALLENGES AND HAS CREATED AWARD WINNING PUBLICATIONS. STAY, PLAY, PROTECT, AND EXPLORE THE OUTDOORS. ADK PROVIDES UNIQUE LODGING FACILITIES TO HELP VISITORS LAUNCH THEIR ADVENTURES. ADK OFFERED ACTIVITIES LAST YEAR THROUGHOUT NEW YORK, OUTINGS INCLUDING HIKING, PADDLING, CYCLING, SKIING, SNOWSHOEING, EARN-A-PATCH CHALLENGES, AND MUCH MORE. ACTIVITIES INCLUDE WORKSHOPS, CERTIFICATION PROGRAMS, VOLUNTEERING AND TAKING ACTION ON ADVOCACY ISSUES. ADK LODGES ARE LOCATED IN THE ADIRONDACK HIGH PEAKS. ADK IS PROUD TO BE ONE OF 10 PROVIDERS OF THE LEAVE NO TRACE MASTER EDUCATOR COURSE AND A PARTNER WITH THE LEAVE NO TRACE CENTER FOR OUTDOOR ETHICS. ADK PUBLISHES MAPS AND GUIDEBOOKS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
DISCOVER AND EXPLORE THE OUTDOORS WITH ADK'S ALL-AGES EDUCATION PROGRAMS. MAKE A DEEPER CONNECTION WITH THE NATURAL WORLD THROUGH ADK'S GUIDED OUTINGS, SUMMER NATURALIST PROGRAMS, NATURE MUSEUM, LECTURES, PRESENTATIONS AND EVENTS. INSPIRE A LOVE OF NATURE IN CHILDREN THROUGH ADK'S PROGRAMS FOR FOURTH GRADERS, TEENS, COLLEGE/YOUNG ADULTS, FAMILIES, AND CHILDREN OF ALL AGES. ADK'S PUBLICATIONS EXPLORE TOPICS

CLIENT COPY

Name of the organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

SUCH AS ALPINE PLANTS, HISTORY, NATURAL HISTORY AND CULTURE.

IN 2020 OUR AWARD-WINNING SUMMIT STEWARDSHIP PROGRAM EDUCATED OVER 20,600 HIKERS IN 2020 AND HELPED TO PROTECT NEW YORK'S RAREST PLANTS ATOP THE HIGH SUMMITS. WE SPREAD THE LEAVE NO TRACE MESSAGE OF OUTDOOR SKILLS AND ETHICS TO HELP KEEP PEOPLE FROM LOVING THE STATE'S PRECIOUS NATURAL SPACES TO DEATH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADK'S ADVOCACY PROGRAM WORKS TO PROTECT NEW YORK'S WILDERNESS, CLEAN AIR AND WATER, AND SECURE FUNDING FOR STATE ENVIRONMENTAL PROGRAMS. 20 VOLUNTEERS MONITOR 20 BACKCOUNTRY PONDS FOR INVASIVE SPECIES. WE DEFEATED AN ATV BILL THAT WOULD HAVE ALLOWED 2 TO 6 PASSENGER VEHICLES ON TRAILS, COLLABORATED TO PROTECT THE BOREAS PONDS. ADK WORKED TO PROTECT THE ADIRONDACK FOREST PRESERVE FROM JUNKED OIL RAIL CARS, AND ADDRESS HIGH-USE ISSUES IN THE ADIRONDACK HIGH PEAKS AND OTHER CRITICAL AREAS. ADK ALSO LOBBIED SUCCESSFULLY FOR AN ADDITIONAL $1 MILLION OVER 5 YEARS TO SUPPORT TRAIL WORK, INCLUDING THE NORTH COUNTRY NATIONAL SCENIC TRAIL.

ADK'S AWARD WINNING ADIRONDAC MAGAZINE AND BOOK PUBLISHING ACTIVITIES PROVIDES A SOURCE OF INFORMATION OF INTEREST AND ENJOYMENT TO OUR MEMBERS AND THE PUBLIC, WITH STORIES AND INFORMATION OF BENEFIT FOR ALL ASPECTS OF NEW YORK STATE OUTDOOR RECREATION, EDUCATION, CONSERVATION AND ADVOCACY.

EXPENSES $ 1,039,124. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 2:

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Name of the organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

BOARD MEMBERS DAVE NICHOLS AND JILL NICHOLS ARE RELATED BY MARRIAGE. ALSO, BOARD MEMBERS JOHN GANSFUSS AND KATHLEEN GANSFUSS ARE RELATED BY MARRIAGE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE 25,892 MEMBERS OF ADK ELECT THE REPRESENTATIVES FOR THE BOARD OF GOVERNORS.

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

A COPY OF FORM 990 WAS PRESENTED TO THE BOARD BEFORE FILING.

