UHY ADVISORS NY, INC.
ONE WEST AVENUE, SUITE 205
SARATOGA SPRINGS, NY 12866

ADIRONDACK MOUNTAIN CLUB, INC.
PO BOX 4390
QUEENSBURY, NY 12804

UHY Advisors
Tax & Business Consultants

UHY Advisors NY, Inc.
One West Avenue
Suite 205
Saratoga Springs, NY 12866
Phone: 518-583-1234
Fax: 518-584-1328

November 15, 2023

Adirondack Mountain Club, Inc.
PO Box 4390
Queensbury, NY 12804

Adirondack Mountain Club, Inc.:

Enclosed are the original and one copy of the 2022 Exempt Organization returns, as follows...

2022 Form 990

2022 Form 990-T

2022 New York Form CT-13

We have completed the return(s) in accordance with the scope and terms of the engagement letter. The return(s) were completed from information you furnished to us. We have not audited or otherwise verified the data you submitted, although we may have asked you to clarify some of the information.

All of the information you submitted to us was, to the best of your knowledge, correct and complete and included all income, deductions, and other data necessary for the preparation of your income tax return(s). You are responsible for keeping the necessary records to support the information within your return(s). It is important that you review your records to ensure that you have the documentation for these income and expense items. If you find that the documentation is incomplete or incorrect, please notify our office to discuss the propriety of amending these returns.

Enclosed are any original documents that you may have provided to us for the preparation of your returns. We may have retained copies of some or all of the documents, but you should maintain all of the original documents and records to support your return.

Your return(s), of course, are subject to review by the taxing authorities. Any items resolved against you are subject to certain rights of appeal. In the event of any examination, we will be available to represent you as a separate engagement.

The Internal Revenue Code and states provides for numerous penalties. They include penalty for omitting income, failure to file informational returns (such as 1099's or various reporting requirements related to foreign activities), substantial underpayment of tax liability and numerous others. The taxing authorities have indicated they will assess penalties vigorously. Please contact us if you believe that there are any additional filings required that have not been prepared.

The FILING INSTRUCTIONS, which are included with each return, provide information on how to file your return, the due date of the return, and the amount of your refund or amounts due.

Please review the return(s) prior to filing with the taxing authority. Should you have any questions regarding the return(s), please contact us.

You should retain a copy of the return(s) for your files.

We sincerely appreciate the opportunity to work with you, and we look forward to our continued relationship.

Very truly yours,

Eric Scaringe

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

Adirondack Mountain Club, Inc.
PO Box 4390
Queensbury, NY 12804

Prepared By:

UHY Advisors NY, Inc.
One West Avenue, Suite 205
Saratoga Springs, NY 12866

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

Adirondack Mountain Club, Inc.
PO Box 4390
Queensbury, NY 12804

Prepared By:

UHY Advisors NY, Inc.
One West Avenue, Suite 205
Saratoga Springs, NY 12866

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____ , 2022, and ending _____ , 20 ___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2022

Name of filer
ADIRONDACK MOUNTAIN CLUB, INC.

EIN or SSN
15-0586270

Name and title of officer or person subject to tax
MICHAEL BARRETT
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** 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, 7b, 8b, 9b,** or **10b,** 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	4,923,579.
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 V, 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	
8a	**Form 5227** check here	[ ]	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	[ ]	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	[ ]	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

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 entity or [ ] I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2022 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 UHY ADVISORS NY, INC. to enter my PIN 12345

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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 11/15/23

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. 14419610405

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 ERIC SCARINGE Date 11/15/23

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

EXTENDED TO NOVEMBER 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 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) Room/suite
PO BOX 4390

City or town, state or province, country, and ZIP or foreign postal code
QUEENSBURY, NY 12804

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 $ 5,751,319.

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

Activities & Governance

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.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	117
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,071.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,364,511.	1,846,441.
9	Program service revenue (Part VIII, line 2g)	1,658,612.	1,945,727.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	129,373.	589,660.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	690,710.	541,751.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,843,206.	4,923,579.

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)	2,748,072.	2,848,157.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 251,697.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,372,848.	1,977,319.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,120,920.	4,825,476.
19	Revenue less expenses. Subtract line 18 from line 12	722,286.	98,103.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,654,615.	8,027,138.
21	Total liabilities (Part X, line 26)	1,182,416.	2,792,605.
22	Net assets or fund balances. Subtract line 21 from line 20	5,472,199.	5,234,533.

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	Preparer's signature	Date	Check if self-employed	PTIN
ERIC SCARINGE	ERIC SCARINGE	11/15/23	☐	P01432748

Firm's name UHY ADVISORS NY, INC. Firm's EIN 14-1555429
Firm's address ONE WEST AVENUE, SUITE 205
SARATOGA SPRINGS, NY 12866 Phone no. 518-583-1234

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 X No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses $ 312,598. including grants of $) (Revenue $ 149,564.)
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 ALLOWED 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 (SEE SCHEDULE O)

4b (Code:) (Expenses $ 1,732,834. including grants of $) (Revenue $ 1,041,389.)
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 NY. 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.
(SEE SCHEDULE O)

4c (Code:) (Expenses $ 483,239. including grants of $) (Revenue $ 614,121.)
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 $ 1,066,921. including grants of $) (Revenue $)

4e Total program service expenses 3,595,592.

SEE SCHEDULE O FOR CONTINUATION(S)

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*? See instructions	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 Rev. Proc. 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.* See instructions	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

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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		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 line 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 on 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	9		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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	117		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
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			
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? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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 the 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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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	15		
	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	15		
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 on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	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 on 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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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

MICHAEL BARRETT - 518-668-4447

PO BOX 4390, QUEENSBURY, NY 12804

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BARRETT EXECUTIVE DIRECTOR	40.00			X				162,383.	0.	7,155.
(2) JULIA GOREN DEPUTY EXECUTIVE DIRECTOR	40.00			X				89,452.	0.	1,363.
(3) MICKEY ORTA DIRECTOR	1.00	X						0.	0.	0.
(4) PAUL LEINWAND DIRECTOR	1.00	X						0.	0.	0.
(5) JEN KRETSER DIRECTOR	1.00	X						0.	0.	0.
(6) CHARLES KILBOURNE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(7) WILLIAM (BILL) BROSSEAU DIRECTOR	1.00	X						0.	0.	0.
(8) MICHAEL BRANDI DIRECTOR	1.00	X						0.	0.	0.
(9) ERIK GREGORY FINANCE COMM. CHAIR	1.00	X						0.	0.	0.
(10) KATE HACKER SECRETARY	1.00	X		X				0.	0.	0.
(11) MARK QUACKENBUSH TREASURER	1.00	X		X				0.	0.	0.
(12) PAUL ROONEY DIRECTOR	1.00	X						0.	0.	0.
(13) DANIELLE SANZONE DIRECTOR	1.00	X						0.	0.	0.
(14) THOMAS ANDREWS PRESIDENT	8.00	X		X				0.	0.	0.
(15) LAURA FISKE 2ND VICE PRESIDENT	1.00	X		X				0.	0.	0.
(16) DR. TIMOTHY COVILLE DIRECTOR	1.00	X						0.	0.	0.
(17) JEFF HERTER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								251,835.	0.	8,518.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								251,835.	0.	8,518.

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*		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*	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*		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) 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	690,923.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,155,518.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			1,846,441.			
Program Service Revenue		Business Code					
	2a HEART LAKE	900099		851,912.	851,912.		
	b FEES AND CONTRACTS	900099		285,515.	285,515.		
	c HIGH PEAKS INFO CTR	900099		281,861.	281,861.		
	d JBL	900099		200,814.	200,814.		
	e EDUCATIONAL WORKSHOPS	900099		147,591.	147,591.		
	f All other program service revenue	900099		178,034.	178,034.		
	g **Total.** Add lines 2a-2f			1,945,727.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			52,827.			52,827.
	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		800,000.				
	b Less: cost or other basis and sales expenses 7b		263,167.				
	c Gain or (loss) 7c		536,833.				
	d Net gain or (loss)			536,833.	536,833.		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a		4,914.				
	b Less: direct expenses 8b		0.				
	c Net income or (loss) from fundraising events			4,914.			4,914.
	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		1,006,465.				
	b Less: cost of goods sold 10b		564,573.				
	c Net income or (loss) from sales of inventory			441,892.	441,892.		
Miscellaneous Revenue		Business Code					
	11a MISCELLANEOUS	900099		82,821.	82,821.		
	b ADVERTISING	541800		11,071.		11,071.	
	c PUBLICATIONS	900099		1,053.	1,053.		
	d All other revenue						
	e **Total.** Add lines 11a-11d			94,945.			
	12 **Total revenue.** See instructions			4,923,579.	3,008,326.	11,071.	57,741.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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				
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	2,374,008.	1,955,647.	272,403.	145,958.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	301,532.	248,394.	34,599.	18,539.
10 Payroll taxes	172,617.	142,197.	19,807.	10,613.
11 Fees for services (nonemployees):				
a Management				
b Legal	71,226.		71,226.	
c Accounting	37,270.		37,270.	
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.)	154,585.	36,561.	118,024.	
12 Advertising and promotion	29,366.	17,433.	1,750.	10,183.
13 Office expenses	116,511.	90,151.	23,334.	3,026.
14 Information technology				
15 Royalties				
16 Occupancy	128,173.	95,070.	33,103.	
17 Travel	30,925.	18,815.	11,015.	1,095.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	97,917.		97,917.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	281,244.	189,868.	91,376.	
23 Insurance	137,892.	99,624.	38,268.	
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	146,633.	118,439.	259.	27,935.
b OTHER PROGRAM COSTS	119,576.	119,576.		
c COMPUTER EXPENSE	91,284.	33,596.	48,213.	9,475.
d REPAIRS AND MAINTENANCE	81,602.	61,148.	20,454.	
e All other expenses	453,115.	369,073.	59,169.	24,873.
25 **Total functional expenses.** Add lines 1 through 24e	4,825,476.	3,595,592.	978,187.	251,697.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,787,419.	1	1,236,819.
	2	Savings and temporary cash investments		174,093.	2	
	3	Pledges and grants receivable, net			3	55,000.
	4	Accounts receivable, net		140,014.	4	118,314.
	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		110,329.	8	266,304.
	9	Prepaid expenses and deferred charges		117,250.	9	85,997.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,191,242.			
	b	Less: accumulated depreciation	10b 2,927,787.	2,064,216.	10c	4,263,455.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		2,160,778.	12	1,915,563.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		100,516.	15	85,686.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		6,654,615.	16	8,027,138.
Liabilities	17	Accounts payable and accrued expenses		288,956.	17	571,598.
	18	Grants payable			18	
	19	Deferred revenue		585,241.	19	670,082.
	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		253,586.	23	1,489,626.
	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		54,633.	25	61,299.
	26	**Total liabilities.** Add lines 17 through 25		1,182,416.	26	2,792,605.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		3,658,370.	27	3,402,012.
	28	Net assets with donor restrictions		1,813,829.	28	1,832,521.
		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		5,472,199.	32	5,234,533.
	33	Total liabilities and net assets/fund balances		6,654,615.	33	8,027,138.

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	4,923,579.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,825,476.
3	Revenue less expenses. Subtract line 2 from line 1	3	98,103.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,472,199.
5	Net unrealized gains (losses) on investments	5	-335,769.
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	5,234,533.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number

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).)
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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1474298.	1887797.	2572983.	2323577.	1846441.	10105096.
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	1358750.	2985415.	2244963.	2818883.	2894585.	12302596.
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	2833048.	4873212.	4817946.	5142460.	4741026.	22407692.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					17,772.	17,772.
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					73,126.	73,126.
c Add lines 7a and 7b					90,898.	90,898.
8 **Public support.** (Subtract line 7c from line 6.)						22316794.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	2833048.	4873212.	4817946.	5142460.	4741026.	22407692.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	76,344.	37,030.	34,052.	38,446.	52,827.	238,699.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	76,344.	37,030.	34,052.	38,446.	52,827.	238,699.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	10,561.	13,669.	10,707.	18,324.	11,071.	64,332.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,887.	33,389.	45,967.	18,326.	88,788.	214,357.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	2947840.	4957300.	4908672.	5217556.	4893712.	22925080.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	97.35 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	97.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	1.04 %
18 Investment income percentage from **2021** Schedule A, Part III, line 17	18	1.69 %

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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).

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

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

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

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

Schedule A — Payments from Disqualified Persons Included on Part III, Line 7a — 2022

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
CHARLES E. KILBOURNE	0.	0.	0.	0.	1,500.
DANIELLE SANZONE	0.	0.	0.	0.	50.
ERIK S. GREGORY	0.	0.	0.	0.	2,300.
KATE HACKER	0.	0.	0.	0.	3,000.
LAURA FISKE	0.	0.	0.	0.	325.
MANUEL ORTA	0.	0.	0.	0.	110.
MARK QUACKENBUSH	0.	0.	0.	0.	60.
MICHAEL BRANDI	0.	0.	0.	0.	110.
PAUL LEINWAND	0.	0.	0.	0.	10,032.
PAUL ROONEY	0.	0.	0.	0.	165.
WILLIAM & TERRY P. BROSSEAU	0.	0.	0.	0.	120.
Total to Schedule A, Part III, Line 7a					17,772.

Schedule A — Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
ADIRONDACK FORTY-SIXERS, INC	0.	0.	0.	0.	22,063.
NORDIC MOON ENTERPRISES, LLC	0.	0.	0.	0.	51,063.
Total to Schedule A, Part III, Line 7b					73,126.

223173 04-01-22

Schedule A — Identification of Excess Support Payments Included on Part III, Line 7b, column (e) — 2022

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	Amount Received in 2022	2022 Excess Payments
ADIRONDACK FORTY-SIXERS, INC	71,000.	22,063.
NORDIC MOON ENTERPRISES, LLC	100,000.	51,063.

Total Excess Payments to Schedule A, Part III, Line 7b, column (e) .... 73,126.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: 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	ADIRONDACK FORTY-SIXERS, INC 29 MAINE RD PLATTSBURGH, NY 12903	$ 71,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	ARTHUR HABERL 45 CHESTNUT LN NISKAYUNA, NY 12309	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	CHAPEL HILL FOUNDATION, INC 107 SALMON RIVER RD PLATTSBURGH, NY 12901	$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	UIHLEIN FOUNDATION 302 BEAR CLUB LN LAKE PLACID, NY 12946	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	FRANKLIN KNELLER 812 W GILBERT RD PALATINE, IL 60067	$ 26,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	EASTERN MOUNTAIN SPORTS 160 CORPORATE CT MERIDEN, CT 06450	$ 21,490.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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 PO BOX 1357 SARANAC LAKE, NY 12983	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	LOIS N. DE CONCA TRUST 3601 APPLEWOOD DR FREEHOLD, NJ 07728	$ 19,579.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	ANONYMOUS C/O PO BOX 4390 QUEENSBURY, NY 12804	$ 16,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	EVELYN RINELLA 8 OWEN DRIVE PERU, NY 12972	$ 15,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	WATERMAN FUND, INC. PO BOX 1064 EAST CORINTH, VT 05040	$ 24,455.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	KAREN AND JEFFREY ROSS 7 BIRD RD LEBANON SPRINGS, NY 12125	$ 10,560.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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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	ESTATE OF JAMES FRESCO 1100 AV DR PENFIELD #1005 MONTREAL, QUEBEC, CANADA	$ 10,224.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	PAUL AND MARIA LEINWAND 33 W HURON ST APT 810 CHICAGO, IL 60654	$ 10,032.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	ESTATE OF JEANINE G. WISNIEWSKI 11 STERLING PL APT 2C BROOKLYN, NY 11217	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	NATALIA CHEFER AND JOEL TOMPKINS 321 CLINTON ST BROOKLYN, NY 11231	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	MILLER FAMILY CHARITABLE TRUST 430 MILLER RD REXFORD, NY 12148	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	VIRGINIA LEE SHIRLEY PRIVATE FOUNDATION HARRISON & HELD LLP 333 W HACKER DR SUITE 1700 CHICAGO, IL 60606	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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	ADIRONDACK FOUNDATION - #507 FUND FOR HIGH PEAKS STEWARDSHIP PO BOX 288 LAKE PLACID, NY 12946	$ 7,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	JAMES A GOODWIN 26 BARKEATER WAY KEENE, NY 12942	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	MARK AND NANCY PLAAT 187 ELK ST ALBANY, NY 12210	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	ESTATE OF STEPHEN CLINTON BIKLEN 5 SUNRISE HILL PITTSFORD, NY 14534	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	PHILLIP FALCONER 7 VIA MARIA DR SCOTIA, NY 12302	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	MARY AND LELAND LOOSE 55 BRYAN ST SARATOGA SPRINGS, NY 12866	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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	RICHARD AND LISA REICHMAN 490 THOMAS COVE RD ROCHESTER, NY 14625	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	THOMAS ROSATO 409 ALDERBROOK CT WAYNE, PA 19087	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	JENNIFER AND JASON RYAN 94 HIGHLAND AVE WINCHESTER, MA 01890	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	MATTHEW QUIGLEY AND NINA BOGOSIAN QUIGLEY 60 QUINN RD BRIARCLIFF, NY 10510	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	ADRIENNE WIESE 171 WHITE SWAN DR VONORE, TN 37885	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	J.M. MCDONALD FOUNDATION, INC. 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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	GLENS FALLS-SARATOGA CHAPTER 8 EVERGREEN DR GANSEVOORT, NY 12831	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	NORDIC MOON ENTERPRISES 4833 CASCADE ROAD LAKE PLACID, NY 12946	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	ATHLETIC BREWING COMPANY, LLC 350 LONG BEACH BOULEVARD, UNIT A STRATFORD, CT 06615	$ 11,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	THE NATURE CONSERVANCY (ANDREW BEERS) 415 RIVER ST, STE 4 TROY, NY 12180	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	NEW ENGLAND INTERSTATE WATER POLLUTION CONTROL COMMISSION 650 SUFFOLK STREET, SUITE 410 LOWELL, MA 01854	$ 9,642.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	HELEN AND RITTER SHUMWAY FDN PO BOX 653067 DALLAS, TX 75265	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

ADIRONDACK MOUNTAIN CLUB, INC.

