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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ADIRONDACK COMMUNITY TRUST Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 288 City or town, state or country, and ZIP + 4 LAKE PLACID, NY 12946	D Employer identification number 16-1535724
	E Telephone number 518-523-9904	G Gross receipts \$ 24,894,881.
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ►	
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ► WWW.GENEROUSACT.ORG	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1997 M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE ENDOWMENTS FOR THE COMMUNITY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5 Total number of employees (Part V, line 2a)	3	
	6 Total number of volunteers (estimate if necessary)	102	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (A), line 34	0.	
7b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,662,485.	1,747,134.
	9 Program service revenue (Part VIII, line 2g)	27,666.	22,116.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,331,452.	-2,493,514.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-138,705.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,021,603.	-862,969.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,589,486.	2,146,980.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	118,983.	128,234.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ► 74,686.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	258,098.	275,075.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,966,567.	2,550,289.
	19 Revenue less expenses. Subtract line 18 from line 12	5,055,036.	-3,413,258.
Assets or Fund Balances	20 Total assets (Part X, line 16)	26,615,291.	20,933,898.
	21 Total liabilities (Part X, line 26)	12,013,250.	9,389,886.
	22 Net assets or fund balances Subtract line 21 from line 20	14,602,041.	11,544,012.

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 <i>Cal Brooks</i>	Date 2/8/10	
	CALI BROOKS, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature <i>Ken McEachern, CPA</i>	Date 2/4/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 BST ADVISORS, LLC 26 COMPUTER DRIVE WEST ALBANY, NEW YORK 12205		Preparer's identifying number (see instructions) EIN ► Phone no ► (518) 459-6700

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE ADIRONDACK COMMUNITY TRUST, THE COMMUNITY FOUNDATION, BUILDS AND
MANAGES CHARITABLE FUNDS CREATED BY INDIVIDUALS, FAMILIES, AND
NONPROFIT ORGANIZATIONS TO IMPROVE THE QUALITY OF LIFE IN THE
ADIRONDACK REGION. GRANTS FROM THESE FUNDS ARE AWARDED AT THE
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes", describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,358,420. including grants of \$ 2,146,980.) (Revenue \$)
THE ORGANIZATION ACCOMPLISHES ITS MISSION BY: BUILDING PERMANENT AND
FLEXIBLE CHARITABLE FUNDS; WORKING WITH DONORS TO MEET THEIR CHARITABLE
OBJECTIVES; ADMINISTERING EFFECTIVE GRANTS TO MEET NEEDS WITHIN OUR
REGION; BEING A PRUDENT MANAGER AND STEWARD OF PHILANTHROPIC ASSETS;
AND FOCUSING ATTENTION ON THE NEEDS OF OUR REGION.

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

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

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

4e Total program service expenses ► \$ 2,358,420. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 5		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 3		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Did the organization solicit any contributions that were not tax deductible?	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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter: N/A			
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: N/A			
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 N/A	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	10	
b Enter the number of voting members that are independent	10	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **WILLIAM LAROCQUE - 518-523-9904**
P.O. BOX 288, LAKE PLACID, NY 12946

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GARY BENWARE TRUSTEE	1.00	X						0.	0.	0.
NANCY KEET TRUSTEE	1.00	X						0.	0.	0.
MICHAEL O'CONNOR TRUSTEE	1.00	X						0.	0.	0.
PETER PAINE TRUSTEE	1.00	X						0.	0.	0.
GLENN PEARSALL TRUSTEE	1.00	X						0.	0.	0.
GAIL ROGERS-RICE TRUSTEE	1.00	X						0.	0.	0.
CALI BROOKS DIRECTOR	40.00			X				63,600.	0.	10,626.
MEREDITH PRIME CHAIR	6.00			X				0.	0.	0.
JOHN ERNST SECRETARY/TREASURER	2.00			X				0.	0.	0.
ADELE CONNORS TRUSTEE	2.00			X				0.	0.	0.
VINCENT MCCLELLAND TRUSTEE	2.00			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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								63,600.	0.	10,626.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