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

A MEMBER OF THE BOARD SHALL DISCLOSE THE CONFLICT OR POTENTIAL CONFLICT AS SOON AS HE/SHE RECOGNIZES THE CONFLICT. IF SELF-DISCLOSURE IS NOT REVEALED, THE PRESIDENT OR ANY MEMBER OF THE BOARD OF DIRECTORS CAN, PRIOR TO VOTING ON A SPECIFIC MATTER IN WHICH A POTENTIAL CONFLICT OF INTEREST EXISTS, INQUIRE WHETHER ANY MEMBER OF THE BOARD DESIRES TO ABSTAIN FROM VOTING BECAUSE OF A CONFLICT OF INTEREST. IF NO CONFLICT OF INTEREST IS DISCLOSED BUT THE PRESIDENT OR ANY OTHER MEMBER OF THE BOARD STATES THE OPINION THAT SUCH A CONFLICT EXISTS AND THE CHALLENGED BOARD MEMBER REFUSES TO ABSTAIN FROM THE DELIBERATIONS OR VOTING AS REQUESTED, THE PRESIDENT SHALL IMMEDIATELY CALL FOR A VOTE OF THE DIRECTORS TO DETERMINE WHETHER THE CHALLENGED DIRECTOR IS IN A CONFLICT OF INTEREST. IF A MAJORITY OF THE DIRECTORS PRESENT VOTE TO REQUIRE THE ABSTENTION OF THE CHALLENGED DIRECTOR, THAT DIRECTOR SHALL NOT BE PERMITTED TO VOTE.

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Name of the organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

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

THE DETERMINATION OF COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS REQUIRED BY THE BOARD.

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

THE LAST THREE YEARS OF OUR AUDITED FINANCIAL STATEMENTS ARE POSTED TO OUR WEBSITE. OUR GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

REPAIRS AND MAINTENANCE:

| | |
|---|---|
| PROGRAM SERVICE EXPENSES | 44,176. |
| MANAGEMENT AND GENERAL EXPENSES | 21,339. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 65,515. |

MEMBERSHIP DEVELOPMENT:

| | |
|---|---|
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 61,630. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 61,630. |

OTHER DIRECT COSTS:

| | |
|---|---|
| PROGRAM SERVICE EXPENSES | 47,944. |
| MANAGEMENT AND GENERAL EXPENSES | 5,724. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 53,668. |

CONTRACT SERVICES:

CLIENT COPY

Name of the organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

| | |
|---|---|
| PROGRAM SERVICE EXPENSES | 30,108. |
| MANAGEMENT AND GENERAL EXPENSES | 22,993. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 53,101. |
| | |
| SUPPLIES: | |
| PROGRAM SERVICE EXPENSES | 46,387. |
| MANAGEMENT AND GENERAL EXPENSES | 5,164. |
| FUNDRAISING EXPENSES | 924. |
| TOTAL EXPENSES | 52,475. |
| | |
| WRITE DOWN OF OBSOLETE INVENTORY: | |
| PROGRAM SERVICE EXPENSES | 49,800. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 49,800. |
| | |
| TELEPHONE: | |
| PROGRAM SERVICE EXPENSES | 36,376. |
| MANAGEMENT AND GENERAL EXPENSES | 12,180. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 48,556. |
| | |
| WRITE DOWN OF DEFERRED PUBLICATIONS: | |
| PROGRAM SERVICE EXPENSES | 34,140. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 34,140. |

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Name of the organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

| | |
|---|---|
| OUTINGS COSTS: | |
| PROGRAM SERVICE EXPENSES | 29,173. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 29,173. |
| EQUIPMENT EXPENSE: | |
| PROGRAM SERVICE EXPENSES | 22,566. |
| MANAGEMENT AND GENERAL EXPENSES | 4,560. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 27,126. |
| PROFESSIONAL FEES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 23,000. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 23,000. |
| PUBLIC RELATIONS & EDUCATION: | |
| PROGRAM SERVICE EXPENSES | -10,490. |
| MANAGEMENT AND GENERAL EXPENSES | 3,537. |
| FUNDRAISING EXPENSES | 25,992. |
| TOTAL EXPENSES | 19,039. |
| MISCELLANEOUS: | |
| PROGRAM SERVICE EXPENSES | 5,504. |
| MANAGEMENT AND GENERAL EXPENSES | 6,278. |

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Name of the organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

| | |
|---|---|
| FUNDRAISING EXPENSES | 544. |
| TOTAL EXPENSES | 12,326. |
| | |
| BAD DEBTS: | |
| PROGRAM SERVICE EXPENSES | 4,026. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 4,026. |
| | |
| STAFF AND VOLUNTEER EXPENSES: | |
| PROGRAM SERVICE EXPENSES | -3,370. |
| MANAGEMENT AND GENERAL EXPENSES | 3,206. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | -164. |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A | 533,411. |

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE TO OVERSEE AND APPROVE THE FINANCIAL STATEMENT AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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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