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

Name of organization

ADIRONDACK 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

SCHEDULE C
(Form 990)

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

2022

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	Employer identification number
ADIRONDACK MOUNTAIN CLUB, INC.	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-.

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.		

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.

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-		

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) 2019	(b) 2020	(c) 2021	(d) 2022	(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					

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 expenditures 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. MICHAEL BARRETT AND CATHY PEDLER 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 NYS JOINT COMMISSION ON PUBLIC ETHICS. OUR TOTAL LOBBYING EXPENSES FOR THE YEAR WERE $36,694 FOR PAYROLL AND

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

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
ADIRONDACK 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	1
b Total acreage restricted by conservation easements	2b	17.00
c Number of conservation easements on a certified historic structure included in (a)	2c	0
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 0

4 Number of states where property subject to conservation easement is located 1

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 0

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 0.

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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	880,154.	698,378.	458,026.	376,845.	416,140.
b Contributions	1,450.	75,117.	141,561.	8,589.	5,689.
c Net investment earnings, gains, and losses		106,659.	98,791.	72,592.	-44,984.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	881,604.	880,154.	698,378.	458,026.	376,845.

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

a Board designated or quasi-endowment 63.0000 %
b Permanent endowment 29.0000 %
c Term endowment 8.0000 %

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

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

	Yes	No
(i) Unrelated organizations (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				
b Buildings		2,759,444.	306,685.	2,452,759.
c Leasehold improvements				
d Equipment				
e Other		4,431,798.	2,621,102.	1,810,696.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				4,263,455.

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	1,915,563.	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.)	1,915,563.	

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 PAYABLE	27,382.
(3) CHARITABLE GIFT ANNUITY LIABILITY	33,917.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	61,299.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	5,645,411.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-335,769.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	564,573.		
e	Add lines **2a** through **2d**			2e	228,804.
3	Subtract line **2e** from line **1**			3	5,416,607.
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	5,416,607.

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	5,341,206.
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	564,573.		
e	Add lines **2a** through **2d**			2e	564,573.
3	Subtract line **2e** from line **1**			3	4,776,633.
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	4,776,633.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number

15-0586270

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL BARRETT	(i)	162,383.	0.	0.	0.	7,155.	169,538.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

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

Name of the organization

ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number

15-0586270

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

ON RESOURCE PROTECTION THROUGH QUALITY TRAIL WORK, LAYOUT, AND DESIGN.

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 LEAN-TOS, CLEARED DRAINAGE AND REMOVED BLOWDOWN

FROM MILES OF TRAILS. OUR PRO CREWS BUILT ROCK TURNPICKING, DIMENSIONAL

SPAN BRIDGES, DIMENSIONAL LADDERS, BOG BRIDGING, ROCK STAIRS, AND NEW

TRAILS. VOLUNTEER TRAIL CREWS CONSTRUCTED BOG BRIDGING, STEP STONES,

RE-DECKED A SUSPENSION BRIDGE, AND CLEARED MILES OF TRAILS. 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 VOLUNTEERS TO MAINTAIN "THEIR"

LEAN-TO AND ADOPTED SECTION OF TRAIL, 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. INITIALLY, THE FOCUS WAS ON THE

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

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 2022, WE OFFERED VOLUNTEER PARTICIPATION PROGRAMS IN THE ADIRONDACK HIGH PEAKS, THE CATSKILLS, AND ALL ACROSS 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 12 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 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. ADK PARTICIPATED AS A MEMBER OF A GOVERNOR APPOINTED STRATEGIC PLANNING GROUP IN THE CATSKILLS TO MAKE RECOMMENDATIONS TO LAND MANAGEMENT AGENCIES ON INCREASED VISITOR USE IN THE CATSKILL PARK, AND FACILITATED A FORMAL ASSESSMENT IN THE CATSKILL PARK OF POPULAR RECREATIONAL SITES BY THE LEAVE NO TRACE CENTER FOR OUTDOOR ETHICS. ADK SUPPORTED EFFORTS

Name of the organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

TO PROTECT THE BLUE STONE WILD FOREST IN THE CATSKILLS FROM PROPOSED INDUSTRIAL DEVELOPMENT. ADK ALSO SUPPORTED LEGISLATION TO FUND AN ENVIRONMENTAL BOND ACT FOR NEW YORK.

ADK'S AWARD WINNING ADIRONDACK 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 $ 1,066,921. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION HIRED AN INDEPENDENT CONTRACTOR TO MAINTAIN ITS BOOKS AND RECORDS.

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

THE ORGANIZATION HAS MEMBERS.

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

MEMBERS OF ADK ELECT THE REPRESENTATIVES FOR THE BOARD OF GOVERNERS.

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

A COPY OF FORM 990 WAS AVAILABLE TO THE FULL 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,

Name of the organization: ADIRONDACK MOUNTAIN CLUB, INC.

Employer identification number: 15-0586270

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 OR 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.

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

THE DETERMINATION OF COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES ARE 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.

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	150100 FIXED ASSETS - BUILDINGS														
1	RENTAL CABIN	07/31/91	SL	31.50		16	110,275.				110,275.	106,921.		3,354.	110,275.
4	YURT	04/01/14	SL	7.00		16	2,000.				2,000.	2,000.		0.	2,000.
5	MAINTENANCE STORAGE SHED	05/15/14	SL	15.00		16	1,700.				1,700.	850.		113.	963.
6	CAP1504-TRAILS CABIN LEACHFIELD	11/01/15	SL	25.00		16	11,150.				11,150.	2,676.		446.	3,122.
7	STAFF RESIDENCE	12/31/94	SL	31.50		16	64,942.				64,942.	55,665.		2,062.	57,727.
8	ADJUSTMENT 95	12/31/95	SL	.000		16								0.	
9	CNY POMEROY APPRAISE-020922	02/09/22	SL	15.00		16	3,000.				3,000.			183.	183.
10	CNY POMEROY APPRAISE-031622	03/16/22	SL	15.00		16	3,000.				3,000.			150.	150.
11	CNY POMEROY APPRAISE-032822	03/28/22	SL	15.00		16	900.				900.			45.	45.
12	STROPP APPRAISAL-1270	04/01/22	SL	15.00		16	7,000.				7,000.			350.	350.
13	PER 90 DEPREC SCH	12/31/80	SL	.000		16	111,847.				111,847.	111,847.		0.	111,847.
14	PER 90 DEPREC SCH	12/31/81	SL	10.00		16	1,361.				1,361.	1,361.		0.	1,361.
15	PER 90 DEPREC SCH	12/31/82	SL	10.00		16	10,797.				10,797.	10,797.		0.	10,797.
16	PER 90 DEPREC SCH	12/31/84	SL	10.00		16	2,246.				2,246.	2,246.		0.	2,246.
17	CABIN	12/31/85	SL	20.00		16	20,346.				20,346.	20,346.		0.	20,346.
18	PER 90 DEPREC SCH	12/31/85	SL	10.00		16	15,088.				15,088.	15,088.		0.	15,088.
19	PER 90 DEPREC SCH	12/31/86	SL	10.00		16	11,892.				11,892.	11,892.		0.	11,892.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
20	BLDG	12/31/86	SL	20.00		16	64,364.				64,364.	64,364.		0.	64,364.
21	PER 90 DEPREC SCH	12/31/87	SL	10.00		16	2,911.				2,911.	2,911.		0.	2,911.
22	PER 90 DEPREC SCH	12/31/88	SL	10.00		16	4,143.				4,143.	4,143.		0.	4,143.
23	LOCK SET KEY SYSTEM	02/28/89	SL	10.00		16	1,304.				1,304.	1,304.		0.	1,304.
24	CRUSHED GRAVEL	06/30/89	SL	10.00		16	3,112.				3,112.	3,112.		0.	3,112.
25	PICNIC TABLES (MATERIAL ONLY)	10/31/89	SL	7.00		16	707.				707.	707.		0.	707.
26	CAMPGROUND WATER SYSTEM	12/31/91	SL	15.00		16	3,187.				3,187.	3,187.		0.	3,187.
27	CAMPGROUND COMPOSTING TOILET	12/31/91	SL	15.00		16	7,868.				7,868.	7,868.		0.	7,868.
28	LOJ OFFICE RENOVATIONS	12/31/91	SL	15.00		16	10,554.				10,554.	10,554.		0.	10,554.
29	FUEL TANK	12/31/91	SL	15.00		16	4,136.				4,136.	4,136.		0.	4,136.
30	INSINKERATOR	12/31/91	SL	15.00		16	1,280.				1,280.	1,280.		0.	1,280.
31	STAFF CABIN WINDOWS	12/31/91	SL	15.00		16	1,304.				1,304.	1,304.		0.	1,304.
32	CRUSHED GRAVEL	12/31/91	SL	15.00		16	3,112.				3,112.	3,112.		0.	3,112.
33	SMOKE DETECTORS	12/31/92	SL	7.00		16	1,275.				1,275.	1,275.		0.	1,275.
34	5 NEW TOILETS	12/31/92	SL	10.00		16	991.				991.	991.		0.	991.
35	FIRE ALERT SYSTEM	12/31/92	SL	7.00		16	900.				900.	900.		0.	900.
36	EMERGENCY SEWER PUMP	12/31/92	SL	7.00		16	762.				762.	762.		0.	762.
37	REGRADE LOT W/ CRUSHED GRAVEL	12/31/92	SL	15.00		16	7,313.				7,313.	7,313.		0.	7,313.

(D) - Asset disposed

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38	KITCHEN COUNTERS	12/31/92	SL	10.00		16	1,501.				1,501.	1,501.		0.	1,501.
39	HYDROMATIC PUMP	12/31/92	SL	7.00		16	541.				541.	541.		0.	541.
40	LOJ BATHROOM REPAIRS	12/31/93	SL	15.00		16	3,986.				3,986.	3,986.		0.	3,986.
41	CAMPGROUND SHOWERS	12/31/93	SL	15.00		16	6,080.				6,080.	6,080.		0.	6,080.
42	PARKING LOT WORK	12/31/93	SL	15.00		16	1,364.				1,364.	1,364.		0.	1,364.
43	WASHHOUSE RENOVATIONS	12/31/94	SL	15.00		16	1,444.				1,444.	1,444.		0.	1,444.
44	LOJ ELECTRICAL PANNELS	12/31/94	SL	15.00		16	1,771.				1,771.	1,771.		0.	1,771.
45	ROOM # 5 RENOVATION	12/31/95	SL	5.00		16	1,426.				1,426.	1,426.		0.	1,426.
46	NEW LEAN-TO	12/31/95	SL	10.00		16	1,385.				1,385.	1,385.		0.	1,385.
48	STAFF CABIN ROOF REPLACE	12/31/95	SL	15.00		16	12,406.				12,406.	12,406.		0.	12,406.
49	TENT PLATFORM & TENTS	12/31/95	SL	10.00		16	4,116.				4,116.	4,116.		0.	4,116.
50	MAINT BLDG OVERHEAD DOORS	12/31/95	SL	7.00		16	682.				682.	682.		0.	682.
51	REFINISH KITCHEN FLOOR	12/31/95	SL	5.00		16	850.				850.	850.		0.	850.
52	WASHHOUSE RENOVATIONS	12/31/95	SL	10.00		16	1,447.				1,447.	1,447.		0.	1,447.
53	ROOM # 6 RENOVATIONS	12/31/96	SL	5.00		16	1,506.				1,506.	1,506.		0.	1,506.
54	CARPETING	12/31/96	SL	5.00		16	1,401.				1,401.	1,401.		0.	1,401.
55	WASHHOUSE RENOVATIONS	12/31/96	SL	10.00		16	549.				549.	549.		0.	549.
56	WASHHOUSE RENOVATIONS	12/31/97	SL	10.00		16	1,499.				1,499.	1,499.		0.	1,499.

(D) - Asset disposed

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57	LEAN TO	12/31/97	SL	10.00		16	1,576.				1,576.	1,576.		0.	1,576.
58	ROOM 7 RENOVATIONS	12/31/97	SL	5.00		16	1,561.				1,561.	1,561.		0.	1,561.
59	SEPTIC SYSTEM	12/31/98	SL	7.00		16	776.				776.	776.		0.	776.
60	REPLACE FURNACE # 2	12/31/99	SL	15.00		16	2,921.				2,921.	2,921.		0.	2,921.
62	MATRESSES	12/31/99	SL	5.00		16	3,494.				3,494.	3,494.		0.	3,494.
63	ELECTRICAL UPGRADE	12/31/99	SL	15.00		16	418.				418.	418.		0.	418.
64	MAIN WATER SYSTEM REPLACE	12/31/99	SL	25.00		16	7,174.				7,174.	6,170.		287.	6,457.
65	REPLACE & REPAIR SEPTIC	12/31/99	SL	25.00		16	5,346.				5,346.	4,598.		214.	4,812.
66	LOJ KING POST REPLACEMENT	12/31/00	SL	15.00		16	6,300.				6,300.	6,300.		0.	6,300.
67	LOJ STRUCTURAL REPORT/PLANS	12/31/00	SL	15.00		16	3,337.				3,337.	3,336.		0.	3,336.
68	WOLLMAN LEANTO	12/31/00	SL	10.00		16	3,200.				3,200.	3,200.		0.	3,200.
69	BATHROOM RENOVATIONS	12/31/01	SL	10.00		16	2,869.				2,869.	2,869.		0.	2,869.
70	DAILEY LEANTO (DEPOSIT)	12/31/01	SL	10.00		16	1,000.				1,000.	1,000.		0.	1,000.
71	LOJ ROOF REPLACEMENT (PARTIAL)	12/31/01	SL	10.00		16	6,853.				6,853.	6,853.		0.	6,853.
72	BUILDING RENOVATIONS	12/31/02	SL	10.00		16	40,747.				40,747.	40,747.		0.	40,747.
73	WASHHOUSE RENOVATIONS	12/31/04	SL	10.00		16	2,438.				2,438.	2,438.		0.	2,438.
74	NEW LOJ WINDOWS	12/31/05	SL	10.00		16	528.				528.	528.		0.	528.
75	RESTORE LOJ SILL PLATE	12/31/05	SL	25.00		16	5,108.				5,108.	3,372.		204.	3,576.

(D) - Asset disposed

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76	LOJ BUNK ROOM RENOVATION	12/31/05	SL	25.00		16	1,314.				1,314.	868.		53.	921.
77	NEW ROOF TYLER CABIN	12/31/05	SL	25.00		16	1,281.				1,281.	845.		51.	896.
78	NEW CANVAS CABIN	12/31/06	SL	5.00		16	2,076.				2,076.	2,076.		0.	2,076.
79	ANSUL SYSTEM NEW	12/31/06	SL	5.00		16	1,125.				1,125.	1,125.		0.	1,125.
80	WOMEN'S RESTROOM RENOVATION	12/31/06	SL	10.00		16	9,711.				9,711.	9,711.		0.	9,711.
81	MENS BATH ROOM RENOVATION	12/31/07	SL	10.00		16	12,294.				12,294.	12,294.		0.	12,294.
82	DINNING ROOM/SILL PLATE	12/31/07	SL	25.00		16	5,822.				5,822.	3,377.		233.	3,610.
83	BUNK ROOM #4 RENOVATION'	12/31/08	SL	10.00		16	4,120.				4,120.	4,120.		0.	4,120.
84	BUNK ROOM #4 ADJ TO GL	12/31/08	SL	10.00		16	-944.				-944.	-1,038.		0.	-1,038.
85	CAP0904-LOJ GREAT ROOM CHIMNEY	12/31/09	SL	25.00		16	5,567.				5,567.	2,784.		223.	3,007.
86	CAP0902-CARPET LOJ HALL & STAIRS	12/31/09	SL	10.00		16	1,025.				1,025.	1,025.		0.	1,025.
87	CAP0903-WASH HOUSE RENOVATION	12/31/09	SL	15.00		16	301.				301.	251.		20.	271.
88	CAP0907-CAMPGROUND CABIN RENOVATION	12/31/09	SL	10.00		16	5,924.				5,924.	5,924.		0.	5,924.
89	CAP0905PROPERTY SIGNAGE	12/31/09	SL	10.00		16	14,470.				14,470.	14,470.		0.	14,470.
90	CAP0918-TRAILS CABIN ROOF	12/31/09	SL	25.00		16	7,224.				7,224.	3,612.		289.	3,901.
91	WINDOWS REPLACEMENT	12/31/09	SL	25.00		16	1,374.				1,374.	687.		55.	742.
92		04/17/10	SL	10.00		16	358.				358.	358.		0.	358.
93	HLP CANVAS TENT REPLACEMENTS	12/31/10	SL	10.00		16	3,320.				3,320.	3,320.		0.	3,320.