- 2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,330.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1744804.				
	g Noncash contributions included in lines 1a-1f \$		298,806.				
	h Total. Add lines 1a-1f			1,747,134.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code	561000	20,091.	20,091.		
	b SEMINAR FEES		561000	2,025.	2,025.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			22,116.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			537,666.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	22723910			
b Less: cost or other basis and sales expenses				25755090			
c Gain or (loss)				-3031180			
d Net gain or (loss)					-3031180.		-3031180.
8 a Gross income from fundraising events (not including \$ 2,330. of contributions reported on line 1c). See Part IV, line 18							
a				2,760.			
b Less: direct expenses				2,760.			
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19							
a							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
a							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a NET PARTNERSHIP INCOME			900099	-138,705.			-138,705.
b							
c							
d All other revenue							
e Total. Add lines 11a-11d				-138,705.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e				-862,969.	22,116.	0.	-2632219.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,775,631.	1,775,631.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	184,955.	184,955.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	186,394.	186,394.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,000.	23,828.	18,970.	27,202.
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	37,813.	17,023.	18,385.	2,405.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,500.	1,191.	949.	1,360.
9 Other employee benefits	7,669.	4,293.	2,255.	1,121.
10 Payroll taxes	9,252.	3,506.	3,205.	2,541.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	38,130.	5,452.	32,678.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	92,821.	79,782.	13,039.	
g Other	32,444.	32,444.		
12 Advertising and promotion	8,029.	1,606.		6,423.
13 Office expenses	16,766.	8,282.	6,370.	2,114.
14 Information technology				
15 Royalties				
16 Occupancy	20,734.	10,475.	7,529.	2,730.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,056.	3,017.	3,017.	4,022.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,555.	1,739.	613.	203.
23 Insurance	1,815.		1,815.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PREMIUMS FOR PLANNED GI</u>	11,468.	11,468.		
b <u>NEWSLETTER</u>	10,409.	2,064.	1,032.	7,313.
c <u>ANNUAL REPORT</u>	10,260.	1,539.	1,026.	7,695.
d _____				
e _____				
f All other expenses _____	19,588.	3,731.	6,300.	9,557.
25 Total functional expenses. Add lines 1 through 24f	2,550,289.	2,358,420.	117,183.	74,686.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	30,570.	1	13,224.
	2 Savings and temporary cash investments	2,197,980.	2	526,517.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 30,183.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 8,947.	5,786.	10c 21,236.
	11 Investments - publicly traded securities	23,465,274.	11	17,976,507.
	12 Investments - other securities. See Part IV, line 11	847,271.	12	2,303,829.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	68,410.	15	92,585.
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,615,291.	16	20,933,898.	
Liabilities	17 Accounts payable and accrued expenses	19,763.	17	5,204.
	18 Grants payable	30,850.	18	125,468.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	11,962,637.	25	9,259,214.
	26 Total liabilities. Add lines 17 through 25	12,013,250.	26	9,389,886.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,271,238.	27	11,313,124.
	28 Temporarily restricted net assets	330,803.	28	230,888.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	14,602,041.	33	11,544,012.
	34 Total liabilities and net assets/fund balances	26,615,291.	34	20,933,898.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

ADIRONDACK COMMUNITY TRUST

Employer identification number

16-1535724

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 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 the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2196637.	3352970.	3443175.	5662485.	1747134.	16402401.
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 - 3	2196637.	3352970.	3443175.	5662485.	1747134.	16402401.
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)						3075694.
6 Public Support. Subtract line 5 from line 4						13326707.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2196637.	3352970.	3443175.	5662485.	1747134.	16402401.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	176,359.	468,482.	551,849.	446,501.	537,666.	2180857.
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 IV.)		850.				850.
11 Total support. Add lines 7 through 10						18584108.
12 Gross receipts from related activities, etc. (see instructions)					12	84,058.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	71.71 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	78.36 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five 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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ☐

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

ADIRONDACK COMMUNITY TRUST

Employer identification number

16-1535724

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	42	
2 Aggregate contributions to (during year)	646,542.	
3 Aggregate grants from (during year)	1,173,032.	
4 Aggregate value at end of year	2,819,939.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items.