2020

Open to Public Inspection

Name of the organization

ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number

15-0586270

**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 | (g) No |
|---|---|---|---|---|---|---|---|
| ADIRONDACK MOUNTAIN CLUB FOUNDATION, INC. - 32-0453519, 814 GOGGINS ROAD, LAKE GEORGE, NY 12845 | RAISE FUNDS TO SUPPORT THE CHARITABLE ACTIVITIES OF ADK MOUNTAIN CLUB | NEW YORK | 501(C)3 | LINE 7 | | | X |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

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

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

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

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

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

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

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

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**Part VII Supplemental Information**

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

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EXTENDED TO NOVEMBER 15, 2021

Form **990-T**

# Exempt Organization Business Income Tax Return
**(and proxy tax under section 6033(e))**

For calendar year 2020 or other tax year beginning _____, and ending _____.

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

**2020**

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529S

Print or Type

Name of organization ( ☐ Check box if name changed and see instructions.)
ADIRONDACK MOUNTAIN CLUB, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
814 GOGGINS ROAD

City or town, state or province, country, and ZIP or foreign postal code
LAKE GEORGE, NY 12845

D Employer identification number
15-0586270

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

C Book value of all assets at end of year ▶ 5,866,589.

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entity

H Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ BRUCE KATZ Telephone number ▶ (518) 668-4447

## Part I Total Unrelated Business Taxable Income

| | | | |
|---|---|---|---|
| 1 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 10,457. |
| 2 | Reserved | 2 | |
| 3 | Add lines 1 and 2 | 3 | 10,457. |
| 4 | Charitable contributions (see instructions for limitation rules) | 4 | 0. |
| 5 | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 10,457. |
| 6 | Deduction for net operating loss. See instructions STATEMENT 1 | 6 | 10,457. |
| 7 | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | |
| 8 | Specific deduction (generally $1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 | **Trusts.** Section 199A deduction. See instructions | 9 | |
| 10 | **Total deductions.** Add lines 8 and 9 | 10 | 1,000. |
| 11 | **Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0. |

## Part II Tax Computation

| | | | |
|---|---|---|---|
| 1 | **Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) ▶ | 1 | 0. |
| 2 | **Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶ | 2 | |
| 3 | **Proxy tax.** See instructions ▶ | 3 | |
| 4 | Other tax amounts. See instructions | 4 | |
| 5 | Alternative minimum tax (trusts only) | 5 | |
| 6 | **Tax on noncompliant facility income.** See instructions | 6 | |
| 7 | **Total.** Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0. |

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## Part III Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | | |
| b | Other credits (see instructions) | 1b | | | |
| c | General business credit. Attach Form 3800 (see instructions) | 1c | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | | |
| e | **Total credits.** Add lines 1a through 1d | | | 1e | |
| 2 | Subtract line 1e from Part II, line 7 | | | 2 | 0. |
| 3 | Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement) | | | 3 | |
| 4 | **Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ▶ | | | 4 | 0. |
| 5 | 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 | | | 5 | 0. |
| 6a | Payments: A 2019 overpayment credited to 2020 | 6a | | | |
| b | 2020 estimated tax payments. Check if section 643(g) election applies ▶ ☐ | 6b | | | |
| c | Tax deposited with Form 8868 | 6c | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | | |
| e | Backup withholding (see instructions) | 6e | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | | |
| g | Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶ | 6g | | | |
| 7 | **Total payments.** Add lines 6a through 6g | | | 7 | |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐ | | | 8 | |
| 9 | **Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶ | | | 9 | |
| 10 | **Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶ | | | 10 | |
| 11 | Enter the amount of line 10 you want: **Credited to 2021 estimated tax** ▶ **Refunded** ▶ | | | 11 | |

## Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 1 | At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 3 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ | | |
| 4a | Did the organization change its method of accounting? (see instructions) | | X |
| b | If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V | | |

## Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

▶ _____ Signature of officer | _____ Date | ▶ EXECUTIVE DIRECTOR Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| JAMES E. AMELL, CPA | | 06/14/21 | | P00316270 |

Firm's name ▶ MARVIN AND COMPANY, P.C. | Firm's EIN ▶ 14-1567343

Firm's address ▶ 11 BRITISH AMERICAN BLVD. LATHAM, NY 12110-1405 | Phone no. 518-785-0134

ENTITY 1

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

# Unrelated Business Taxable Income From an Unrelated Trade or Business

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

**2020**

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: ADIRONDACK MOUNTAIN CLUB, INC.