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94	THOMAS MALINIAK MASONRY-LOJ FOUNDATION REPAIR	11/30/11	SL	25.00		16	8,400.				8,400.	3,416.		336.	3,752.
95	THOMAS MALINIAK MASONRY-LOJ FOUNDATION REPAIR	06/30/12	SL	25.00		16	7,278.				7,278.	2,766.		291.	3,057.
96		12/31/13	SL	25.00		16	19,842.				19,842.	6,746.		794.	7,540.
97		12/31/13	SL	10.00		16	454.				454.	363.		45.	408.
98	CAP1401-LOJ WALK IN COOLER	12/31/14	SL	15.00		16	1,326.				1,326.	663.		88.	751.
99	CAP1403-LOJ OFFICE BATHROOM	12/31/14	SL	15.00		16	945.				945.	472.		63.	535.
100	CAP1406-MAINT SHOP GARAGE DOORS	12/31/14	SL	15.00		16	2,675.				2,675.	1,337.		178.	1,515.
101	CAP1407-MAINT STORAGE SHED	12/31/14	SL	15.00		16	31.				31.	15.		2.	17.
102	CAP1420-TYLER CABIN	12/31/14	SL	15.00		16	10,565.				10,565.	5,283.		704.	5,987.
103	CAP1420-TYLER CABIN	12/31/15	SL	15.00		16	998.				998.	432.		67.	499.
104	CAP1507-DOCK REPLACEMENT	05/15/15	SL	15.00		16	4,044.				4,044.	1,753.		270.	2,023.
105	CAP1601-STAFF TENTS	12/24/15	SL	10.00		16	473.				473.	284.		47.	331.
106	CAP1601-STAFF TENTS	05/31/16	SL	10.00		16	631.				631.	347.		63.	410.
107	CAP1603-TRAILS CABIN SIDING & DECK	05/31/16	SL	15.00		16	6,791.				6,791.	2,490.		453.	2,943.
108	CAP1604-LOJ DINING ROOM FLOOR	05/31/16	SL	15.00		16	3,720.				3,720.	1,364.		248.	1,612.
109	CAP1606-LOJ CARPETING REPLACEMENT	05/31/16	SL	10.00		16	1,300.				1,300.	715.		130.	845.
110	CAP1607-DOCK EXPANSION	05/31/16	SL	15.00		16	2,407.				2,407.	883.		160.	1,043.
111	CAP1609-STAFF DINING ROOM	05/31/16	SL	15.00		16	8,068.				8,068.	2,958.		538.	3,496.

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112	CAP1625-LOJ DECK SEATING	05/31/16	SL	15.00		16	510.				510.	187.		34.	221.
113	CAP1620-CFA PROJECT	08/31/17	SL	25.00		16	77,187.				77,187.	13,894.		3,087.	16,981.
114	CAP1701-STAFF TENTS	08/31/17	SL	5.00		16	907.				907.	817.		90.	907.
115	CAP 1702-STAFF CABIN ADDITIONS	08/31/17	SL	10.00		16	47,527.				47,527.	21,387.		4,753.	26,140.
116	CAP 1703-TRAILS CABIN SIDING & DECK	08/31/17	SL	15.00		16	2,643.				2,643.	793.		176.	969.
117	CAP 1705-LOJ CARPET REPLACEMENT	08/31/17	SL	10.00		16	2,214.				2,214.	996.		221.	1,217.
118	CAP 1709-WASH HOUSE RENO	08/31/17	SL	15.00		16	7,155.				7,155.	2,146.		477.	2,623.
119	CAP1711-RANGE-KITCHEN	08/31/17	SL	10.00		16	242.				242.	109.		24.	133.
120	CAP1712-ROAD UPGRADES	08/31/17	SL	25.00		16	1,483.				1,483.	267.		59.	326.
121	CAP1620-CFA PROJECT	12/31/18	SL	25.00		16	57,032.				57,032.	7,984.		2,281.	10,265.
122	CAP 1702-STAFF CABIN ADDITIONS	12/31/18	SL	10.00		16	45,905.				45,905.	16,067.		4,591.	20,658.
123	CAP 1708-WORKSHOP & CLASSROOM YURTS	12/31/18	SL	20.00		16	70,660.				70,660.	11,188.		3,533.	14,721.
124	CAP 1709-WASH HOUSE RENO	12/31/18	SL	20.00		16	15,021.				15,021.	2,629.		751.	3,380.
125	CAP 1810 - HL WATER TREATMENT P[LANT	12/31/18	SL	25.00		16	27,550.				27,550.	3,490.		1,102.	4,592.
126	CAP1620-CFA PROJECT	12/31/19	SL	25.00		16	30,576.				30,576.	3,058.		1,223.	4,281.
127	CAP1910 - STAFF CABIN KITCHENETTE & FURNITURE	12/31/19	SL	10.00		16	3,519.				3,519.	880.		352.	1,232.
128	CAP1911-HPIC PORCH ROOF	12/31/19	SL	15.00		16	14,672.				14,672.	2,445.		978.	3,423.
129	CAP1914 -VOLUNTEER HOST CAMPSITE IMPROVEMENTS	12/31/19	SL	10.00		16	1,078.				1,078.	269.		108.	377.

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130	CAP1919-HEART LAKE PROPERTY SIGNAGE	12/31/19	SL	10.00		16	3,948.				3,948.	987.		395.	1,382.
131	CAP1924-STAFF CABIN SIDING	12/31/19	SL	15.00		16	2,298.				2,298.	383.		153.	536.
132	CAP2002-LOJ ROOF REPLACEMENT	12/31/20	SL	15.00		16	40,263.				40,263.	4,026.		2,684.	6,710.
133	CAP2026-LOJ FOUNDATION	12/31/20	SL	15.00		16	12,023.				12,023.	1,202.		802.	2,004.
134	CAP2121- HH ENTRANCE DOOR	07/29/21	SL	15.00		16	741.				741.	33.		49.	82.
135	CAP 2123 - LOJ TRASH SHED	11/15/21	SL	15.00		16	2,995.				2,995.	25.		200.	225.
136	CAP2201 - HPIC PARKING LOT REDESIGN	01/13/22	SL	5.00		16	330.				330.			66.	66.
137	CAP2201 - HPIC PARKING LOT REDESIGN	01/17/22	SL	5.00		16	57.				57.			10.	10.
138	CAP2201 - HPIC PARKING LOT REDESIGN	02/17/22	SL	5.00		16	175.				175.			29.	29.
139	CAP2203 - TENT CITY PLATFORM	03/09/22	SL	10.00		16	198.				198.			17.	17.
140	CAP2203 - TENT CITY PLATFORM	03/11/22	SL	10.00		16	703.				703.			59.	59.
141	CAP2203 - TENT CITY PLATFORM	04/06/22	SL	10.00		16	152.				152.			11.	11.
142	CAP2203 - TENT CITY PLATFORM	04/11/22	SL	10.00		16	235.				235.			18.	18.
143	CAP2203 - TENT CITY PLATFORM	04/17/22	SL	10.00		16	254.				254.			17.	17.
144	CAP2211 - YURT SHADE SCREENS	02/08/22	SL	10.00		16	1,300.				1,300.			119.	119.
145	CAP2211 - YURT SHADE SCREENS	04/21/22	SL	10.00		16	1,300.				1,300.			87.	87.
146	CAP2216 - SUMMIT STEWARD YURT PLATFORM	02/08/22	SL	10.00		16	835.				835.			77.	77.
147	CAP2216 - SUMMIT STEWARD YURT PLATFORM	04/17/22	SL	10.00		16	254.				254.			17.	17.

(D) - Asset disposed

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148	CAP2216 - SUMMIT STEWARD YURT PLATFORM	04/21/22	SL	10.00		16	835.				835.			56.	56.
149	CAP2216 - SUMMIT STEWARD YURT PLATFORM	05/10/22	SL	10.00		16	980.				980.			65.	65.
150	CAP2216 - SUMMIT STEWARD YURT PLATFORM	05/17/22	SL	10.00		16	52.				52.			3.	3.
151	CAP2217 - BURBS TENT PLATFORM	03/09/22	SL	10.00		16	99.				99.			8.	8.
152	CAP2217 - BURBS TENT PLATFORM	03/11/22	SL	10.00		16	526.				526.			44.	44.
153	CAP2217 - BURBS TENT PLATFORM	04/12/22	SL	10.00		16	300.				300.			23.	23.
154	CAP2217 - BURBS TENT PLATFORM	04/17/22	SL	10.00		16	254.				254.			17.	17.
155	CAP2217 - BURBS TENT PLATFORM	04/24/22	SL	10.00		16	165.				165.			11.	11.
156	CAP2217 - BURBS TENT PLATFORM	04/25/22	SL	10.00		16	320.				320.			21.	21.
157	CAP2222 - CASCADE ENTRY DOORS	05/10/22	SL	10.00		16	2,254.				2,254.			150.	150.
158	PER 90 DEPREC SCH	12/31/74	SL	20.00		16	85,836.				85,836.	85,836.		0.	85,836.
159	PER 90 DEPREC SCH	12/31/83	SL	10.00		16	610.				610.	610.		0.	610.
160	PER 90 DEPREC SCH	12/31/84	SL	10.00		16	2,444.				2,444.	2,444.		0.	2,444.
161	PER 90 DEPREC SCH	12/31/85	SL	10.00		16	8,000.				8,000.	8,000.		0.	8,000.
162	PER 90 DEPREC SCH	12/31/86	SL	10.00		16	10,803.				10,803.	10,803.		0.	10,803.
163	HPIC WINDOWS	12/31/91	SL	10.00		16	1,350.				1,350.	1,350.		0.	1,350.
164	HPIC PARKING LOT IMPROV.	12/31/91	SL	10.00		16	1,348.				1,348.	1,348.		0.	1,348.
165	FANS & DOORS	12/31/97	SL	7.00		16	1,341.				1,341.	1,341.		0.	1,341.

(D) - Asset disposed

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166	ELECTRICAL UPGRADE	12/31/99	SL	10.00		16	919.				919.	919.		0.	919.
167	SHOWER RENOVATIONS	12/31/01	SL	10.00		16	1,037.				1,037.	1,037.		0.	1,037.
168	PORCH	12/31/01	SL	10.00		16	1,266.				1,266.	1,266.		0.	1,266.
169	CAP0909-BATHROOM RENOVATIONS	12/31/09	SL	10.00		16	9,345.				9,345.	9,345.		0.	9,345.
170	CAP0910 FRONT DECK CONSTRUCTION	12/31/09	SL	10.00		16	2,467.				2,467.	2,467.		0.	2,467.
171	ADDITIONS	01/01/10	SL	10.00		16	2,393.				2,393.	2,393.		0.	2,393.
172	CAP1620-CFA DESIGN & ADMINISTRATION	05/31/16	SL	25.00		16	93,393.				93,393.	16,811.		3,736.	20,547.
173	CAP1620-CFA PROJECT	08/31/17	SL	25.00		16	75,695.				75,695.	13,625.		3,028.	16,653.
174	CAP1701-STAFF TENTS	08/31/17	SL	5.00		16	440.				440.	396.		44.	440.
175	CAP1620-STORE REMODEL	08/31/17	SL	7.00		16	4,776.				4,776.	3,070.		682.	3,752.
176	CAP1620-CFA PROJECT	12/31/17	SL	25.00		16	31,209.				31,209.	5,618.		1,248.	6,866.
177	CAP1708-WORKSHOP& YURTS	06/30/18	SL	20.00		16	15,736.				15,736.	2,403.		787.	3,190.
178	CAP1911-HPIC PORCH ROOF	12/31/19	SL	15.00		16	31,929.				31,929.	5,322.		2,129.	7,451.
179	PRE 1984		SL	.000		16	6,486.				6,486.	6,486.		0.	6,486.
180	PER 90 DEPREC SCH	12/31/84	SL	10.00		16	6,576.				6,576.	6,576.		0.	6,576.
181	PER 90 DEPREC SCH	12/31/85	SL	10.00		16	9,511.				9,511.	9,511.		0.	9,511.
182	PER 90 DEPREC SCH	12/31/86	SL	10.00		16	13,785.				13,785.	13,785.		0.	13,785.
183	PER 90 DEPREC SCH	12/31/87	SL	10.00		16	1,935.				1,935.	1,935.		0.	1,935.

(D) - Asset disposed

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184	PER 90 DEPREC SCH	12/31/88	SL	10.00		16	1,935.				1,935.	1,935.		0.	1,935.
185	JBL O/S IMPROV	12/31/91	SL	10.00		16	3,237.				3,237.	3,237.		0.	3,237.
186	JBL MATERIALS/GRACE INTERIOR	12/31/92	SL	15.00		16	3,925.				3,925.	3,925.		0.	3,925.
187	JBL STORAGE DEPOT	12/31/92	SL	5.00		16	1,269.				1,269.	1,269.		0.	1,269.
188	GRACE CAMP IMPROVEMENTS	12/31/93	SL	15.00		16	7,498.				7,498.	7,498.		0.	7,498.
189	ROOF REPAIR	12/31/96	SL	15.00		16	4,037.				4,037.	4,037.		0.	4,037.
190	BLDG IMPROV.	12/31/97	SL	10.00		16	1,604.				1,604.	1,604.		0.	1,604.
191	SIDING AND MOVE DOOR	12/31/98	SL	10.00		16	3,384.				3,384.	3,384.		0.	3,384.
192	SIDING AND SQUARING OFF	12/31/99	SL	15.00		16	5,337.				5,337.	5,337.		0.	5,337.
193	SIDING	12/31/00	SL	15.00		16	2,280.				2,280.	2,280.		0.	2,280.
194	NEW BATHROOM	12/31/99	SL	5.00		16	728.				728.	728.		0.	728.
195	PHASE I COMPLETION (BUMP OUT)	12/31/01	SL	15.00		16	3,012.				3,012.	3,012.		0.	3,012.
196	FLY IN COST	12/31/02	SL	15.00		16	3,865.				3,865.	3,865.		0.	3,865.
197	FLY IN COST	12/31/02	SL	15.00		16	3,335.				3,335.	3,335.		0.	3,335.
198	FLY IN COST	12/31/02	SL	15.00		16	855.				855.	855.		0.	855.
199	DANKOFF SOLAR PROD.	12/31/02	SL	15.00		16	593.				593.	593.		0.	593.
200	HASLETON	12/31/02	SL	15.00		16	779.				779.	779.		0.	779.
201	FLY IN COST	04/30/03	SL	15.00		16	1,026.				1,026.	1,026.		0.	1,026.

(D) - Asset disposed

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202	CONSTR. MAT'L. UPSTREAM ADD.	04/30/03	SL	15.00		16	2,712.				2,712.	2,712.		0.	2,712.
203	JBL ROOF - PHASE 1 OF 3	12/31/04	SL	15.00		16	2,716.				2,716.	2,716.		0.	2,716.
204	JBL ROOF - PHASE 2 OF 3	12/31/05	SL	15.00		16	3,284.				3,284.	3,284.		0.	3,284.
205	JBL ROOF - PHASE 3 OF 3	12/31/06	SL	15.00		16	2,160.				2,160.	2,160.		0.	2,160.
206	NEW ANSUL SYSTEM	12/31/06	SL	7.00		16	4,114.				4,114.	4,114.		0.	4,114.
208	STAFF CABIN ROOF	12/31/07	SL	15.00		16	1,829.				1,829.	1,768.		61.	1,829.
209	KITCHEN FLOOR REPLACEMENT	12/31/08	SL	15.00		16	11,940.				11,940.	10,746.		796.	11,542.
210	KITCHEN FLOOR REPLACEMENT-ADJ	12/31/08	SL	15.00		16	-3,599.				-3,599.	-3,239.		0.	-3,239.
211	CAP0912-WINDOWS/KITCHEN RENOVATIONS	12/31/09	SL	15.00		16	2,141.				2,141.	1,784.		143.	1,927.
212	CAP0914-WINDOWS/KITCHEN RENOVATIONS	12/31/09	SL	15.00		16	1,695.				1,695.	1,413.		113.	1,526.
213	CAP1209-DECK SEATING	05/31/12	SL	7.00		16	2,013.				2,013.	2,013.		0.	2,013.
214	CAP1210-UPSTREAM PRIVY	05/31/12	SL	15.00		16	4,850.				4,850.	3,099.		323.	3,422.
215	CAP1410	06/01/14	SL	15.00		16	2,945.				2,945.	1,570.		196.	1,766.
216	CAP1510-JBL PORCH & FOUNDATION	08/31/15	SL	15.00		16	1,894.				1,894.	758.		126.	884.
217	CAP1513-YOUNG CABIN RENO	06/01/15	SL	15.00		16	5,578.				5,578.	2,231.		372.	2,603.
218	CAP1612-FRAU SIGN PROJECT	12/01/15	SL	15.00		16	3,613.				3,613.	1,445.		241.	1,686.
219	CAP1611-GRACE CAMP PRIVY	05/31/16	SL	15.00		16	2,994.				2,994.	1,098.		200.	1,298.
220	CAP1611-GRACE CAMP PRIVY	08/31/17	SL	10.00		16	1,608.				1,608.	724.		161.	885.