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	18218041.				
b Contributions	1,709,340.				
c Investment earnings or losses	-3183689.				
d Grants or scholarships	2,146,480.				
e Other expenditures for facilities and programs	63,133.				
f Administrative expenses	175,300.				
g End of year balance	14358779.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► 100.00 %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		16,811.	35.	16,776.
d Equipment		11,012.	8,912.	2,100.
e Other		2,360.		2,360.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				21,236.

Schedule D (Form 990) 2008

21

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-862,969.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,550,289.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,413,258.
4	Net unrealized gains (losses) on investments	4	-526,397.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	881,626.
9	Total adjustments (net). Add lines 4-8	9	355,229.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-3,058,029.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	-685,145.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-526,397.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	30,062.
e	Add lines 2a through 2d	2e	-496,335.
3	Subtract line 2e from line 1	3	-188,810.
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 XIV)	4b	-674,159.
c	Add lines 4a and 4b	4c	-674,159.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	-862,969.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,372,884.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	17,510.
e	Add lines 2a through 2d	2e	17,510.
3	Subtract line 2e from line 1	3	2,355,374.
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 XIV)	4b	194,915.
c	Add lines 4a and 4b	4c	194,915.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,550,289.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET ACTIVITY OF ORGANIZATION ENDOWMENT FUNDS: 796178.

NET PARTNERSHIP INCOME: 85448.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ORGANIZATION ENDOWMENT ADMINISTRATIVE FEES: 30062.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ORGANIZATION ENDOWMENT CONTRIBUTIONS: 78301.

ORGANIZATION ENDOWMENT REALIZED LOSSES: -638949.

ORGANIZATION ENDOWMENT INVESTMENT EARNINGS: 93866.

ORGANIZATION ENDOWMENT UNREALIZED LOSSES: -121929.

NET PARTNERSHIP INCOME(LOSS): -85448.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ORGANIZATION ENDOWMENT GRANT EXPENSES: 17510.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ORGANIZATION ENDOWMENT GRANTS: 175276.

ORGANIZATION ENDOWMENT INVESTMENT EXPENSES: 19639.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

16-1535724

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

- 3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Totals ▶					

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

Schedule F (Form 990) 2008

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: ALL GRANTEES ARE REQUIRED TO SIGN AN AGREEMENT STIPULATING THAT THEY WILL MAINTAIN PROGRAM AND FINANCIAL RECORDS ADEQUATE TO VERIFY EXPENDITURES AND ACTIVITY RELATED TO THE GRANT. THEY ARE ALSO PROVIDED WITH A ANNUAL REPORT FORM THAT MUST BE COMPLETED AND SUBMITTED TO ADIRONDACK COMMUNITY TRUST.

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

**Open to Public
Inspection**

Name of the organization

ADIRONDACK COMMUNITY TRUST

Employer identification number
16-1535724

Part I	General Information on Grants and Assistance
---------------	---

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- | | | | |
|----------|--|---|------------|
| 2 | Enter total number of section 501(c)(3) and government organizations | ▶ | <u>48.</u> |
| 3 | Enter total number of other organizations | ▶ | <u>1.</u> |

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

Schedule I (Form 990) 2008

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR EDUCATION	36	162,000.	0.		
HEALTH	4	8,955.	0.		
SCHOLARSHIPS FOR RECREATION	19	14,000.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: RECORD KEEPING PROCEDURES TO SUBSTANTIATE THE
AMOUNT OF GRANTS OR ASSISTANCE, GRANTEE'S ELIGIBILITY:

"DUE DILIGENCE" IS THE PROCESS OF REVIEW AND ASSESSMENT OF A POTENTIAL
GRANT THAT IS THE BASIS FOR ACCEPTING OR DECLINING THE GRANT. THE PRIMARY
PURPOSE OF DUE DILIGENCE IS TO ENSURE THAT GRANTS ARE MADE FOR PURPOSES
THAT ARE CONSISTENT WITH IRS REGULATIONS (I.E., CHARITABLE PURPOSES) AND
DONOR INTENT AND THAT THE ORGANIZATION RECEIVING THE GRANT IS BOTH
LEGITIMATE AND CAPABLE OF CARRYING OUT THE PURPOSE FOR WHICH THE GRANT IS

Part IV Supplemental Information

INTENDED.