B Employer identification number: 15-0586270

C Unrelated business activity code (see instructions) ▶ 323100

D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ MAGAZINE PUBLICATION AND SALE

## Part I Unrelated Trade or Business Income

| | | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|---|
| 1a | Gross receipts or sales | | | | |
| b | Less returns and allowances | c Balance ▶ 1c | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | 4a | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) | 4b | | | |
| c | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | | | |
| 6 | Rent income (Part IV) | 6 | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | |
| 11 | Advertising income (Part IX) | 11 | 10,707. | | 10,707. |
| 12 | Other income (see instructions; attach statement) | 12 | | | |
| 13 | **Total.** Combine lines 3 through 12 | 13 | 10,707. | | 10,707. |

## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

| | | | | | |
|---|---|---|---|---|---|
| 1 | Compensation of officers, directors, and trustees (Part X) | | | 1 | |
| 2 | Salaries and wages | | | 2 | |
| 3 | Repairs and maintenance | | | 3 | |
| 4 | Bad debts | | | 4 | |
| 5 | Interest (attach statement) (see instructions) | | | 5 | |
| 6 | Taxes and licenses | | | 6 | 250. |
| 7 | Depreciation (attach Form 4562) (see instructions) | 7 | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | | 8b | |
| 9 | Depletion | | | 9 | |
| 10 | Contributions to deferred compensation plans | | | 10 | |
| 11 | Employee benefit programs | | | 11 | |
| 12 | Excess exempt expenses (Part VIII) | | | 12 | |
| 13 | Excess readership costs (Part IX) | | | 13 | |
| 14 | Other deductions (attach statement) | | | 14 | |
| 15 | **Total deductions.** Add lines 1 through 14 | | | 15 | 250. |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | | 16 | 10,457. |
| 17 | Deduction for net operating loss (see instructions) | | | 17 | 0. |
| 18 | **Unrelated business taxable income.** Subtract line 17 from line 16 | | | 18 | 10,457. |

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## Part III Cost of Goods Sold

Enter method of inventory valuation ▶

| | | | |
|---|---|---|---|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | **Total.** Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | **Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | ☐ Yes ☐ No | |

## Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Rent received or accrued | | | | |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |

| | | |
|---|---|---|
| 3 | Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ | 0. |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | |
| 5 | **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ | 0. |

## Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐
B ☐
C ☐
D ☐

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Gross income from or allocable to debt-financed property | | | | |
| 3 | **Deductions directly connected with or allocable** to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |

| | | |
|---|---|---|
| 8 | **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ | 0. |
| 9 | Allocable deductions. Multiply line 3c by line 6 | |
| 10 | **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ | 0. |
| 11 | **Total dividends-received deductions** included in line 10 ▶ | 0. |

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## Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

| Nonexempt Controlled Organizations: 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0. | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) 0. |

## Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0. | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0. |

## Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|---|---|---|
| 1 | Description of exploited activity: | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

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## Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ ADIRONDAC

B ☐ MAGAZINE

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

| | | A | B | C | D |
|---|---|---|---|---|---|
| 2 | Gross advertising income | | 10,707. | | |
| | Add columns A through D. Enter here and on Part I, line 11, column (A) ▶ | | | | 10,707. |
| a | | | | | |
| 3 | Direct advertising costs by periodical | | 0. | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (B) ▶ | | | | 0. |
| 4 | Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | 10,707. | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a | Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ▶ | | | | 0. |

## Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on Part II, line 1 ▶ | | | 0. |

## Part XI Supplemental Information (see instructions)

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FORM 990-T PRE 2018 NOL SCHEDULE STATEMENT 1

| | |
|---|---|
| PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR | 165,203. |
| PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 | 10,457. |

SCHEDULE A PORTION OF PRE-2018 NOL

| SCHEDULE A ENTITY | SCHEDULE A SHARE |
|---|---|
| 1 | 0. |

| | |
|---|---|
| TOTAL SCHEDULE A SHARE OF PRE-2018 NOL | 0. |
| NET OPERATING DEDUCTION | 10,457. |
| BALANCE AFTER PRE-2018 NOL DEDUCTION | 0. |
| EXPIRING NET OPERATING LOSSES | 0. |
| CARRY FORWARD OF NET OPERATING LOSS | 154,746. |

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property) 990

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| ADIRONDACK MOUNTAIN CLUB, INC. | FORM 990 PAGE 10 | 15-0586270 |

**Part I** **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | 1,040,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 2,590,000. |
| 4 | **Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-** | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2019 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II** **Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

**Part III** **MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2020 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|---|
| 19a | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| c | 7-year property | | | | | | |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | |
| h | Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | | / | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | | / | | | MM | S/L | |

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 20a | Class life | | | | | S/L | |
| b | 12-year | | | 12 yrs. | | S/L | |
| c | 30-year | / | | 30 yrs. | MM | S/L | |
| d | 40-year | / | | 40 yrs. | MM | S/L | |

**Part IV** **Summary** (See instructions.)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 0. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

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**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles. **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|---|---|---|---|---|---|---|---|---|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 Total business/investment miles driven during the year (**don't** include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

| | Yes | No |
|---|---|---|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| 42 Amortization of costs that begins during your 2020 tax year: | | | | | |
| | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2020 tax year | | | | 43 | |
| 44 **Total.** Add amounts in column (f). See the instructions for where to report | | | | 44 | |