(D) - Asset disposed

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221	CAP1714-MAINTENANCE OUTBUILDINGS	08/31/17	SL	15.00		16	9,265.				9,265.	2,779.		618.	3,397.
222	CAP1714-MAINTENANCE OUTBUILDINGS	08/31/17	SL	15.00		16	148.				148.	44.		10.	54.
223	CAP1714-MAINTENANCE OUTBUILDINGS	08/31/17	SL	15.00		16	314.				314.	94.		21.	115.
224	CAP1715-BRIDGE TO JBL	12/31/18	SL	15.00		16	12,500.				12,500.	2,917.		833.	3,750.
225	CAP1803-SOLAR SYS REPLACEMENT	12/31/18	SL	15.00		16	2,869.				2,869.	670.		191.	861.
226	CAP1805-JBL RENOVATION	12/03/18	SL	15.00		16	3,913.				3,913.	913.		261.	1,174.
227	CAP1806-JBL WATER SYSTEM	12/31/18	SL	15.00		16	69.				69.	16.		5.	21.
228	CAP1807-JBL RANGE	12/31/18	SL	10.00		16	750.				750.	263.		75.	338.
229	CAP1803-SOLAR SYS REPLACEMENT	12/31/19	SL	15.00		16	1,045.				1,045.	174.		70.	244.
230	CAP1915-JBL REFRIGERATORS	12/31/19	SL	10.00		16	1,737.				1,737.	434.		174.	608.
231	CAP2012-GRACE INTERIOR RENOVATION	12/31/20	SL	5.00		16	363.				363.	109.		73.	182.
232	CAP2021-GRACE PROPANE/BARREL DECK	12/31/20	SL	10.00		16	1,645.				1,645.	247.		165.	412.
233	CAP2029-JBL BLUE BARRELS	12/31/20	SL	5.00		16	242.				242.	73.		48.	121.
234	CAP 2112-SMOKE DETECTOR UPGRADE	05/13/21	SL	10.00		16	24.				24.	2.		2.	4.
235	CAMP O'BRIEN	11/20/89	SL	31.50		16	62,471.				62,471.	62,471.		0.	62,471.
236		12/31/90	SL	30.00		16	2,912.				2,912.	2,912.		0.	2,912.
237	JBL O/S IMPROV	12/31/91	SL	10.00		16	1,325.				1,325.	1,325.		0.	1,325.
238	KITCHEN RENOVATIONS	12/31/96	SL	10.00		16	2,038.				2,038.	2,038.		0.	2,038.

(D) - Asset disposed

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239	FLY IN COST	04/30/03	SL	15.00		16	428.				428.	428.		0.	428.
240	CONSTR. MAT'L. O'BRIEN FOUNDATION	04/30/03	SL	15.00		16	331.				331.	331.		0.	331.
241	CAP0913-PORCH ROOF	12/31/09	SL	15.00		16	930.				930.	775.		62.	837.
242		12/31/13	SL	15.00		16	230.				230.	130.		15.	145.
243		12/31/13	SL	15.00		16	5,778.				5,778.	3,274.		385.	3,659.
244	CAP1715-BRIDGE TO PEGGO O	08/31/17	SL	15.00		16	12,421.				12,421.	3,726.		828.	4,554.
245	(D)HQ - BUILDING	12/31/89	SL	31.50		16	242,062.				242,062.	242,062.		0.	242,062.
246	(D)PARKING LOT IMPROV	12/31/93	SL	20.00		16	5,661.				5,661.	5,661.		0.	5,661.
247	(D)RIDGE VENT & ROOF REPAIR	12/31/93	SL	27.00		16	960.				960.	960.		0.	960.
248	(D)HVAC PROJECT	12/31/94	SL	20.00		16	27,457.				27,457.	27,457.		0.	27,457.
249	(D)PARKING LOT DRAINAGE	12/31/94	SL	20.00		16	9,630.				9,630.	9,630.		0.	9,630.
250	(D)INSULATE WALLS	12/31/94	SL	15.00		16	3,700.				3,700.	3,700.		0.	3,700.
251	(D)ARCHITECT FEE (DOWNSTAIRS REN)	12/31/96	SL	24.00		16	2,410.				2,410.	2,410.		0.	2,410.
252	(D)AMERICLEAN STAINING	12/31/96	SL	5.00		16	2,300.				2,300.	2,300.		0.	2,300.
253	(D)DOWNSTAIRS RENOVATION	12/31/97	SL	23.00		16	59,274.				59,274.	59,274.		0.	59,274.
254	(D)JIM GIRARD LANDSCAPE	12/31/98	SL	20.00		16	1,600.				1,600.	1,600.		0.	1,600.
255	(D)NEW FURNACE	12/31/99	SL	20.00		16	5,710.				5,710.	5,710.		0.	5,710.
256	(D)APARTMENT RENNOVATIONS	12/31/01	SL	10.00		16	15,301.				15,301.	15,301.		0.	15,301.

(D) - Asset disposed

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257	(D)MAIN BLDG. ROOF	12/31/04	SL	20.00		16	22,330.				22,330.	19,539.		651.	20,190.
258	(D)INSTALL GUTTERS & SOFIT	12/31/05	SL	20.00		16	3,795.				3,795.	3,131.		111.	3,242.
259	(D)PARKING LOT-PAVING RENT SWAP	12/31/08	SL	5.00		16	2,850.				2,850.	2,850.		0.	2,850.
260	(D)CAP0921-REPAIR LOADING DOCK	12/31/09	SL	15.00		16	4,600.				4,600.	3,833.		179.	4,012.
261	(D)ADK ROOFING	08/31/13	SL	15.00		16	6,700.				6,700.	3,759.		261.	4,020.
262	(D)HVAC UNITS	06/01/14	SL	20.00		16	60,792.				60,792.	22,797.		1,773.	24,570.
263	(D)CAP1626-BASEMENT REPAIRS	08/31/17	SL	25.00		16	38,207.				38,207.	6,877.		891.	7,768.
264	(D)CAP1802-FURNACE REPLACEMENT	12/31/18	SL	25.00		16	9,325.				9,325.	1,306.		218.	1,524.
265	(D)ROSICK WELL DRILLING-WELL PUMP	12/31/18	SL	15.00		16	2,310.				2,310.	539.		90.	629.
266	(D)JACK HALL PLUMBING-WATER HEATER	12/31/18	SL	10.00		16	1,020.				1,020.	357.		60.	417.
267	CASCADE SKI CENTER	01/31/22	SL	31.50		16	2,518,844.				2,518,844.			73,300.	73,300.
268	NORDIC MOON ENTERPRI-052022	05/20/22	SL	25.00		16	112,457.				112,457.			2,624.	2,624.
269	LEIFHEIT & LITTLEFIE-081122	08/11/22	SL	15.00		16	4,225.				4,225.			117.	117.
270	SD ATELIER ARCHITECT-082522	08/25/22	SL	10.00		16	800.				800.			27.	27.
271	LAMB LUMBER COMPANY-767811	05/23/22	SL	10.00		16	212.				212.			12.	12.
272	WARD LUMBER-511251	07/21/22	SL	10.00		16	620.				620.			26.	26.
273	ADIRONDACK DOOR & WI-2196	08/01/22	SL	10.00		16	400.				400.			17.	17.
274		09/30/22	SL	10.00		16	4,225.				4,225.			106.	106.

(D) - Asset disposed

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275	WARD LUMBER-514906	10/02/22	SL	10.00		16	159.				159.			4.	4.
276	LAMB LUMBER COMPANY-770974	10/06/22	SL	10.00		16	125.				125.			3.	3.
277	WARD LUMBER-515912	10/20/22	SL	10.00		16	346.				346.			6.	6.
278	WARD LUMBER-515912	10/27/22	SL	10.00		16	146.				146.			2.	2.
279	UNPOSTED ACCOUNTS PAYABLE INVOICE	11/17/22	SL	10.00		16	1,741.				1,741.			15.	15.
280	SD ATELIER ARCHITECT-120122	12/01/22	SL	10.00		16	7,828.				7,828.			65.	65.
	* 990 PAGE 10 TOTAL - 150100 FIXED ASSETS - BUILDINGS						5,100,090.				5,100,090.	1,621,371.		140,637.	1,762,008.
	150500 FIXED ASSET - LAND														
281	LOJ - LAND	12/31/90	SL	.000		16	10,000.				10,000.			0.	
282	JBL - LAND	12/31/90	SL	.000		16	5,000.				5,000.			0.	
283	(D)HQ - LAND	12/31/89	SL	.000		16	260,751.				260,751.			0.	
284	(D)JE 1990 AUDIT PER AMELL		SL	.000		16	8,815.				8,815.			0.	
285	(D)SALE OF LOT 4	01/31/04	SL	.000		16	-61,313.				-61,313.			0.	
286	(D)SALE OF LOT 2	12/31/06	SL	.000		16	-27,492.				-27,492.			0.	
	* 990 PAGE 10 TOTAL - 150500 FIXED ASSET - LAND						195,761.				195,761.	0.		0.	0.
	150600 FA - LAND IMPROVEMENTS														
287	LOJ - LAND IMPROVEMENTS	12/31/90	SL	.000		16	101,713.				101,713.			0.	
288	DOCK & SUPPLIES	12/31/97	SL	5.00		16	1,404.				1,404.	1,404.		0.	1,404.

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289	CRUSHED GRAVEL	12/31/98	SL	5.00		16	5,949.				5,949.	5,949.		0.	5,949.
290	NEW WELL	12/31/99	SL	15.00		16	4,233.				4,233.	4,233.		0.	4,233.
291	RESURFACE ROAD	12/31/00	SL	5.00		16	1,962.				1,962.	1,962.		0.	1,962.
292	HLP SURVEY (HOLD FOR MASTER PLAN)	12/31/00	SL	20.00		16	6,852.				6,852.	6,852.		0.	6,852.
293	HLP (HOLD FOR DEVELOPMENT)	12/31/00	SL	20.00		16	9,355.				9,355.	9,355.		0.	9,355.
294	SYNTHESIS	12/31/02	SL	.000		16	10,940.				10,940.			0.	
295	MARGE TIERNEY TRAIL - PHASE I	12/31/05	SL	15.00		16	1,979.				1,979.	1,979.		0.	1,979.
296	MARGE TIERNEY TRAIL - PHASE II	12/31/06	SL	15.00		16	4,939.				4,939.	4,774.		0.	4,774.
297	MARGE TIERNEY TRAIL - PHASE III	12/31/07	SL	15.00		16	2,961.				2,961.	2,862.		99.	2,961.
298	CAP1205 - HPIC ROADWORK	05/01/12	SL	5.00		16	5,243.				5,243.	5,243.		0.	5,243.
299	CAP1712-ROAD UPGRADES	12/31/18	SL	25.00		16	1,159.				1,159.	209.		46.	255.
300	CAP1620-CFA	12/31/18	SL	25.00		16	575,781.				575,781.	83,849.		23,031.	106,880.
301	CAP1708	12/31/18	SL	20.00		16	1,823.				1,823.	319.		91.	410.
302	CAP1810	12/31/18	SL	25.00		16	1,009.				1,009.	128.		40.	168.
303	CAP1620-CFA	12/31/19	SL	25.00		16	401.				401.	40.		16.	56.
304	CAP1911-HPIC PORCH ROOF	12/31/19	SL	15.00		16	1,960.				1,960.	327.		131.	458.
305	CAP1913-ROAD UPGRADES	12/31/19	SL	5.00		16	419.				419.	210.		84.	294.
306	CAP2006-ROAD UPGRADES	12/31/20	SL	5.00		16	2,107.				2,107.	632.		421.	1,053.

(D) - Asset disposed

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307	CAP2014-HPIC PARKING LOT REDESIGN	12/31/20	SL	5.00		16	12,201.				12,201.	3,660.		2,440.	6,100.
308	CAP2106-HPIC PARKING LOT REDESIGN	12/31/20	SL	5.00		16	2,090.				2,090.	627.		418.	1,045.
309	CAP2014-HPIC PARKING LOT REDESIGN	10/01/21	SL	5.00		16	73,582.				73,582.	3,679.		14,716.	18,395.
310	CAP2204 - ADA ACCESSIBLE CAPSITE IMPROVEMENTS	07/19/22	SL	10.00		16	626.				626.			26.	26.
311	CAP2204 - ADA ACCESSIBLE CAPSITE IMPROVEMENTS	07/20/22	SL	10.00		16	627.				627.			26.	26.
312	CAP2204 - ADA ACCESSIBLE CAPSITE IMPROVEMENTS	08/01/22	SL	10.00		16	612.				612.			26.	26.
313	CAP2219 - HLP MEMORIAL WALKWAY	01/21/22	SL	20.00		16	3,710.				3,710.			170.	170.
314	CAP2219 - HLP MEMORIAL WALKWAY	02/01/22	SL	20.00		16	3,710.				3,710.			170.	170.
315	CAP2219 - HLP MEMORIAL WALKWAY	06/14/22	SL	20.00		16	4,678.				4,678.			136.	136.
316	CAP2219 - HLP MEMORIAL WALKWAY	07/19/22	SL	20.00		16	1,658.				1,658.			35.	35.
317	CAP2219 - HLP MEMORIAL WALKWAY	07/20/22	SL	20.00		16	97.				97.			2.	2.
318	CAP2219 - HLP MEMORIAL WALKWAY	07/21/22	SL	20.00		16	4,940.				4,940.			103.	103.
319	CAP2219 - HLP MEMORIAL WALKWAY	07/27/22	SL	20.00		16	63.				63.			1.	1.
320	WARD LUMBER-511794	08/02/22	SL	5.00		16	44.				44.			4.	4.
321	CAP2219 - HLP MEMORIAL WALKWAY	08/03/22	SL	20.00		16	33.				33.			1.	1.
322	CAP2219 - HLP MEMORIAL WALKWAY	08/18/22	SL	20.00		16	33.				33.			1.	1.
323	CAP2219 - HLP MEMORIAL WALKWAY	08/23/22	SL	20.00		16	497.				497.			8.	8.
324	(PART OF ADDITIONS BUT NO DETAILS FOUND - ASSUMED TO A	09/01/22	SL	5.00		16	108.				108.			7.	7.

(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
325	(PART OF ADDITIONS BUT NO DETAILS FOUND - ASSUMED TO A	09/21/22	SL	20.00		16	110.				110.			1.	1.
326	CAP2219, HLP MEMORIAL WALKWAY	10/24/22	SL	20.00		16	93.				93.			1.	1.
327	JBL - LAND IMPROVEMENT	12/31/90	SL	.000		16	8,182.				8,182.			0.	
329	BRIDGE REPLACEMENT	12/31/05	SL	15.00		16	2,011.				2,011.	2,011.		0.	2,011.
330	CAP1715-JBL HELICOPTER SERVICES	12/31/18	SL	10.00		16	2,185.				2,185.	704.		219.	923.
	* 990 PAGE 10 TOTAL - 150600 FA - LAND IMPROVEMENTS						864,079.				864,079.	141,008.		42,470.	183,478.
	151000 FA - FURNITURE/FIXTURES														
331	AIRCONDITIONER	12/31/98	SL	5.00		16	340.				340.	340.		0.	340.
335	WIRING-ADIRONDACK CABLING	12/31/98	SL	5.00		16	571.				571.	571.		0.	571.
336	FURNITURE	12/31/98	SL	5.00		16	4,529.				4,529.	4,529.		0.	4,529.
337	INSTALL A/C	12/31/98	SL	5.00		16	54.				54.	54.		0.	54.
338	HP PRINTER FAX	12/31/98	SL	5.00		16	695.				695.	695.		0.	695.
339	CANNON COPIER	12/31/98	SL	5.00		16	1,300.				1,300.	1,300.		0.	1,300.
340	COMPUTER SYSTEM UPGRADE	12/31/01	SL	5.00		16	634.				634.	634.		0.	634.
341	COMPUTER	12/31/04	SL	5.00		16	1,070.				1,070.	1,070.		0.	1,070.
342	INSTALL NEW PHONE SYSTEM	12/31/05	SL	5.00		16	3,578.				3,578.	3,578.		0.	3,578.
343	COPY MACHINE	12/31/06	SL	3.00		16	1,745.				1,745.	1,745.		0.	1,745.
345	GLOBAL COMPUTER SUPPLIES	05/06/10	SL	5.00		16	393.				393.	393.		0.	393.

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346	DELL - LAPTOP FOR NEIL	02/17/11	SL	5.00		16	917.				917.	917.		0.	917.
347		12/31/13	SL	5.00		16	760.				760.	760.		0.	760.
348	LUMBER /MATERIALS	12/31/92	SL	7.00		16	741.				741.	741.		0.	741.
349	STORAGE TANK	12/31/92	SL	7.00		16	1,116.				1,116.	1,116.		0.	1,116.
350	BOURDON'S FURNISHINGS	12/31/92	SL	7.00		16	1,517.				1,517.	1,517.		0.	1,517.
351	FURNISHINGS	12/31/93	SL	7.00		16	993.				993.	993.		0.	993.
352	REFRIGERATOR	12/31/97	SL	7.00		16	775.				775.	775.		0.	775.
353	BOURDONS MATTRESSES	12/31/98	SL	3.00		16	806.				806.	806.		0.	806.
354	CLOSINGT ENTRY ???	12/31/02	SL	7.00		16	899.				899.	899.		0.	899.
355	PER 90 SCHEDULE	12/31/86	SL	.000		16	35,884.				35,884.	35,884.		0.	35,884.
356	PER 90 SCHEDULE	12/31/87	SL	5.00		16	8,517.				8,517.	8,517.		0.	8,517.
357	PER 90 SCHEDULE	12/31/88	SL	5.00		16	19,380.				19,380.	19,380.		0.	19,380.
361	WALKIN FREEZER (MPC)	04/30/89	SL	15.00		16	4,090.				4,090.	4,090.		0.	4,090.
367	3000 WATT HEATERS	12/31/92	SL	7.00		16	1,177.				1,177.	1,177.		0.	1,177.
368	DINING ROOM FURNISHINGS	12/31/92	SL	5.00		16	3,500.				3,500.	3,500.		0.	3,500.
369	HOBART DISHWASHER	12/31/92	SL	10.00		16	2,904.				2,904.	2,904.		0.	2,904.
370	COTS & MATRESSES	12/31/95	SL	5.00		16	1,082.				1,082.	1,082.		0.	1,082.
371	MATRESSES	12/31/96	SL	5.00		16	878.				878.	878.		0.	878.

(D) - Asset disposed

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372	WATER SYSTEM	12/31/97	SL	7.00		16	1,520.				1,520.	1,520.		0.	1,520.
373	MATRESSES	12/31/97	SL	7.00		16	834.				834.	834.		0.	834.
374	CRAIG PELTIER (BENCHES.DR)	12/31/98	SL	5.00		16	1,320.				1,320.	1,320.		0.	1,320.
375	WATER SYSTEM	12/31/98	SL	15.00		16	1,025.				1,025.	1,025.		0.	1,025.
376	CEMENT PAD	12/31/98	SL	15.00		16	297.				297.	297.		0.	297.
377	WASHHOUSE	12/31/98	SL	15.00		16	2,590.				2,590.	2,590.		0.	2,590.
378	BOURDON-MATTRESSES	12/31/98	SL	5.00		16	172.				172.	172.		0.	172.
379	DINING ROOM CARPET	12/31/00	SL	5.00		16	1,222.				1,222.	1,222.		0.	1,222.
380	PLATINUM PLUS	12/31/02	SL	5.00		16	1,034.				1,034.	1,034.		0.	1,034.
381	GABEL & SCHUBERT - GIVING TREE	12/31/02	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
382	BORDON'S INST.	12/31/02	SL	5.00		16	838.				838.	838.		0.	838.
383	GABEL & SCHUBERT - GIVING TREE	12/31/02	SL	5.00		16	1,605.				1,605.	1,605.		0.	1,605.
384	NEW BEDS FOR LOJ BUNK ROOM	12/31/05	SL	5.00		16	3,810.				3,810.	3,810.		0.	3,810.
385	BB BINDING & CARPET-ADJ	04/01/08	SL	5.00		16	720.				720.	720.		0.	720.
386	XFR BUNK 4 FURN TO CORRECT ACCT-ADJ	12/31/08	SL	5.00		16	650.				650.	650.		0.	650.
387	CAP0901- HEAT & LIGHT UPGRADES	12/01/09	SL	5.00		16	120.				120.	120.		0.	120.
388	2010 ADDITIONS	01/01/10	SL	5.00		16	2,597.				2,597.	2,597.		0.	2,597.
389	2010 ADDITIONS	04/30/10	SL	10.00		16	4,402.				4,402.	4,402.		0.	4,402.

(D) - Asset disposed

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390		12/31/10	SL	10.00		16	18,664.				18,664.	18,664.		0.	18,664.
391		12/31/10	SL	10.00		16	231.				231.	231.		0.	231.
392		01/31/11	SL	10.00		16	269.				269.	269.		0.	269.
393	CAMPGROUND CABIN	02/28/11	SL	10.00		16	1,074.				1,074.	1,074.		0.	1,074.
394	BOURDON'S-9 BUNKS & 18 MATTRESSES	04/30/11	SL	10.00		16	6,126.				6,126.	6,126.		0.	6,126.
395	TOTAL REPAIR SERVICE-ICE MACHINE PURCHASE	04/30/11	SL	10.00		16	2,954.				2,954.	2,954.		0.	2,954.
396	CAP1103-CANVAS CABINS & PLATFORMS	04/30/11	SL	10.00		16	11,490.				11,490.	11,490.		0.	11,490.
397	CAP1103-CANVAS CABINS & PLATFORMS	05/31/11	SL	10.00		16	932.				932.	932.		0.	932.
398	CAP1103-CANVAS CABINS & PLATFORMS	05/31/11	SL	10.00		16	179.				179.	179.		0.	179.
399	UTILITY CART	06/30/11	SL	10.00		16	6,473.				6,473.	6,473.		0.	6,473.
400	CAP1102-CAMPGROUND CABIN TENT	08/31/11	SL	10.00		16	2,159.				2,159.	2,159.		0.	2,159.
401		08/31/11	SL	10.00		16	1,283.				1,283.	1,283.		0.	1,283.
402		09/30/11	SL	10.00		16	1,164.				1,164.	1,164.		0.	1,164.
403		10/31/11	SL	10.00		16	773.				773.	773.		0.	773.
404		12/08/11	SL	10.00		16	838.				838.	838.		0.	838.
405	CAP1113-STAFF TENT PLATFORM/SHELTERS	12/31/11	SL	10.00		16	3,573.				3,573.	3,573.		0.	3,573.
406	CAP1208-BUNK & MATTRESS REPLACEMENT	05/01/12	SL	10.00		16	2,295.				2,295.	2,219.		76.	2,295.
407		12/31/13	SL	10.00		16	10,768.				10,768.	9,153.		1,077.	10,230.

(D) - Asset disposed

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408		12/31/13	SL	10.00		16	735.				735.	625.		74.	699.
409	CAP1401	06/01/14	SL	10.00		16	2,878.				2,878.	2,303.		288.	2,591.
410	CAP1403	06/01/14	SL	10.00		16	181.				181.	145.		18.	163.
411	CAP1405	12/01/14	SL	10.00		16	4,201.				4,201.	2,941.		420.	3,361.
412	CAP1420	12/01/14	SL	10.00		16	4,154.				4,154.	2,908.		415.	3,323.
413	CAP1420-TYLER CABIN	09/15/15	SL	10.00		16	1,167.				1,167.	700.		117.	817.
414	CAP1505-TYLER CABIN	05/01/15	SL	10.00		16	7,540.				7,540.	4,524.		754.	5,278.
415	CAP1602-APPLIANCE REPLACEMENT	05/31/16	SL	10.00		16	100.				100.	55.		10.	65.
416	CAP1703-CABIN & SIDING DECK	08/31/17	SL	15.00		16	89.				89.	27.		6.	33.
417	CAP1709-WASH HOUSE RENO	08/31/17	SL	15.00		16	2,360.				2,360.	708.		157.	865.
418	CAP1702-STAFF CABIN ADDITION/BATH	12/31/18	SL	15.00		16	14,555.				14,555.	3,396.		970.	4,366.
419	CAP1709-WASH HOUSE RENO	12/31/18	SL	15.00		16	1,901.				1,901.	444.		127.	571.
420	CAP1708	12/31/18	SL	10.00		16	8,990.				8,990.	3,003.		899.	3,902.
421	CAP1910-STAFF CABIN KITCHENETTE & FURNITURE	12/31/19	SL	10.00		16	1,161.				1,161.	290.		116.	406.
422	CAP1923-OUTDOOR LIGHTS FOR THE LOJ AND PARKING LOT	12/31/20	SL	5.00		16	1,711.				1,711.	513.		342.	855.
423	CAP2009-FANS FOR HUNGRY HIKER & WASHHOUSE	12/31/20	SL	5.00		16	1,122.				1,122.	336.		224.	560.
424	CAP 2010-HEARTLAKE PROPERTY SIGNAGE	11/16/21	SL	5.00		16	6,607.				6,607.	1,321.		1,321.	2,642.
425	CAP 2017-LOJ MATTRESSES & BOXSPRINGS	04/15/21	SL	5.00		16	4,937.				4,937.	987.		987.	1,974.

(D) - Asset disposed

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426	CAP 2018-CANVAS TENTS	04/15/21	SL	5.00		16	3,420.				3,420.	684.		684.	1,368.
427	CAP 2120-HPIC COUNTER TOP EXTENSION	05/01/21	SL	10.00		16	828.				828.	83.		83.	166.
428	CAP2201 - HPIC PARKING LOT REDESIGN	01/17/22	SL	5.00		16	562.				562.			103.	103.
429	CAP2204 - ADA ACCESSIBLE CAPSITE IMPROVEMENTS	05/03/22	SL	10.00		16	1,323.				1,323.			88.	88.
430	CAP2204 - ADA ACCESSIBLE CAPSITE IMPROVEMENTS	08/02/22	SL	10.00		16	1,120.				1,120.			47.	47.
431	CAP2210 - LOJ MATTRESSES	03/24/22	SL	5.00		16	300.				300.			45.	45.
432	CAP2210 - LOJ MATTRESSES	04/18/22	SL	5.00		16	2,671.				2,671.			356.	356.
433	CAP2216 - SUMMIT STEWARD YURT PLATFORM	05/06/22	SL	10.00		16	109.				109.			7.	7.
434	CAP2216 - SUMMIT STEWARD YURT PLATFORM	05/10/22	SL	10.00		16	31.				31.			2.	2.
435	CAP2218 - HLP INTERPRETIVE SIGN PROJECT	05/03/22	SL	15.00		16	2,530.				2,530.			112.	112.
436	CAP2218 - HLP INTERPRETIVE SIGN PROJECT	05/06/22	SL	15.00		16	8.				8.			0.	
437	CAP2218 - HLP INTERPRETIVE SIGN PROJECT	05/19/22	SL	15.00		16	61.				61.			2.	2.
438	CAP2218 - HLP INTERPRETIVE SIGN PROJECT	06/06/22	SL	15.00		16	15.				15.			1.	1.
439	CAP2218 - HLP INTERPRETIVE SIGN PROJECT	06/27/22	SL	15.00		16	1,285.				1,285.			43.	43.
440	CAP2218 - HLP INTERPRETIVE SIGN PROJECT	07/01/22	SL	15.00		16	215.				215.			7.	7.
441		09/30/22	SL	15.00		16	8.				8.			0.	
442	CAP2218 - HLP INTERPRETIVE SIGN PROJECT	08/01/22	SL	15.00		16	1,458.				1,458.			41.	41.
443	(PART OF ADDITIONS BUT NO DETAILS FOUND - ASSUMED TO A	09/01/22	SL	15.00		16	315.				315.			7.	7.

(D) - Asset disposed

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444	UNPOSTED ACCOUNTS PAYABLE INVOICE	11/17/22	SL	15.00		16	547.				547.			3.	3.
445	PER 90 DEPREC SCH	12/31/85	SL	5.00		16	886.				886.	886.		0.	886.
446	PER 90 DEPREC SCH	12/31/84	SL	5.00		16	883.				883.	883.		0.	883.
447	PER 90 DEPREC SCH	12/31/86	SL	5.00		16	1,960.				1,960.	1,960.		0.	1,960.
448	PER 90 DEPREC SCH	12/31/87	SL	5.00		16	959.				959.	959.		0.	959.
450	SHELVES	12/31/94	SL	5.00		16	596.				596.	596.		0.	596.
451	FURNACE REPAIR	12/31/97	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
452	NEW HOT WATER TANK	12/31/00	SL	7.00		16	1,819.				1,819.	1,819.		0.	1,819.
453	LELAND PAPER - ?	12/31/02	SL	5.00		16	813.				813.	813.		0.	813.
454	CHAIRS FOR HPIC	12/31/05	SL	5.00		16	1,143.				1,143.	1,143.		0.	1,143.
456	2010 ADDITIONS	01/01/10	SL	7.00		16	2,323.				2,323.	1,879.		0.	1,879.
457	2010 ADDITIONS	01/01/10	SL	7.00		16	2,048.				2,048.	2,048.		0.	2,048.
458		06/23/12	SL	7.00		16	340.				340.	340.		0.	340.
459	CAP1414	07/01/14	SL	7.00		16	1,749.				1,749.	1,749.		0.	1,749.
460	CAP1620-STORE REMODEL	08/31/17	SL	7.00		16	23,967.				23,967.	15,407.		3,424.	18,831.
461	CAP1620-STORE REMODEL	06/30/18	SL	7.00		16	565.				565.	283.		81.	364.
462	CAP2015 (DEPT 418) -FREEZER FOR HH	12/31/20	SL	7.00		16	1,541.				1,541.	330.		220.	550.
463	PRE 1984		SL	.000		16	4,418.				4,418.	4,418.		0.	4,418.

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464	PER 90 DEPREC SCH	12/31/84	SL	5.00		16	1,369.				1,369.	1,369.		0.	1,369.
465	PER 90 DEPREC SCH	12/31/85	SL	5.00		16	8,914.				8,914.	8,914.		0.	8,914.
466	PER 90 DEPREC SCH	12/31/86	SL	5.00		16	6,904.				6,904.	6,904.		0.	6,904.
467	PER 90 DEPREC SCH	12/31/87	SL	5.00		16	10,103.				10,103.	10,103.		0.	10,103.
468	PER 90 DEPREC SCH	12/31/88	SL	5.00		16	3,947.				3,947.	3,947.		0.	3,947.
469	JBL KITCHEN SUPPLIES	12/31/91	SL	5.00		16	1,361.				1,361.	1,361.		0.	1,361.
470	JBL BARRELS	12/31/94	SL	15.00		16	1,493.				1,493.	1,493.		0.	1,493.
471	JBL BARRELS	12/31/95	SL	10.00		16	1,679.				1,679.	1,679.		0.	1,679.
472	BARRELLS	12/31/97	SL	10.00		16	1,081.				1,081.	1,081.		0.	1,081.
473	PROPANE FREEZER	12/31/97	SL	10.00		16	1,919.				1,919.	1,919.		0.	1,919.
474	PROPANE HEATER	12/31/97	SL	10.00		16	575.				575.	575.		0.	575.
475	GREY WATER SYSTEM	12/31/99	SL	15.00		16	2,560.				2,560.	2,560.		0.	2,560.
476	PROPANE REFRIGERATOR	12/31/01	SL	10.00		16	1,309.				1,309.	1,309.		0.	1,309.
477	WOOD STOVE	12/31/01	SL	10.00		16	683.				683.	683.		0.	683.
478	LAB SAFETY SUPPLY	12/31/02	SL	10.00		16	538.				538.	538.		0.	538.
479	GRAY WATER SYSTEM UPGRADE PHASE 1	12/31/06	SL	10.00		16	6,759.				6,759.	6,759.		0.	6,759.
480	GRAY WATER SYSTEM UPGRADE PHASE 1I	12/31/07	SL	10.00		16	13,801.				13,801.	13,801.		0.	13,801.
481	ADJ-JBL KITCHEN RENOVATIONS	12/31/08	SL	10.00		16	2,470.				2,470.	2,470.		0.	2,470.

(D) - Asset disposed

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482		12/31/10	SL	10.00		16	9,402.				9,402.	9,402.		0.	9,402.
483		12/30/10	SL	10.00		16	95.				95.	95.		0.	95.
484		12/31/10	SL	10.00		16	753.				753.	753.		0.	753.
485	NATHAN STOKES	03/26/11	SL	10.00		16	546.				546.	546.		0.	546.
486	CAP1109-SOLAR PANELS & BATTERIES	04/01/11	SL	10.00		16	2,367.				2,367.	2,367.		0.	2,367.
487	CAP1108-8K GENERATOR	04/01/11	SL	10.00		16	1,644.				1,644.	1,644.		0.	1,644.
488	CAP1107-BUNKROOM PANELING & INSULATION	04/20/11	SL	15.00		16	190.				190.	136.		13.	149.
489	CAP1107-BUNKROOM PANELING & INSULATION	05/31/11	SL	15.00		16	3,675.				3,675.	2,614.		245.	2,859.
490	CAP1108-8K GENERATOR	05/31/11	SL	10.00		16	258.				258.	258.		0.	258.
491	CAP1109-SOLAR PANELS & BATTERIES	05/31/11	SL	10.00		16	517.				517.	517.		0.	517.
492	CAP1110-SCAFFOLDING	05/31/11	SL	15.00		16	517.				517.	367.		34.	401.
493	BOB GRIMM-CHAIRS	04/04/12	SL	7.00		16	528.				528.	528.		0.	528.
494	CAP1408	07/01/14	SL	15.00		16	7,885.				7,885.	3,942.		526.	4,468.
495	CAP1513-YOUNG CABIN RENO	04/02/15	SL	10.00		16	1,133.				1,133.	736.		113.	849.
496	CAP1612-FRAU SIGN PROJECT	05/31/16	SL	15.00		16	11,094.				11,094.	4,068.		740.	4,808.
497	CAP1803-SOLAR SYS REPLACEMENT	12/31/18	SL	15.00		16	2,126.				2,126.	496.		142.	638.
498	CAP1805-JBL RENOVATION	12/31/18	SL	15.00		16	2,749.				2,749.	641.		183.	824.
499	CAP2108-HH ENTRY DOOR	04/15/21	SL	10.00		16	771.				771.	55.		77.	132.