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- NEXT YEAR FEDERAL - ADIRONDACK MOUNTAIN CLUB, INC.

| Asset No. | Description | Date Acquired | Method | Life | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|---|---|---|---|---|---|---|---|---|---|
| 1 | LAND | VARIES | SL | | 195,761. | | 195,761. | | 0. |
| 2 | LAND IMPROVEMENTS | VARIES | SL | .000 | 752,462. | | 752,462. | 83,868. | 0. |
| 3 | BUILDINGS AND IMPROVEMENTS | VARIES | SL | .000 | 2364189. | | 2364189. | 1477670. | 0. |
| 4 | EQUIPMENT AND FURNITURE | VARIES | SL | .000 | 1266806. | | 1266806. | 952,598. | 0. |
| 5 | VEHICLES | VARIES | SL | .000 | 250,056. | | 250,056. | 200,940. | 0. |
| | * TOTAL 990 PAGE 10 DEPR | | | | 4829274. | | 4829274. | 2715076. | 0. |

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(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

# CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

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

**2020**

**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2020 and Ending (mm/dd/yyyy) 12/31/2020

Check if Applicable:
- ☐ Address Change
- ☐ Name Change
- ☐ Initial Filing
- ☐ Final Filing
- ☐ Amended Filing
- ☐ Reg ID Pending

| | |
|---|---|
| Name of Organization: ADIRONDACK MOUNTAIN CLUB, INC. | Employer Identification Number (EIN): 15-0586270 |
| Mailing Address: 814 GOGGINS ROAD | NY Registration Number: 02-69-24 |
| City / State / ZIP: LAKE GEORGE, NY 12845 | Telephone: 518 668-4447 |
| Website: WWW.ADK.ORG | Email: |

Check your organization's registration category: ☐ 7A only ☐ EPTL only ☒ DUAL (7A & EPTL) ☐ EXEMPT*

Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

## 2. Certification

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

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

President or Authorized Officer: _____ MICHAEL BARRETT EXECUTIVE DIRECTOR
Signature — Print Name and Title — Date

Chief Financial Officer or Treasurer: _____ BRUCE KATZ CONTROLLER
Signature — Print Name and Title — Date

## 3. Annual Reporting Exemption

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

☐ 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

☐ 3b. EPTL filing exemption: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

☐ Yes ☒ No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☒ Yes ☐ No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee: | EPTL filing fee: | Total fee: | Make a single check or money order payable to: |
|---|---|---|---|---|
| | $ 25. | $ 250. | $ 275. | **"Department of Law"** |

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

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



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ADIRONDACK MOUNTAIN CLUB, INC.

# CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

## Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

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

## Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

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

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

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

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

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

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

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

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

NET WORTH for fee purposes is calculated on:

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

## Send Your Filing

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

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

*Need Assistance?*

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

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# CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

**2020**

**Open to Public Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.
**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

## 1. Organization Information

| Name of Organization: | NY Registration Number: |
|---|---|
| ADIRONDACK MOUNTAIN CLUB, INC. | 02-69-24 |

## 2. Government Grants

| Name of Government Agency | Amount of Grant |
|---|---|
| 1. SBA - PPP LOAN FORGIVENESS | 1. 450,000. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |
| Total Government Grants: | Total: 450,000. |

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NEW YORK STATE 2020

# CT-200-V

Department of Taxation and Finance

## Payment Voucher for E-Filed Corporation Tax Returns and Extensions

| Employer identification number | Primary return type | Tax period beginning (mm-dd-yyyy) | Tax period ending (mm-dd-yyyy) |
|---|---|---|---|
| 15-0586270 | CT13 | 01-01-2020 | 12-31-2020 |

Legal name of corporation
ADIRONDACK MOUNTAIN CLUB, INC.

Mailing name (if different from legal name)
c/o

Number and street or PO box
814 GOGGINS ROAD

| City | State | ZIP code | Business telephone number |
|---|---|---|---|
| LAKE GEORGE | NY | 12845 | 518-668-4447 |

**Type of form e-filed** (mark correct box; see instructions)

Return ..... ☐

Extension ..... X

Mandatory first installment (MFI) ... ☐

**Amount(s) due**

NYS amount 250.00

MTA amount .00

Make your check or money order payable in U.S. funds to: *New York State Corporation Tax.* Do not staple or clip your check or money order. Detach all check stubs.