(D) - Asset disposed

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500	CAP2112 - SMOKE DETECTOR UPGRADE	05/01/21	SL	10.00		16	890.				890.	59.		89.	148.
501	CAP 2115 -GRACE PHOTOVOLTAIC SYSTEM INSTALL	05/01/21	SL	10.00		16	556.				556.	37.		56.	93.
502	PER 90 DEPREC SCH	12/31/83	SL	6.00		16	1,935.				1,935.	1,935.		0.	1,935.
503	PER 90 DEPREC SCH	12/31/85	SL	5.00		16	1,195.				1,195.	1,195.		0.	1,195.
504	PER 90 DEPREC SCH	12/31/86	SL	5.00		16	1,290.				1,290.	1,290.		0.	1,290.
505	PER 90 DEPREC SCH	12/31/86	SL	3.00		16	1,500.				1,500.	1,500.		0.	1,500.
506	PER 90 DEPREC SCH	12/31/86	SL	5.00		16	1,766.				1,766.	1,766.		0.	1,766.
507	PER 90 DEPREC SCH	12/31/86	SL	5.00		16	773.				773.	773.		0.	773.
508	PER 90 DEPREC SCH	12/31/86	SL	5.00		16	750.				750.	750.		0.	750.
509	COMPUTER	12/31/88	SL	5.00		16	5,760.				5,760.	5,760.		0.	5,760.
510	PER 90 DEPREC SCH	12/31/88	SL	5.00		16	2,472.				2,472.	2,472.		0.	2,472.
512	WOOD CART BOOK CASE	07/31/89	SL	5.00		16	542.				542.	542.		0.	542.
513	TRAVEL DISPLAY	12/31/91	SL	7.00		16	3,771.				3,771.	3,771.		0.	3,771.
514	USED COMP TABLE -BO	12/31/91	SL	7.00		16	150.				150.	150.		0.	150.
515	WORK STATION - PUBS	12/31/91	SL	7.00		16	162.				162.	162.		0.	162.
516	DISPLAY CASE -ARCHIVES	12/31/91	SL	7.00		16	554.				554.	554.		0.	554.
517	FIREPROOF CABINET	10/31/92	SL	10.00		16	570.				570.	570.		0.	570.
518	VCR/STAND & SCREEN	12/31/92	SL	7.00		16	1,081.				1,081.	1,081.		0.	1,081.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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519	WATER PUMP	12/31/93	SL	5.00		16	819.				819.	819.		0.	819.
520	EXPANSION TANK	12/31/93	SL	5.00		16	991.				991.	991.		0.	991.
521	FURNITURE (CHARLIES OFFICE SUPPLIES)	12/31/94	SL	7.00		16	1,618.				1,618.	1,618.		0.	1,618.
522	WAREHOUSE SHELVING	12/31/96	SL	5.00		16	1,172.				1,172.	1,172.		0.	1,172.
523	LECTURE SERIES CHAIRS/STACKER	12/31/96	SL	10.00		16	1,113.				1,113.	1,113.		0.	1,113.
524	LECTURE SERIES LECTERN & BASE	12/31/96	SL	10.00		16	319.				319.	319.		0.	319.
525	ADK SIGN	12/31/97	SL	7.00		16	1,000.				1,000.	1,000.		0.	1,000.
526	FURNITURE - CHAIRS	12/31/97	SL	7.00		16	1,080.				1,080.	1,080.		0.	1,080.
527	FILES DESKS & BOOKCASES	12/31/97	SL	7.00		16	2,742.				2,742.	2,742.		0.	2,742.
528	TABLE	12/31/97	SL	7.00		16	152.				152.	152.		0.	152.
529	"A" DRAWING BOARD	12/31/97	SL	7.00		16	585.				585.	585.		0.	585.
530	CHAIR, BOOKCASE	12/31/97	SL	7.00		16	832.				832.	832.		0.	832.
534	DESK/HUTCH	12/31/98	SL	7.00		16	350.				350.	350.		0.	350.
535	QUILL-UTILITY CART	12/31/98	SL	7.00		16	67.				67.	67.		0.	67.
537	JC PENNEY-DRAPES	12/31/98	SL	7.00		16	264.				264.	264.		0.	264.
538	FILE CABINETS & CHAIRS	12/31/01	SL	5.00		16	2,095.				2,095.	2,095.		0.	2,095.
539	DRAPES FOR ANNEX	12/31/01	SL	5.00		16	275.				275.	275.		0.	275.
540	YR END CLOSING ENTRY	12/31/02	SL	5.00		16	5,000.				5,000.	5,000.		0.	5,000.

(D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
541	STORAGE CABNET	12/31/04	SL	7.00		16	680.				680.	680.		0.	680.
542	GIVING TREE	12/31/05	SL	10.00		16	2,380.				2,380.	2,380.		0.	2,380.
543	MARCIUS BUTTERFIELD	12/31/09	SL	7.00		16	715.				715.	715.		0.	715.
544	STAPLES CREDIT PLAN	12/31/18	SL	5.00		16	430.				430.	280.		86.	366.
926	PER 90 SCHEDULE	12/31/88	SL	2.50		16	23,508.				23,508.			0.	
	* 990 PAGE 10 TOTAL - 151000 FA - FURNITURE/FIXTURES						513,670.				513,670.	427,695.		16,058.	443,753.
	151050 WEBSITE DEVELOPMENT														
545		12/31/11	SL	7.00		16	22,600.				22,600.	22,600.		0.	22,600.
546	RE SOFTWARE TO WORK WITH WEBSITE	05/01/12	SL	7.00		16	6,900.				6,900.	6,900.		0.	6,900.
547		11/01/12	SL	7.00		16	12,050.				12,050.	12,050.		0.	12,050.
548		12/01/14	SL	7.00		16	8,475.				8,475.	8,475.		0.	8,475.
549	CAP 1616 - NEW ADK WEBSITE WORK	12/31/16	SL	7.00		16	25,890.				25,890.	19,417.		3,699.	23,116.
550	CAP 2122 - WEBSITE REBUILD	12/15/21	SL	7.00		16	39,839.				39,839.	237.		5,691.	5,928.
	* 990 PAGE 10 TOTAL - 151050 WEBSITE DEVELOPMENT						115,754.				115,754.	69,679.		9,390.	79,069.
	151100 FA - EQUIPMENT														
551	CAP 2024 - COMPUTERS MSC	02/01/21	SL	5.00		16								0.	
558	LAP TOP COMPUTER	12/31/04	SL	5.00		16	1,120.				1,120.	1,120.		0.	1,120.
559	SNOW SHOES	12/31/04	SL	5.00		16	1,806.				1,806.	1,806.		0.	1,806.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
560	SKY PACKAGE - EDUCATION	12/31/04	SL	3.00		16	13,369.				13,369.	13,369.		0.	13,369.
561	LAP TOP COMPUTER	12/31/06	SL	3.00		16	1,188.				1,188.	1,188.		0.	1,188.
562	COMPUTER	12/31/07	SL	3.00		16	705.				705.	705.		0.	705.
563	KAYAKS	12/31/08	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
564	KAYAKS-ADJ	12/31/08	SL	5.00		16	-1,000.				-1,000.	-1,000.		0.	-1,000.
565	CAP0915-CANOES/KAYAKS/RADIOS	12/31/09	SL	5.00		16	2,003.				2,003.	2,003.		0.	2,003.
566	LAPTOP PC	12/31/11	SL	5.00		16	917.				917.	917.		0.	917.
567	LAPTOP PC-RYAN DOYLE	01/03/12	SL	5.00		16	709.				709.	709.		0.	709.
568	LAPTOP PC-THEA MORUZZI	01/03/12	SL	5.00		16	709.				709.	709.		0.	709.
569		08/01/13	SL	7.00		16	1,959.				1,959.	1,959.		0.	1,959.
570	LAPTOP & TABLETS	07/01/14	SL	5.00		16	1,035.				1,035.	1,035.		0.	1,035.
571	CAP1706-COMPUER/SERVER	08/31/17	SL	5.00		16	1,187.				1,187.	1,069.		118.	1,187.
572	CAP2001-COMPUTERS	12/31/20	SL	5.00		16	2,978.				2,978.	893.		596.	1,489.
573	CAP2031-PROJECTOR	12/31/20	SL	5.00		16	499.				499.	150.		100.	250.
574	CAP 2003-COMPUTERS HLPC	07/01/21	SL	5.00		16	1,224.				1,224.	122.		245.	367.
575	CAP2213 - SUMMIT STEWARD RADIOS	03/23/22	SL	5.00		16	1,428.				1,428.			214.	214.
576	CAP2214 - EDU CANOE	03/10/22	SL	5.00		16	1,500.				1,500.			250.	250.
577	LAPTOP COMPUTER	11/23/11	SL	5.00		16	629.				629.	629.		0.	629.

(D) - Asset disposed

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578	3 DESKTOP PC'S - ALLISON, JOELLE & NEIL	11/23/12	SL	5.00		16	2,041.				2,041.	2,041.		0.	2,041.
579		07/01/14	SL	5.00		16	1,839.				1,839.	1,839.		0.	1,839.
580		12/31/98	SL	3.00		16	874.				874.	874.		0.	874.
581	AMERICAN VAN EQUIP	12/31/98	SL	3.00		16	428.				428.	428.		0.	428.
582	AUBUCHON	12/31/98	SL	3.00		16	24.				24.	24.		0.	24.
583	JEFFORD STEEL	12/31/98	SL	3.00		16	29.				29.	29.		0.	29.
584	NAPA	12/31/98	SL	3.00		16	42.				42.	42.		0.	42.
585	KENWAY TRAIL SVS	12/31/98	SL	3.00		16	126.				126.	126.		0.	126.
586	PICO 14 SPLINE DRIVE	12/31/00	SL	5.00		16	2,268.				2,268.	2,268.		0.	2,268.
587	GRIP HOISTS & PULLEYS	12/31/00	SL	5.00		16	2,181.				2,181.	2,181.		0.	2,181.
588	STEEL TRIPOD	12/31/00	SL	5.00		16	375.				375.	375.		0.	375.
589	PLATINUM PLUS FOR B-112502	12/31/02	SL	5.00		16	790.				790.	790.		0.	790.
590	REFRIGERATOR	12/31/02	SL	5.00		16	899.				899.	899.		0.	899.
591	CHLORINATION WATER SYSTEM	12/31/06	SL	7.00		16	2,423.				2,423.	2,423.		0.	2,423.
592	COMPUTER	12/31/07	SL	3.00		16	705.				705.	705.		0.	705.
593	2 LAPTOP PC'S	02/17/11	SL	5.00		16	1,834.				1,834.	1,834.		0.	1,834.
594	PROJECTOR	05/23/11	SL	5.00		16	799.				799.	799.		0.	799.
595	CAP1804	06/30/18	SL	5.00		16	901.				901.	631.		180.	811.

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596	CAP2027-SUMMIT STEWARD RADIOS	08/31/20	SL	5.00		16	1,360.				1,360.	408.		272.	680.
602	COMMERCIAL FOOD PROCESSOR	12/31/94	SL	7.00		16	650.				650.	650.		0.	650.
603	ELECTRIC COMPRESSOR	12/31/95	SL	5.00		16	538.				538.	538.		0.	538.
605	NC BOOKKEEPER COMPUTER	12/31/96	SL	5.00		16	1,439.				1,439.	1,439.		0.	1,439.
606	JBL REFRIGERATOR	12/31/97	SL	10.00		16	1,150.				1,150.	1,150.		0.	1,150.
607	LOJ REFRIGERATOR	12/31/97	SL	10.00		16	2,900.				2,900.	2,900.		0.	2,900.
609	SEPTIC SYSTEM PUMP PROJ	12/31/97	SL	10.00		16	2,174.				2,174.	2,174.		0.	2,174.
610	WALK-IN REFRIG/ET FARR	12/31/98	SL	7.00		16	581.				581.	581.		0.	581.
611	NEW WELL PUMP	12/31/99	SL	10.00		16	1,173.				1,173.	1,173.		0.	1,173.
612	RENTAL KYAKS	12/31/00	SL	3.00		16	985.				985.	985.		0.	985.
613	DRYER	12/31/00	SL	5.00		16	417.				417.	417.		0.	417.
614	WASHER	12/31/00	SL	5.00		16	667.				667.	667.		0.	667.
615	FOOD WARMER	12/31/00	SL	5.00		16	1,850.				1,850.	1,850.		0.	1,850.
617	MONITOR, ZIP DRIVE	12/31/01	SL	5.00		16	501.				501.	501.		0.	501.
618	SIGNAGE	12/31/01	SL	5.00		16	885.				885.	885.		0.	885.
619	GENERATOR	12/31/02	SL	5.00		16	3,263.				3,263.	3,263.		0.	3,263.
620	WAREHOUSE RADIO	12/31/02	SL	5.00		16	1,221.				1,221.	1,221.		0.	1,221.
621	QUANDT'S FOOD SERV.	12/31/02	SL	5.00		16	4,524.				4,524.	4,524.		0.	4,524.

(D) - Asset disposed

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622	GRILL - QUANDTS	12/31/02	SL	5.00		16	1,909.				1,909.	1,909.		0.	1,909.
623	DELL FIN. SERR.	12/31/02	SL	5.00		16	2,165.				2,165.	2,165.		0.	2,165.
624	RECLASS CAP. ITEM	12/31/02	SL	5.00		16	2,946.				2,946.	2,946.		0.	2,946.
625	PURCHASE SNOW BLOWER	01/16/03	SL	5.00		16	1,600.				1,600.	1,600.		0.	1,600.
626	QUANDT'S REFRIGRATOR	06/01/03	SL	5.00		16	1,900.				1,900.	1,900.		0.	1,900.
627	WASH HOUSE HOT WATER HEATER	12/31/04	SL	5.00		16	1,245.				1,245.	1,245.		0.	1,245.
628	WASHING MACHINE	12/31/04	SL	5.00		16	600.				600.	600.		0.	600.
629	LAWN MOWER	12/31/04	SL	5.00		16	1,200.				1,200.	1,200.		0.	1,200.
630	REFRIGERATOR	12/31/04	SL	7.00		16	1,250.				1,250.	1,250.		0.	1,250.
631	SANDER	12/31/04	SL	5.00		16	1,908.				1,908.	1,908.		0.	1,908.
632	COMPUTER	12/31/04	SL	5.00		16	648.				648.	648.		0.	648.
633	COMPUTER	12/31/04	SL	5.00		16	751.				751.	751.		0.	751.
634	PHONE SYSTEM	12/31/04	SL	7.00		16	9,864.				9,864.	9,864.		0.	9,864.
635	UPGRADE NC COMPUTER SERVER	12/31/05	SL	3.00		16	1,782.				1,782.	1,782.		0.	1,782.
636	KUBOTA L345 TRACTOR	12/31/05	SL	5.00		16	9,546.				9,546.	9,546.		0.	9,546.
637	COMPUTERS	12/31/07	SL	3.00		16	2,371.				2,371.	2,371.		0.	2,371.
638	KAYAKS	12/31/08	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
639	KAYAKS-ADJ	12/31/08	SL	5.00		16	-100.				-100.	-100.		0.	-100.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
640	TRACTOR BOX PLOW	12/31/08	SL	5.00		16	730.				730.	730.		0.	730.
641	COMPUTERS	12/31/08	SL	3.00		16	3,090.				3,090.	3,090.		0.	3,090.
642	COMPUTERS-ADJ	12/31/08	SL	3.00		16	-2,230.				-2,230.	-2,230.		0.	-2,230.
643	CAP0925 COMPUTERS	12/31/09	SL	3.00		16	990.				990.	990.		0.	990.
644	QUICKBOOKS ENTERPRISE SOFTWARE	12/31/09	SL	3.00		16	2,550.				2,550.	2,550.		0.	2,550.
645		12/31/10	SL	5.00		16	4,087.				4,087.	4,087.		0.	4,087.
646	SNOWBLOWER	03/23/11	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
647	AIR COMPRESSOR	04/05/11	SL	5.00		16	644.				644.	644.		0.	644.
648	TENTS & KAYAKS	06/12/11	SL	5.00		16	4,000.				4,000.	4,000.		0.	4,000.
649	WOOD CHIPPER	06/15/11	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
650	DELL LAPTOP	05/02/12	SL	5.00		16	763.				763.	763.		0.	763.
651	VARIOUS	06/30/12	SL	5.00		16	540.				540.	540.		0.	540.
652	PADDLEBOARDS	07/31/12	SL	5.00		16	2,318.				2,318.	2,318.		0.	2,318.
653	CAP1202 RECLASS FROM EXPENSE	07/01/12	SL	5.00		16	364.				364.	364.		0.	364.
654		12/31/13	SL	5.00		16	10,451.				10,451.	10,451.		0.	10,451.
655		12/31/13	SL	5.00		16	960.				960.	960.		0.	960.
656	CAP1404 - LOJ ALARM UPGRADES	07/01/14	SL	5.00		16	1,468.				1,468.	1,468.		0.	1,468.
657	CAP1419 - LOJ SEPTIC SYSTEM UPGRADES	07/01/14	SL	7.00		16	3,716.				3,716.	3,716.		0.	3,716.

(D) - Asset disposed

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658	COMPUTERS	07/01/14	SL	5.00		16	4,780.				4,780.	4,780.		0.	4,780.
659	CAP1506-SANDER FOR MAINTENANCE TRUCK	01/07/15	SL	7.00		16	4,595.				4,595.	4,267.		0.	4,267.
660	CAP1508-COMPUTER EQUIPMENT	05/01/15	SL	5.00		16	863.				863.	863.		0.	863.
661	CAP1509-FREEZERS	05/01/15	SL	10.00		16	1,548.				1,548.	1,006.		155.	1,161.
662	CAP1501 EVENT TENT & HEATERS	07/01/15	SL	10.00		16	14,278.				14,278.	9,281.		1,428.	10,709.
663	CAP1502-LOJ ALARM UPGRADES	05/01/15	SL	7.00		16	3,128.				3,128.	2,905.		149.	3,054.
664	CAP1503-STAFF TENTS	05/01/15	SL	7.00		16	3,447.				3,447.	3,201.		164.	3,365.
665	CAP1624-KITCHEN FAN	05/31/16	SL	7.00		16	831.				831.	653.		119.	772.
666	COPIER-CAPITALIZED LEASE OBLIGATION	06/16/16	SL	7.00		16	21,060.				21,060.	16,547.		3,009.	19,556.
667	CAP1621-PLOW BLADE FOR NEW TRUCK	07/29/16	SL	7.00		16	6,453.				6,453.	5,070.		922.	5,992.
668	NEW LAPTOP PC FOR FRONT DESK	07/23/16	SL	5.00		16	649.				649.	649.		0.	649.
669	NAS DEVICE FOR SERVER BACKUP	10/01/16	SL	5.00		16	1,179.				1,179.	1,179.		0.	1,179.
670	CAP1706-COMPUTERS	08/31/17	SL	5.00		16	1,187.				1,187.	1,068.		119.	1,187.
671	CAP1711-KITCHEN RANGE	08/31/17	SL	10.00		16	8,873.				8,873.	3,993.		887.	4,880.
672	CAP1702-STAFF CABIN ADDITION	08/31/17	SL	15.00		16	1,287.				1,287.	386.		86.	472.
673	CAP1703-TRAILS CABIN & DECK	08/31/17	SL	15.00		16	49.				49.	15.		3.	18.
674	CAP1709-WASH HOUSE RENO	08/31/17	SL	15.00		16	54.				54.	16.		4.	20.
675	CAP1702-STAFF CABIN ADDITION	12/31/18	SL	15.00		16	1,991.				1,991.	465.		133.	598.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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676	CAP1706-COMPUTERS	12/31/18	SL	5.00		16	3,773.				3,773.	2,641.		755.	3,396.
677	CAP1709-WASH HOUSE RENO	12/31/18	SL	15.00		16	392.				392.	92.		26.	118.
678	CAP1801-MAINT TRACTOR-TRADED IN 2020	12/31/18	SL	10.00		16	39,980.				39,980.	11,994.		3,998.	15,992.
679			SL	.000		16	-31,984.				-31,984.			0.	
680	CAP1620	12/31/18	SL	10.00		16	18,876.				18,876.	6,606.		1,888.	8,494.
681	CAP1706-COMPUTERS	12/31/19	SL	5.00		16	1,741.				1,741.	871.		348.	1,219.
682	CAP1708-WORKSHOP & CLASSROOM YURTS	12/31/19	SL	5.00		16	1,322.				1,322.	661.		264.	925.
683	CAP1910-STAFF CABIN KITCHENETTE & FURNITURE	12/31/19	SL	5.00		16	1,513.				1,513.	756.		303.	1,059.
684	CAP1912-CHAINSAWS	12/19/19	SL	5.00		16	2,205.				2,205.	1,103.		441.	1,544.
685	CAP1920-SERVER & RELATED SWITCHGEAR	12/31/19	SL	5.00		16	13,714.				13,714.	6,857.		2,743.	9,600.
686	CAP1922-PELLET STOVES FOR EDUCATION YURTS	12/31/19	SL	10.00		16	4,376.				4,376.	1,094.		438.	1,532.
687	CAP2001-EXPAND NETWORK VOIP PHONES & POE	12/31/19	SL	5.00		16	5,376.				5,376.	2,688.		1,075.	3,763.
688	CAP1706-COMPUTERS	12/31/19	SL	5.00		16	5,295.				5,295.	2,648.		1,059.	3,707.
689	CAP2009-FANS HH & WASHHOUSE	12/31/20	SL	7.00		16	15.				15.	3.		2.	5.
690	CAP2011-TRACTOR TRADE/REPLACEMENT	12/31/20	SL	7.00		16	40,539.				40,539.	8,687.		5,791.	14,478.
691	CAP2015-FREEZER-HH	12/31/20	SL	7.00		16	797.				797.	171.		114.	285.
692	CAP2018-CANVAS TENTS & MATTRESSES	12/31/20	SL	5.00		16	1,421.				1,421.	426.		284.	710.
693	CAP2019-GREASE TRAP FOR LOJ	12/31/20	SL	5.00		16	463.				463.	139.		93.	232.

(D) - Asset disposed

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694	CAP2029-JBL BLUE BARRELS	12/31/20	SL	5.00		16	279.				279.	84.		56.	140.
695	CAP2105-2 FREEZERS FOR LOJ	12/31/20	SL	7.00		16	2,051.				2,051.	439.		293.	732.
696	CAP2118-TRAILS CABIN STOVE	12/31/20	SL	7.00		16	789.				789.	169.		113.	282.
697	CAP2119-HPIC APT STOVE	12/31/20	SL	7.00		16	769.				769.	165.		110.	275.
698	CAP2004 (DEPT 415)-TRACTOR REAR SNOW BLOWER	12/31/20	SL	7.00		16	4,694.				4,694.	1,006.		671.	1,677.
699	CAP2114 (DEPT 415)-WOOD CHIPPER	12/31/20	SL	7.00		16	3,448.				3,448.	739.		493.	1,232.
700	CAP 2003 - COMPUTERS HLPC	03/01/21	SL	5.00		16	584.				584.	97.		117.	214.
701	CAP 2103 -WATER HEATER LOJ PROPANE	05/01/21	SL	10.00		16	16,682.				16,682.	1,112.		1,668.	2,780.
702	CAP2110 -LOJ FURNACES	10/01/21	SL	10.00		16	19,837.				19,837.	496.		1,984.	2,480.
703	CAP2111 - LOC SMOKE DETECTOR UPGRADES	12/01/21	SL	10.00		16	380.				380.	3.		38.	41.
704	CAP2124-DUMP TRAILER LOJ	11/15/21	SL	5.00		16	9,206.				9,206.	230.		1,841.	2,071.
705	CAP2210 - LOJ MATTRESSES	03/02/22	SL	5.00		16	2,129.				2,129.			355.	355.
706	CAP2212 - YURT INTERNET	06/06/22	SL	5.00		16	269.				269.			31.	31.
707	CAP2212 - YURT INTERNET	06/10/22	SL	5.00		16	33.				33.			4.	4.
708	CAP2212 - YURT INTERNET	06/13/22	SL	5.00		16	58.				58.			7.	7.
709	CAP2212 - YURT INTERNET	06/17/22	SL	5.00		16	15.				15.			2.	2.
710	CAP2220 - HLP WIRELESS	01/01/22	SL	5.00		16	6,199.				6,199.			1,240.	1,240.
711	CAP2220 - HLP WIRELESS	07/28/22	SL	5.00		16	2,066.				2,066.			172.	172.

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712	CAP2223 - MOWER	08/23/22	SL	5.00		16	3,839.				3,839.			256.	256.
713	RENTAL SNOWSHOES	12/31/00	SL	3.00		16	1,157.				1,157.	1,157.		0.	1,157.
714	RENTAL SKIS	12/31/01	SL	3.00		16	5,369.				5,369.	5,369.		0.	5,369.
715	COMPUTER	12/31/04	SL	5.00		16	799.				799.	799.		0.	799.
716	SKY PACKAGE - RENTAL	12/31/04	SL	3.00		16	1,105.				1,105.	1,105.		0.	1,105.
717	STABILICERS - 30 PAIR	12/31/05	SL	3.00		16	743.				743.	743.		0.	743.
718	BEAR CANISTER & CARRYING CASES	12/31/05	SL	3.00		16	1,644.				1,644.	1,644.		0.	1,644.
719	SNOWSHOES	12/31/05	SL	3.00		16	1,068.				1,068.	1,068.		0.	1,068.
720	BEAR CANISTER & CARRYING CASES	12/31/06	SL	3.00		16	388.				388.	388.		0.	388.
721	ICE MACHINE	12/31/06	SL	5.00		16	1,667.				1,667.	1,667.		0.	1,667.
722	VARIOUS RENTAL EQUIPMENT	12/31/07	SL	3.00		16	1,099.				1,099.	1,099.		0.	1,099.
723	NEW SKI EQUIPMENT	12/31/08	SL	3.00		16	8,663.				8,663.	8,663.		0.	8,663.
724	NEW SKI EQUIPMENT-ADJ	12/31/08	SL	3.00		16	-900.				-900.	-900.		0.	-900.
725	NEW SKI EQUIPMENT	03/28/09	SL	3.00		16	132.				132.	132.		0.	132.
726	CAP1204 - FIREWOOD PROCESSING	04/23/12	SL	5.00		16	1,199.				1,199.	1,199.		0.	1,199.
727	CAP1204 - FIREWOOD PROCESSING	08/23/12	SL	5.00		16	1,326.				1,326.	1,326.		0.	1,326.
728		12/31/13	SL	5.00		16	2,382.				2,382.	2,382.		0.	2,382.
729	QB POS SOFTWARE	01/23/14	SL	5.00		16	3,600.				3,600.	3,600.		0.	3,600.

(D) - Asset disposed

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730	CAP1706-BUSINESS CARDS	12/31/18	SL	5.00		16	322.				322.	226.		64.	290.
731	CAP2001-EXPAND NETWORK VOIP PHONES & POE	12/31/19	SL	5.00		16	606.				606.	303.		121.	424.
732	CAP2003 - COMPUTERS HLPC	02/01/21	SL	5.00		16	670.				670.	123.		134.	257.
733	01-151100-418-000	12/31/18	SL	5.00		16	2,691.				2,691.	1,077.		538.	1,615.
734	PER 92 SCHEDULES		SL	.000		16	13,839.				13,839.	13,839.		0.	13,839.
735	TURBID METER	12/31/93	SL	7.00		16	895.				895.	895.		0.	895.
736	TENT PLATFORM & TENTS	12/31/95	SL	10.00		16	4,116.				4,116.	4,116.		0.	4,116.
737	JBL BATTERY	12/31/95	SL	7.00		16	1,883.				1,883.	1,883.		0.	1,883.
738	PRIVY BARRELS	12/31/96	SL	10.00		16	917.				917.	917.		0.	917.
739	SOLAR UPGRADE	12/31/96	SL	15.00		16	908.				908.	908.		0.	908.
740	WELLS COMMUNICATION RADIO	12/31/02	SL	7.00		16	1,070.				1,070.	1,070.		0.	1,070.
741	NE SOLAR BATERY'S	04/02/03	SL	7.00		16	1,227.				1,227.	1,227.		0.	1,227.
742	FLY IN COST - BATERY'S	04/30/03	SL	7.00		16	428.				428.	428.		0.	428.
743		12/31/10	SL	7.00		16	1,483.				1,483.	1,483.		0.	1,483.
744	SCAFFOLDING	04/12/11	SL	7.00		16	2,266.				2,266.	2,266.		0.	2,266.
745	RADIO EQUIPMENT	06/10/11	SL	5.00		16	1,914.				1,914.	1,914.		0.	1,914.
746		04/23/13	SL	7.00		16	57.				57.	57.		0.	57.
747		12/31/13	SL	7.00		16	3,756.				3,756.	3,756.		0.	3,756.

(D) - Asset disposed

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748	CAP1511-JBL WATER SYSTEM	05/01/15	SL	10.00		16	2,240.				2,240.	1,456.		224.	1,680.
749	CAP1512-CAMP HEATERS	05/01/15	SL	7.00		16	1,220.				1,220.	1,133.		58.	1,191.
750	CAP1613-CAMP HEATERS	05/31/16	SL	7.00		16	1,531.				1,531.	1,203.		219.	1,422.
751	CAP1614-JBL FRONT DECK	05/31/16	SL	15.00		16	8,481.				8,481.	3,110.		565.	3,675.
752	CAP1623-WOOD STOVE & ACCESSORIES	05/31/16	SL	15.00		16	1,778.				1,778.	652.		119.	771.
753	CAP-1715-BRIDGE TO PEGGY O	12/31/18	SL	15.00		16	276.				276.	64.		18.	82.
754	CAP1803-SOLAR SYS REPLACEMENT	12/31/18	SL	15.00		16	9,709.				9,709.	2,265.		647.	2,912.
755	CAP1808-JBL FREEZER	12/31/18	SL	10.00		16	2,344.				2,344.	820.		234.	1,054.
756	CAP1809-JBL BLUE BARRELS	12/31/18	SL	10.00		16	4,529.				4,529.	1,585.		453.	2,038.
757	CAP1803-SOLAR SYS REPLACEMENT	12/31/19	SL	15.00		16	9,489.				9,489.	1,582.		633.	2,215.
758	CAP1916-JBL BLUE BARRELS	12/31/19	SL	5.00		16	976.				976.	488.		195.	683.
759	CAP1917-STORAGE CABINET	06/30/19	SL	10.00		16	1,074.				1,074.	268.		107.	375.
760	CAP2012-GRACE INTERIOR RENOVATION	12/31/20	SL	5.00		16	710.				710.	213.		142.	355.
761	CAP2022-WATER SHED SYSTEM	12/31/20	SL	5.00		16	99.				99.	30.		20.	50.
762	CAP2029-BLUE BARRELS	12/31/20	SL	5.00		16	866.				866.	260.		173.	433.
763	CAP2104-FREEZER FOR JBL @ LOJ	12/31/20	SL	7.00		16	1,025.				1,025.	220.		146.	366.
764	CAP2115 - GRACE PHOTOVOLTAIC SYSTEM INSTALL	07/01/21	SL	10.00		16	5,944.				5,944.	297.		594.	891.
773	PALLET TRUCK	12/31/91	SL	7.00		16	374.				374.	374.		0.	374.