**Enter payment enclosed** ... 250.00

**File this entire page with your payment**

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### Where to mail

Mail your payment along with this **entire page** to:

**NYS DEPT OF TAXATION & FINANCE**
**CORP - V**
**PO BOX 15163**
**ALBANY NY 12212-5163**

1019

538001201019

084141
09-25-20

NEW YORK STATE 2020

# CT-2

Department of Taxation and Finance

## Corporation Tax Return Summary

**THIS FORM MUST BE FILED WITH YOUR RETURN**

1 Legal name of corporation

1. ADIRONDACK MOUNTAIN CLUB, INC.

Payment enclosed 2.

| | | |
|---|---|---|
| 3 | Return type | 3. CT13 |
| 4 | Employer ID number (EIN) | 4. 15-0586270 |
| 5 | File number (FCC) | 5. MM9 |
| 6 | Period beginning date *(mm-dd-yy)* | 6. 01-01-20 |
| 7 | Period ending date *(mm-dd-yy)* | 7. 12-31-20 |
| 8 | Amended *(Y=1; N=0)* | 8. 0 |
| 9 | Final *(Y=1; N=0)* | 9. |
| 10 | NAICS code | 10. 323100 |
| 11 | MTA indicator *(None = 0; Y =1; N = 2; Both = 3)* | 11. |
| 12 | Federal 1120-H filed *(Y = 1; N = 0)* | 12. |
| 13 | REIT/RIC indicator *(Y =1; N = 0)* | 13. |
| 14 | Tax due/MTA surcharge | 14. 250.00 |
| 15 | Mandatory first installment (MFI) - no extension filed and tax due is over $1,000 | 15. |
| 16 | Balance due | 16. |
| 17 | Amount of overpayment credited to next period - NYS | 17. |
| 18 | Refund of overpayment | 18. |
| 19 | Refund of unused tax credits | 19. |
| 20 | Tax credits to be credited as an overpayment to next year's return | 20. |
| 21 | Amount of overpayment credited to next period - MTA | 21. |
| 22 | Amount of MTA surcharge retaliatory tax credit to be refunded | 22. |
| 23 | Fixed dollar minimum | 23. |
| 24 | Designated agent's (Article 9-A) or combined parent's (Article 33) EIN | 24. - |
| 25 | New York receipts | 25. |
| 26 | Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)? | 26. |
| 27 | Paid preparer's EIN | 27. 14-1567343 |
| 28 | Preparer's NYTPRIN | 28. |
| 29 | Excl. code | 29. 03 |

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084951
11-10-20 1019

*For office use only*

## Form CT-186-E filers only

| | | | |
|---|---|---|---|
| 30 | Excise tax on telecommunication services - NYS | 30. | |
| 31 | Excise tax on mobile telecommunication services subject to the 2.9% rate | 31. | |
| 32 | Total excise tax on telecommunication services | 32. | |
| 33 | Tax on gross income - NYS | 33. | |
| 34 | MTA surcharge related to non-mobile telecommunication services | 34. | |
| 35 | MTA surcharge related to telecommunication services subject to the 0.721% tax rate | 35. | |
| 36 | Total MTA surcharge related to telecommunication services | 36. | |
| 37 | MTA surcharge on gross income | 37. | |
| 38 | Balance due - NYS | 38. | |
| 39 | Balance due - MTA | 39. | |
| 40 | Provided telecommunication services in the MCTD this year? *(None = 0; Y = 1; N = 2; Both = 3)* | 40. | |
| 41 | Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? *(None = 0; Y = 1; N = 2; Both = 3)* | 41. | |
| 42 | Overpayment credited to next year's tax - NYS | 42. | |
| 43 | Overpayment credited to next year's tax - MTA | 43. | |
| 44 | Refund of overpayment - NYS | 44. | |
| 45 | Refund of overpayment - MTA | 45. | |
| 46 | Refund of unused tax credits - NYS | 46. | |
| 47 | Refund of unused tax credits - MTA | 47. | |
| 48 | Refundable tax credits to be credited to next year's tax - NYS | 48. | |
| 49 | Refundable tax credits to be credited to next year's tax - MTA | 49. | |

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Department of Taxation and Finance

088021 09-25-20

# New York State E-File Authorization for Tax Year 2020

# TR-579-CT

(9/20)

## For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation ADIRONDACK MOUNTAIN CLUB, INC.

Return type *(mark an X for all that apply):* CT-3 ____ CT-3-A ____ CT-3-M ____ CT-3-S ____ CT-13 X CT-33 ____
CT-33-A ____ CT-33-C ____ CT-33-M ____ CT-33-NL ____ CT-183 ____ CT-183-M ____ CT-184 ____ CT-184-M ____
CT-186-E ____ CT-300 ____ CT-400 ____

### Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

### General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return;* CT-3-A, *General Business Corporation Combined Franchise Tax Return;* CT-3-M, *General Business Corporation MTA Surcharge Return;* CT-3-S, *New York S Corporation Franchise Tax Return;* CT-13, *Unrelated Business Income Tax Return;* CT-33, *Life Insurance Corporation Franchise Tax Return;* CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return;* CT-33-C, *Captive Insurance Company Franchise Tax Return;* CT-33-M, *Insurance Corporation MTA Surcharge Return;* CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return;* CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock;* CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return;* CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings;* CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return;* CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return;* CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations;* or CT-400, *Estimated Tax for Corporations.*

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers.* Go to our website at *www.tax.ny.gov* to find this document.