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796	MATRIX PHONE REPAIR	12/31/96	SL	1.00		16	675.				675.	675.		0.	675.
797	LECTURE SERIES PROJECTOR	12/31/96	SL	10.00		16	719.				719.	719.		0.	719.
801	MATRIX PHONE REPAIR	12/31/97	SL	5.00		16	735.				735.	735.		0.	735.
812	BLACKBAUD-PROGRAMS DEV & MBRSHIP	12/31/98	SL	7.00		16	12,200.				12,200.	12,200.		0.	12,200.
817	RETAIL MANAGER COMPUTER	12/31/99	SL	5.00		16	1,347.				1,347.	1,347.		0.	1,347.
818	POS SYSTEM	12/31/99	SL	7.00		16	9,385.				9,385.	9,385.		0.	9,385.
819	ACCOUNTING SYSTEM	12/31/99	SL	7.00		16	21,341.				21,341.	21,341.		0.	21,341.
820	DEKJET PRINTER	12/31/99	SL	5.00		16	390.				390.	390.		0.	390.
821	ACCOUNTING COMPUTER (BROOKS)	12/31/99	SL	5.00		16	1,135.				1,135.	1,135.		0.	1,135.
822	SERVER HARD DRIVE/ RAM UPGRADE	12/31/99	SL	5.00		16	1,495.				1,495.	1,495.		0.	1,495.
823	BLACKBAUD CONVERSION	12/31/00	SL	6.00		16	3,910.				3,910.	3,910.		0.	3,910.
825	NETWORK CARDS	12/31/00	SL	5.00		16	935.				935.	935.		0.	935.
826	MICROSOFT PROJECT	12/31/00	SL	5.00		16	539.				539.	539.		0.	539.
827	NEW COMPUTERS	12/31/00	SL	5.00		16	14,773.				14,773.	14,773.		0.	14,773.
828	COMPUTER SERVER UPGRADE	12/31/00	SL	5.00		16	9,643.				9,643.	9,643.		0.	9,643.
829	REMAINING ON COMPUTER UPGRADE	12/31/01	SL	4.00		16	1,513.				1,513.	1,513.		0.	1,513.
830	NEW SWITCH	12/31/01	SL	5.00		16	3,135.				3,135.	3,135.		0.	3,135.
831	NEW ADIRONDAC MAC	12/31/01	SL	5.00		16	4,787.				4,787.	4,787.		0.	4,787.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
832	NEW TAPE BACKUP FOR SERVER	12/31/01	SL	5.00		16	550.				550.	550.		0.	550.
833	4 PRINTERS	12/31/01	SL	5.00		16	560.				560.	560.		0.	560.
834	PRESIDENTIAL LIBRARY COMPUTER	12/31/01	SL	5.00		16	2,281.				2,281.	2,281.		0.	2,281.
835	ARCHIVAL BOXES & CORK BOARD	12/31/01	SL	5.00		16	855.				855.	855.		0.	855.
836	LCD PROJECTOR	12/31/01	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
837	HARD DRIVE UPGRADE	12/31/02	SL	5.00		16	595.				595.	595.		0.	595.
838	UPS CUSTOMER TECH.	12/31/02	SL	5.00		16	700.				700.	700.		0.	700.
839	DELL FINANCIAL SERV - 295795	12/31/02	SL	5.00		16	4,363.				4,363.	4,363.		0.	4,363.
840	DELL FINANCIAL SERV - 307299	12/31/02	SL	5.00		16	838.				838.	838.		0.	838.
841	HP PRINTER - BUSINESS OFFICE	12/31/02	SL	5.00		16	400.				400.	400.		0.	400.
842	DELL - 2 DESK TOP COMPUTERS	08/02/03	SL	5.00		16	2,114.				2,114.	2,114.		0.	2,114.
843	LASER PRINTER - PUBS	08/25/03	SL	5.00		16	1,334.				1,334.	1,334.		0.	1,334.
844	WELL PUMP	12/31/04	SL	5.00		16	2,064.				2,064.	2,064.		0.	2,064.
845	APARTMENT HOT WATER HEATER	12/31/04	SL	5.00		16	500.				500.	500.		0.	500.
846	NEW SERVER	12/31/04	SL	5.00		16	8,733.				8,733.	8,733.		0.	8,733.
847	2 COMPUTERS	12/31/04	SL	5.00		16	2,836.				2,836.	2,836.		0.	2,836.
848	2 COMPUTERS	12/31/04	SL	5.00		16	2,140.				2,140.	2,140.		0.	2,140.
849	JM LAPTOP	12/31/04	SL	5.00		16	1,117.				1,117.	1,117.		0.	1,117.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
850	SOFTWARE SERVER & PUBS	12/31/04	SL	5.00		16	6,388.				6,388.	6,388.		0.	6,388.
851	DELL COMPUTER FOR DEVELOPMENT	12/31/05	SL	5.00		16	1,146.				1,146.	1,146.		0.	1,146.
852	PURCHASE USED DUPLICATOR	12/31/05	SL	3.00		16	1,067.				1,067.	1,067.		0.	1,067.
853	PURCHASE 2 NEW COMPUTERS	12/31/06	SL	3.00		16	1,602.				1,602.	1,602.		0.	1,602.
854	PURCHASE TERMINAL SERVER	12/31/06	SL	3.00		16	4,077.				4,077.	4,077.		0.	4,077.
855	PURCHASE NEW COMPUTERS	12/31/07	SL	3.00		16	6,737.				6,737.	6,737.		0.	6,737.
856	PURCHASE NEW COMPUTERS	12/31/07	SL	3.00		16	750.				750.	750.		0.	750.
857	NEW COMPUTERS	12/31/08	SL	3.00		16	1,394.				1,394.	1,394.		0.	1,394.
858	APARTMENT STOVE & REFRIGERATOR	12/31/08	SL	5.00		16	1,381.				1,381.	1,381.		0.	1,381.
859	APARTMENT STOVE & REFRIGERATOR	12/31/08	SL	5.00		16	1,643.				1,643.	1,643.		0.	1,643.
860	FIA CARD SERVICES	06/23/09	SL	3.00		16	791.				791.	791.		0.	791.
861	DELL BUSINESS CREDIT	09/02/09	SL	3.00		16	713.				713.	713.		0.	713.
862	2010 ADDITIONS	01/01/10	SL	5.00		16	20,762.				20,762.	20,762.		0.	20,762.
863	COMPUTER EQUIPMENT	05/26/11	SL	5.00		16	1,468.				1,468.	1,468.		0.	1,468.
864	DOCUMENT SCANNER	03/23/12	SL	5.00		16	645.				645.	645.		0.	645.
865		06/23/12	SL	5.00		16	589.				589.	589.		0.	589.
866	NEW DESKTOP PC-J KETTLEWELL	07/02/12	SL	5.00		16	729.				729.	729.		0.	729.
867	WOOD & WOOD SIGN SYSTEM	11/01/12	SL	7.00		16	531.				531.	531.		0.	531.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
868		12/31/13	SL	7.00		16	1,052.				1,052.	1,052.		0.	1,052.
869	01-151100-150-000	12/31/13	SL	5.00		16	2,173.				2,173.	2,173.		0.	2,173.
870		08/02/13	SL	5.00		16	3,609.				3,609.	3,609.		0.	3,609.
871		08/13/13	SL	5.00		16	757.				757.	757.		0.	757.
872		12/31/13	SL	5.00		16	1,526.				1,526.	1,526.		0.	1,526.
873	COMPUTER SYSTEM UPGRADES	03/15/14	SL	5.00		16	7,114.				7,114.	7,114.		0.	7,114.
874	CAP1517-LAPTOP FOR YAOC	07/01/15	SL	5.00		16	1,170.				1,170.	1,170.		0.	1,170.
875	CAP1517-DESKTOP FOR CATHERINE	06/01/15	SL	5.00		16	1,027.				1,027.	1,027.		0.	1,027.
876	CAP1517-OTHER EQUIPMENT	06/01/15	SL	5.00		16	1,560.				1,560.	1,560.		0.	1,560.
877	CAP1517-MAC FOR ANN	12/23/15	SL	7.00		16	2,475.				2,475.	2,121.		354.	2,475.
878	STAND UP DESK	08/23/15	SL	7.00		16	400.				400.	371.		29.	400.
879	FOLDER INSERTER MACHINE	12/21/15	SL	7.00		16	4,000.				4,000.	3,429.		571.	4,000.
880	CAP1517-OTHER EQUIPMENT	10/15/15	SL	5.00		16	718.				718.	718.		0.	718.
881	2 COPIERS - CAPITALIZED LEASE OBLIGATION	06/15/16	SL	7.00		16	42,119.				42,119.	33,094.		6,017.	39,111.
882	REFRIGERATOR FOR KITCHEN	06/15/16	SL	7.00		16	473.				473.	372.		68.	440.
883	CAP1617 - NEW FILESERVER	10/01/16	SL	7.00		16	10,289.				10,289.	7,349.		1,470.	8,819.
884	CAP1617 - NEW COMPUTER	08/31/17	SL	5.00		16	1,557.				1,557.	1,402.		155.	1,557.
885	CAP1617 - NEW COMPUTER	08/31/17	SL	5.00		16	1,831.				1,831.	1,648.		183.	1,831.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
886	CAP1617 - NEW COMPUTER	08/31/17	SL	5.00		16	660.				660.	594.		66.	660.
887	APEX SOLAR POWER	12/31/18	SL	20.00		16	3,500.				3,500.	700.		175.	875.
888	CAP1918-AED UNIT	12/31/19	SL	5.00		16	1,913.				1,913.	957.		383.	1,340.
889		09/30/22	SL	20.00		16	3,186.				3,186.			40.	40.
890	CAP1921 -VIDEO EQUIP	12/31/19	SL	5.00		16	3,139.				3,139.	1,569.		628.	2,197.
891	CAP1715 - 4 LENOVO SYSTEMS	12/31/19	SL	5.00		16	3,530.				3,530.	1,765.		706.	2,471.
892	CAP1715 - IPAD PRO 12.9 FOR MICHAEL	12/31/19	SL	5.00		16	1,478.				1,478.	739.		296.	1,035.
893	CAP2024-COMPUTERS	12/31/20	SL	5.00		16	886.				886.	266.		177.	443.
894	CAP2025-VOIP TELEPHONE SYSTEM	12/31/20	SL	7.00		16	6,255.				6,255.	1,340.		894.	2,234.
895	CAP 2024 - COMPUTERS MSC	02/01/21	SL	5.00		16	1,035.				1,035.	190.		207.	397.
896	CAP2024-COMPUTERS	12/01/21	SL	5.00		16	22,503.				22,503.	375.		4,501.	4,876.
897	DELL BUSINESS CREDIT-020222	02/02/22	SL	5.00		16	894.				894.			164.	164.
898	STORED TECHNOLOGY SO-92698	03/15/22	SL	5.00		16	7,126.				7,126.			1,188.	1,188.
899		09/30/22	SL	20.00		16	3,415.				3,415.			43.	43.
	* 990 PAGE 10 TOTAL - 151100 FA - EQUIPMENT						859,814.				859,814.	597,350.		61,945.	659,295.
	151200 FA - VEHICLES														
900	15 PASSENGER FORD E-350 VAN	03/31/12	SL	5.00		16	23,890.				23,890.	23,890.		0.	23,890.
901	CANOE TRAILER	12/31/92	SL	5.00		16	1,380.				1,380.	1,380.		0.	1,380.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
904	SURBANBAN	12/31/06	SL	3.00		16	6,000.				6,000.	6,000.		0.	6,000.
905	FORD E350 VAN	04/23/10	SL	5.00		16	18,613.				18,613.	18,613.		0.	18,613.
906	CAP1504-FORD E350 VAN	05/31/15	SL	5.00		16	22,750.				22,750.	22,750.		0.	22,750.
907	RECORD 2018 TRUCK ACQUIRED	12/31/18	SL	5.00		16	31,975.				31,975.	22,382.		6,395.	28,777.
911	FOR F350 P/U TRUCK & PLOW	12/31/05	SL	5.00		16	21,408.				21,408.	21,408.		0.	21,408.
912	CHEV. VAN	12/31/06	SL	3.00		16	4,295.				4,295.	4,295.		0.	4,295.
913	2010 FORD E-350 VAN	01/31/11	SL	5.00		16	19,316.				19,316.	19,316.		0.	19,316.
914	2010 FORD E-350 VAN	01/31/11	SL	5.00		16	19,316.				19,316.	19,316.		0.	19,316.
915	CAP1621-F350 MAINTENANCE TRUCK	05/01/16	SL	7.00		16	28,644.				28,644.	22,392.		4,092.	26,484.
916	CAP2005-TRUCK TIRES	12/31/20	SL	3.00		16	771.				771.	514.		257.	771.
917	PRIUS - 2007	12/31/07	SL	5.00		16	26,326.				26,326.	26,326.		0.	26,326.
918	PRIUS 2017	12/15/16	SL	5.00		16	26,145.				26,145.	26,145.		0.	26,145.
	* 990 PAGE 10 TOTAL - 151200 FA - VEHICLES						250,829.				250,829.	234,727.		10,744.	245,471.
	* GRAND TOTAL 990 PAGE 10 DEPR						7,899,997.				7,899,997.	3,091,830.		281,244.	3,373,074.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						5,154,463.			0.	5,154,463.	3,043,579.			3,241,298.
	ACQUISITIONS						2,745,534.			0.	2,745,534.	24,743.			108,268.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	DISPOSITIONS/RETIRED						708,755.			0.	708,755.	441,053.			445,287.
	ENDING BALANCE						7,191,242.			0.	7,191,242.	2,627,269.			2,904,279.
	ENDING ACCUM DEPR LESS DISPOSITIONS											2,904,279.			
	ENDING BOOK VALUE											4,286,963.			

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name	Employer Identification Number
ADIRONDACK MOUNTAIN CLUB, INC.	15-0586270

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - MAGAZINE PUBLICATION	4,469.
FEDERAL PRE-2018 NET OPERATING LOSS	136,672.
NY NET OPERATING LOSS	4,219.

Name: ADIRONDACK MOUNTAIN CLUB, INC. FEIN: 15-0586270

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2012	118,475.	107,947.									
B	2013	126,144.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
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V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
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V													
W													

Name: ADIRONDACK MOUNTAIN CLUB, INC. FEIN: 15-0586270

Type and Entity: MAGAZINE PUBLICATION A POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2022	4,469.										
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
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	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
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S													
T													
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V													
W													

Name: ADIRONDACK MOUNTAIN CLUB, INC. FEIN: 15-0586270

Type and Entity: NOL NY

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2022	4,219.										
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
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Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
D													
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Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____ , 2022, and ending _____ , 20 ___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2022

Name of filer
ADIRONDACK MOUNTAIN CLUB, INC.

EIN or SSN
15-0586270

Name and title of officer or person subject to tax
MICHAEL BARRETT
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** 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, 7b, 8b, 9b,** or **10b,** 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 V, 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	
8a	**Form 5227** check here	☐	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2022 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 UHY ADVISORS NY, INC. to enter my PIN 12345

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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 11/15/23

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.

14419610405

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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 ERIC SCARINGE Date 11/15/23

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

EXTENDED TO NOVEMBER 15, 2023

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2022 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).

OMB No. 1545-0047

2022

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

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

Print or Type

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

D Employer identification number
15-0586270

Number, street, and room or suite no. If a P.O. box, see instructions.
PO BOX 4390

E Group exemption number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
QUEENSBURY, NY 12804

F ☐ Check box if an amended return.

C Book value of all assets at end of year ..... 8,027,138.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university

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 MICHAEL BARRETT 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	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
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	
6	Deduction for net operating loss. See instructions	6	0.
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.

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 amounts due. 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	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a	Payments: A 2021 overpayment credited to 2022	6a		
b	2022 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 2023 estimated tax** **Refunded**		11	

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

		Yes	No
1	At any time during the 2022 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 $		
4	Enter available pre-2018 NOL carryovers here $ 136,672. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$

6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a 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 6b. Also, provide any other additional information. See instructions.

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
ERIC SCARINGE	ERIC SCARINGE	11/15/23		P01432748

Firm's name UHY ADVISORS NY, INC. Firm's EIN 14-1555429

Firm's address ONE WEST AVENUE, SUITE 205 SARATOGA SPRINGS, NY 12866 Phone no. 518-583-1234

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	118,475.	107,947.	10,528.	10,528.
12/31/13	126,144.	0.	126,144.	126,144.
NOL CARRYOVER AVAILABLE THIS YEAR			136,672.	136,672.

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

2022

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 Schedule 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	11,071.	15,290.	-4,219.
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	11,071.	15,290.	-4,219.

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	-4,469.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-4,469.

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.

		A	B	C	D
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.

		A	B	C	D
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.

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)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	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)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			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	

Part IX Advertising Income

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

A ☐ ADIRONDACK MAGAZINE

B ☐

C ☐

D ☐

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

		A	B	C	D
2	Gross advertising income	11,071.			
	Add columns A through D. Enter here and on Part I, line 11, column (A)				11,071.
a					
3	Direct advertising costs by periodical	15,290.			
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				15,290.
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	-4,219.			
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)

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

Adirondack Mountain Club, Inc.
PO Box 4390
Queensbury, NY 12804

Prepared By:

UHY Advisors NY, Inc.
One West Avenue, Suite 205
Saratoga Springs, NY 12866

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	$	250
Less: payments and credits	$	250
Plus: other amount		0
Plus: nterest and penalties	$	0
No payment required	$	

Overpayment:

Credited to your estimated tax	$	0
Other amount	$	0
Refunded to you	$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the NYSDTF, please sign, date and return Form TR-579-CT to our office. We will then submit your electronic return to the NYSDTF. Do not mail the paper copy of the return to the NYSDTF.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

288025 09-28-22

Department of Taxation and Finance

New York State Authorization for Electronic Funds Withdrawal For Tax Year 2022 Corporation Tax Extensions

TR-579.1-CT
(9/22)

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

Legal name of corporation
ADIRONDACK MOUNTAIN CLUB, INC.

Purpose

This form is for use by EROs only. An ERO must complete this form when **both** of the following conditions are met:

1 the ERO is e-filing one of the following forms:
- Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both);*
- Form CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both);*
- Form CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return;*
- Form CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both);*
- Form CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both); or*
- Form CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return); and*

2 the balance due on the e-filed corporation tax extension is being paid by electronic funds withdrawal through an approved e-file software package.

Instructions

Complete this form only when you transmit an electronically filed corporation tax extension **and** payment is being made by electronic funds withdrawal.

Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.* Go to our website at *www.tax.ny.gov to find this document.*

Important: You do not need to complete this form for corporation tax extension requests if no payment is required.

This form does **not** satisfy the signature requirement for e-filed 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.

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

Taxpayer authorization for electronic funds withdrawal for corporation tax extensions

I authorize my ERO to transmit the information necessary for the New York State Tax Department to initiate an electronic funds withdrawal for the amount specified on this form from the financial institution account indicated below. 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 2022 electronic extension request, 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.

Financial institution information (required if electronic payment is authorized)

1 Amount due with extension	**1**	250.
2 Financial institution routing number	**2**	
3 Financial institution account number	**3**	

Signature of authorized officer of the corporation	Date
	11-15-23
Print your name MICHAEL BARRETT, EXECUTIVE DIRECTOR	Title of officer

NEW YORK STATE 2022

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.	01-01-22
7	Period ending date *(mm-dd-yy)*	7.	12-31-22
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.	14-1555429
28	Preparer's NYTPRIN	28.	
29	Excl. code	29.	03

5410012210 19

284951
11-16-22 **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 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.**	

Department of Taxation and Finance

288021 09-28-22

New York State E-File Authorization for Tax Year 2022

TR-579-CT

(9/22)

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 electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.* 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 2022 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 2022 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 2022 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 2022 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	11-15-23

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2022 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2022 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 2022 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 ERIC SCARINGE	Print name ERIC SCARINGE	Date 11-15-23
Paid preparer's signature ERIC SCARINGE	Print name ERIC SCARINGE	Date 11-15-23

NEW YORK STATE 2022

CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

Amended return ☐ | Tax Law - Article 13 | All filers enter tax period: beginning 01-01-22 ending 12-31-22

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: NY

Number and street or PO Box: PO BOX 4390

Date of incorporation: 01-01-22

Foreign corporations: date began business in NYS

City: QUEENSBURY, NY 12804 (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 ☒ X

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	-4,469.
2	New York State Article 13 and Article 23 tax deducted on federal return	2	250.
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	-4,219.
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	-4,219.
12	New York net operating loss deduction *(attach federal and NYS computations; see instructions)*	12	
13	Taxable income *(subtract line 12 from line 11)*	13	-4,219.
14	Allocated taxable income *(multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)* ●	14	-4,219.
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.

Average value of:		A New York State	B Everywhere	
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**	05-15-23	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 5185831234
	Designee's email address		PIN 1234

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 MICHAEL BARRETT	Signature of authorized person	Official title EXECUTIVE DIRECTOR
	Email address of authorized person MICHAEL@ADK.ORG	Telephone number 518-668-4447	Date 11-15-23

Paid preparer use only *(see instr.)*	Firm's name *(or yours if self-employed)* UHY ADVISORS NY, INC.		Firm's EIN 14-1555429	Preparer's PTIN or SSN P01432748
	Signature of individual preparing this return ERIC SCARINGE	Address ONE WEST AVENUE, SUITE 205	City SARATOGA SPRINGS	State NY ZIP code 12866
	Email address of individual preparing this return ESCARINGE@UHY-US.COM	Preparer's NYTPRIN	or Excl. code 03	Date 11-15-23

See instructions for where to file.

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