**Do not mail this form to the Tax Department.** EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do **not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both);* CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both);* CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return;* CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both);* CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both);* or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return).* Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2020 Corporation Tax Extensions.*

**Financial institution information** (required if electronic payment is authorized)

| | | |
|---|---|---|
| **1** Amount of authorized debit | 1 | |
| **2** Financial institution routing number | 2 | |
| **3** Financial institution account number | 3 | |

**Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400**

Under penalty of perjury, I declare that I have examined the information on this 2020 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2020 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2020 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

| Signature of authorized officer of the corporation | Print your name and title | Date |
|---|---|---|
| | MICHAEL BARRETT, EXECUTIVE DIRECTOR | 05-15-21 |

**Part B - Declaration of ERO and paid preparer**

Under penalty of perjury, I declare that the information contained in this 2020 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2020 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2020 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2020 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

| | | |
|---|---|---|
| ERO's signature | Print name<br>MARVIN AND COMPANY, P.C. | Date<br>06-14-21 |
| Paid preparer's signature | Print name<br>JAMES E. AMELL, CPA | Date<br>06-14-21 |

PREPARER COPY

NEW YORK STATE 2020

# CT-13

Department of Taxation and Finance

## Unrelated Business Income Tax Return

Amended return ☐ Tax Law - Article 13

All filers enter tax period: beginning 01-01-20 ending 12-31-20

| Employer identification number (EIN) | File number | Business telephone number | If you claim an overpayment, mark an X in the box |
|---|---|---|---|
| 15-0586270 | MM9 | 518-668-4447 | ☐ |

Legal name of corporation: ADIRONDACK MOUNTAIN CLUB, INC.

Trade name/DBA:

Mailing address — Care of (c/o):

State or country of incorporation: NEW YORK

Number and street or PO box: 814 GOGGINS ROAD

Date of incorporation: 01-01-22

Foreign corporations: date began business in NYS

City: LAKE GEORGE, NY 12845 (U.S. state/Canadian province, ZIP/Postal code)

Country (if not United States):

For office use only

NAICS business code number (from federal return): 323100

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

Principal unrelated business activity (see instructions): MAGAZINE PUBLICATION AN

**Form CT-247,** *Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization* - Have you filed this New York State application for exemption? *(see instructions)* ..... Yes ☐ No ☒

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) ..... ☐

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return *(see section* Who must file Form CT-13 *in the instructions)* ..... ☐

| A. Pay amount shown on line 22. Make payable to: *New York State Corporation Tax* ◀ Attach your payment here. Detach all check stubs. *(See instructions for details.)* | A | Payment enclosed |
|---|---|---|

## Computation of income and tax

| | | | | |
|---|---|---|---|---|
| 1 | Federal unrelated business taxable income before net operating loss deduction and after $1,000 specific deduction | | 1 | 9,457. |
| 2 | New York State Article 13 and Article 23 tax deducted on federal return | | 2 | |
| 3 | Additions required for shareholders of federal S corporations *(see instructions)* | | 3 | |
| 4 | Grossed-up taxes for shareholders of New York S corporations *(see instructions)* | | 4 | |
| 5 | Other additions *(see instructions)* | | 5 | |
| 6 | Add lines 1 through 5 | | 6 | 9,457. |
| 7 | Other income *(see instructions)* | 7 | | |
| 8 | Federal S corporation shareholder subtractions *(see instructions)* | 8 | | |
| 9 | Other subtractions *(see instructions)* | 9 | | |
| 10 | Total subtractions *(add lines 7, 8, and 9)* | | 10 | |
| 11 | Taxable income before net operating loss deduction *(subtract line 10 from line 6)* | | 11 | 9,457. |
| 12 | New York net operating loss deduction *(attach federal and NYS computations; see instructions)* | | 12 | 9,457. |
| 13 | Taxable income *(subtract line 12 from line 11)* | | 13 | 0. |
| 14 | Allocated taxable income *(multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)* | | 14 | |
| 15 | Tax based on income *(multiply line 14 by 9% (.09))* | | 15 | 0. |
| 16 | Minimum tax | | 16 | 250.00 |
| 17 | Tax *(line 15 or line 16, whichever is larger)* | | 17 | 250. |
| 18 | Total prepayments from line 46 | | 18 | 250. |
| 19 | Balance *(if line 18 is less than line 17, subtract line 18 from line 17)* | | 19 | |
| 20 | Interest on late payment *(see instructions)* | | 20 | |
| 21 | Late filing and late payment penalties *(see instructions)* | | 21 | |
| 22 | Balance due *(add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)* | | 22 | |
| 23 | Overpayment *(if line 17 is less than line 18, subtract line 17 from line 18)* | | 23 | |
| 24 | Amount of overpayment on line 23 to be **credited to next year** | | 24 | |
| 25 | Amount of overpayment on line 23 to be **refunded** *(subtract line 24 from line 23)* | | 25 | |

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes ☐ No ☒ If *Yes,* list years: _____

Federal return was filed on: 990-T ☒ Other: _____ ☐ **Attach a complete copy of your federal return.**

## Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

| | | A New York State | B Everywhere |
|---|---|---|---|
| **Average value of:** | | | |
| 26 Real estate owned *(see instructions)* | 26 | | |
| 27 Gross rents *(attach list; see instructions)* | 27 | | |
| 28 Inventories owned | 28 | | |
| 29 Other tangible personal property owned *(see instructions)* | 29 | | |
| 30 **Total** *(add lines 26 through 29)* | 30 | | |
| 31 Percentage in New York State *(divide line 30, column A, by line 30, column B)* | 31 | | % |
| **Receipts in the regular course of business from:** | | | |
| 32 Sales of tangible personal property shipped to points within New York State | 32 | | |
| 33 All sales of tangible personal property | 33 | | |
| 34 Services performed | 34 | | |
| 35 Rentals of property | 35 | | |
| 36 Other business receipts | 36 | | |
| 37 **Total** *(add lines 32 through 36)* | 37 | | |
| 38 Percentage in New York State *(divide line 37, column A, by line 37, column B)* | 38 | | % |
| 39 Wages, salaries, and other compensation of employees *(except general executive officers; see instructions)* | 39 | | |
| 40 Percentage in New York State *(divide line 39, column A, by line 39, column B)* | 40 | | % |
| 41 **Total of New York State percentages** *(add lines 31, 38, and 40)* | 41 | | % |
| 42 Business allocation percentage *(divide line 41 by three or by the number of percentages)* | 42 | | % |

| **Composition of prepayments claimed on line 18*** | | Date paid | Amount |
|---|---|---|---|
| 43 Payment with extension request, Form CT-5, line 5 | 43 | 05-15-21 | 250. |
| 44a Second installment from Form CT-400 | 44a | | |
| 44b Third installment from Form CT-400 | 44b | | |
| 44c Fourth installment from Form CT-400 | 44c | | |
| 45 Amount of overpayment credited from prior years | 45 | | |
| 46 Total prepayments *(add lines 43 through 45; enter here and on line 18)* | 46 | | 250. |

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. **If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.**

## Amended return information

If filing an amended return, mark an *X* in the box for any items that apply and attach documentation.

Final federal determination ☐ If marked, enter date of determination: _____

Capital loss carryback ☐ Federal return filed Form 1139 ☐

Amended Form 990-T ☐

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| | | | |
|---|---|---|---|
| **Third-party designee** *(see instructions)* | Yes ☐ No ☐ | Designee's name *(print)* | Designee's phone number |
| | Designee's email address | | PIN |

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

| | | | | |
|---|---|---|---|---|
| **Authorized person** | Printed name of authorized person<br>MICHAEL BARRETT | Signature of authorized person | Official title<br>EXECUTIVE DIRECTOR | |
| | Email address of authorized person<br>MICHAEL@ADK.ORG | | Telephone number<br>518-668-4447 | Date<br>05-15-21 |

| | | | | | |
|---|---|---|---|---|---|
| **Paid preparer use only** *(see instr.)* | Firm's name *(or yours if self-employed)*<br>MARVIN AND COMPANY, P.C. | | Firm's EIN<br>14-1567343 | | Preparer's PTIN or SSN<br>P00316270 |
| | Signature of individual preparing this return | Address<br>11 BRITISH AMERICAN BLVD.<br>LATHAM, NY 12110-1405 | City | State | ZIP code |
| | Email address of individual preparing this return<br>JEA@MARVINCPA.COM | | Preparer's NYTPRIN | Excl. code<br>03 | Date<br>06-14-21 |

See instructions for where to file.

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FORM CT-13 NET OPERATING LOSS DEDUCTION STATEMENT 1

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|---|---|---|---|---|
| 12/31/12 | 118,225. | 73,416. | 44,809. | 44,809. |
| 12/31/13 | 125,894. | 0. | 125,894. | 125,894. |
| TOTAL NOL CARRYOVER AVAILABLE THIS YEAR | | | 170,703. | 170,703. |
| AMOUNT OF NOL APPLIED THIS YEAR | | | 9,457. | |
| NOL CARRYOVER TO NEXT YEAR | | | 161,246. | |

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|---|---|---|---|---|
| 12/31/12 | 118,475. | 79,416. | 39,059. | 39,059. |
| 12/31/13 | 126,144. | 0. | 126,144. | 126,144. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 165,203. | 165,203. |

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