ALL GRANTS MADE BY THE ADIRONDACK COMMUNITY TRUST SHALL BE FOR CHARITABLE PURPOSES. GENERALLY, THE DETERMINATION OF WHETHER AN ORGANIZATION'S ACTIVITIES ARE CHARITABLE OR NOT IS MADE BY THE IRS IN ASSIGNING A TAX-EXEMPT STATUS. ORGANIZATIONS WITH A 501(C)(3) ARE ENGAGED IN CHARITABLE ACTIVITIES. ACT MAY ALSO MAKE GRANTS TO UNINCORPORATED GROUPS AND NON-501(C)(3) ORGANIZATIONS WHEN THE GRANT IS FOR A CHARITABLE PURPOSE.

PROCEDURE:

FOR NONCOMPETITIVE GRANTS:

1. ALL POTENTIAL GRANT RECIPIENTS' INFORMATION IS RESEARCHED ON GUIDESTAR TO DETERMINE 501(C)(3) STATUS AND SAVED IN DATABASE. IF THE 990 IS AVAILABLE ON GUIDESTAR, VERIFICATION OF SUPPORTING ORGANIZATION STATUS IS CONDUCTED INCLUDING WHAT TYPE SUPPORTING ORGANIZATION AND WHETHER THEY ONLY SUPPORT ONE ORGANIZATION.

2. IF THERE IS NOT A 990 ON FILE WITH GUIDESTAR AND GUIDESTAR INDICATES IT'S A 509(A)(2) OR (3) THE ORGANIZATION IS CONTACTED AND A COPY OF THE IRS DETERMINATION LETTER IS REQUESTED.

3. IF THE NONPROFIT IS NOT REGISTERED WITH GUIDESTAR, THE ORGANIZATION IS CONTACTED AND A COPY OF THE IRS DETERMINATION LETTER AND PROPER 501(C)(3) OR 501(C)(7) CODE UNDER IRC IS REQUESTED AND ADDED IN THE DATATBASE.

4. FOR INTERNATIONAL GRANTMAKING AND GRANTS TO A NON-501(C)(3), ALL

Part IV Supplemental Information

GRANTEES ARE REQUIRED TO SIGN AN AGREEMENT STIPULATING THAT THEY WILL MAINTAIN PROGRAM AND FINANCIAL RECORDS ADEQUATE TO VERIFY EXPENDITURES AND ACTIVITY RELATED TO THE GRANT. THEY ARE ALSO PROVIDED WITH AN ANNUAL REPORT FORM THAT MUST BE COMPLETED AND SUBMITTED TO ADIRONDACK COMMUNITY TRUST.

5. ONCE GRANT RECIPIENT RECORD KEEPING IS COMPLETE IN DATABASE, THE LIST OF PROPOSED GRANTEES IS SENT TO THE ADIRONDACK COMMUNITY TRUST BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. UPON RECEIVING APPROVAL, CHECKS WITH COVER LETTERS ARE SENT TO GRANT RECIPIENTS.

FOR COMPETITIVE GRANTS:

NOT APPLICABLE AT THIS TIME.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

ADIRONDACK COMMUNITY TRUST

Employer identification number

16-1535724

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	31	298,806.	TRADE VALUE ON CONTRIB
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

ADIRONDACK COMMUNITY TRUST

Employer identification number
16-1535724

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

SUGGESTION OF OUR FUNDHOLDERS AND IN A SMALL NUMBER OF CASES THROUGH A
COMPETITIVE PROCESS MANAGED BY ACT.

FORM 990, PART VI, SECTION A, LINE 10: UPON RECEIVING THE TAX RETURN
ELECTRONICALLY FROM THE PREPARERS, THE FINANCE OFFICER WILL E-MAIL THE TAX
RETURN TO EVERY BOARD OF TRUSTEE MEMBER WITH THE FOLLOWING INSTRUCTIONS:

"ATTACHED IS THE (YEAR) TAX RETURN; BOTH THE EXECUTIVE DIRECTOR AND I HAVE
REVIEWED IT CAREFULLY. WE ASK THAT YOU TAKE SOME TIME TO REVIEW IT IN
DETAIL AND RESPOND TO ME OVER THE NEXT 10 DAYS WITH ANY QUESTIONS AND
CONCERNS. IT WILL BE AN AGENDA ITEM AT THE BOARD OF TRUSTEE MEETING
ALLOWING FOR DISCUSSION."

FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER OF THE BOARD OF
TRUSTEES, ADVISORY COUNCIL, COMMUNITY FUND COMMITTEE, SCHOLARSHIP COMMITTEE
AND STAFF MUST SIGN A STATEMENT THAT AFFIRMS THAT THEY HAVE RECEIVED AND
READ THE CONFLICT OF INTEREST POLICY, LISTED ANY POTENTIAL CONFLICTS, HAS
NOT RECEIVED ANY COMPENSATION, GRANTS OR OTHER ASSISTANCE FROM ACT.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES OF THE
ADIRONDACK COMMUNITY TRUST WILL CONDUCT A FORMAL REVIEW OF THE EXECUTIVE
DIRECTOR ON AN ANNUAL BASIS. ALL NECESSARY SALARY COMPARABLES, SALARY
RANGE RECOMMENDATIONS, AND STAFF SUPPORT WILL BE OBTAINED AND PROVIDED AS
NEEDED

1) IN SPRING, THE EXECUTIVE DIRECTOR WILL HAVE A PREPARED SELF-ASSESSMENT

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

ADIRONDACK COMMUNITY TRUST

Employer identification number
16-1535724

COMPLETED BASED UPON ORGANIZATIONAL AND PROFESSIONAL GOALS. A MEMBER OF THE EXECUTIVE COMMITTEE WILL E-MAIL OUT THE SELF-ASSESSMENT ALONG WITH A SURVEY TO ALL BOARD MEMBERS WITH RESULTS SENT TO COMMITTEE MEMBER.

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

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

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

FORM 990, PART VI, SECTION C, LINE 19: DISCLOSURE: THE FOLLOWING INFORMATION CAN BE FOUND ON ACT'S WEBSITE:

FINANCIAL TRANSPARENCY

AS A PUBLIC CHARITY, THE ADIRONDACK COMMUNITY TRUST MAKES A POINT OF OPERATING IN AN OPEN MANNER THAT WELCOMES SCRUTINY. WE TAKE OUR OBLIGATION TO DONORS, COMMUNITY GROUPS, AND THE PUBLIC VERY SERIOUSLY. ACCORDINGLY,

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

ADIRONDACK COMMUNITY TRUST

Employer identification number
16-1535724

OUR FEDERAL TAX RETURNS, AUDITED FINANCIAL STATEMENTS, AND OTHER RELATED DOCUMENTS ARE AVAILABLE BY CALLING THE ACT OFFICE AT (518) 523-9904 AND ARE ON FILE WITH THE NEW YORK STATE ATTORNEY GENERAL.

CONSOLIDATED FINANCIAL STATEMENTS

WE ARE ALSO PLEASED TO OFFER OUR FINANCIAL STATEMENTS WHICH INCLUDES THE INDEPENDENT AUDITOR'S REPORT FROM BOLLAM, SHEEDY, TORANI & CO. LLP.

FORM 990

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

IF YOU HAVE ANY QUESTIONS REGARDING THE INFORMATION INCLUDED IN THE RETURN, REPORTS OR LETTERS, OR WISH TO RECEIVE INFORMATION FROM PRIOR FISCAL YEARS, PLEASE CONTACT CALI BROOKS, EXECUTIVE DIRECTOR AT (518) 523-9904 OR E-MAIL CALI@GENEROUSACT.ORG

DISCLOSURE - ANNUAL REPORT

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

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

ADIRONDACK COMMUNITY TRUST

Employer identification number
16-1535724

10271."

FORM 990, PART XI, 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE
OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF AN INDEPENDENT
ACCOUNTANT. THIS POLICY HAS NOT CHANGED SINCE THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
► **See separate instructions.**

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

ADIRONDACK COMMUNITY TRUST

Employer identification number
16-1535724

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BRUCE L. CRARY FOUNDATION INC - 23-7366844 PO BOX 396 ELIZABETHTOWN, NY 12932	SCHOLARSHIP AID TO STUDENTS	NEW YORK	509(A)(3)	TYPE 1	N/A

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

[illegible]**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**[illegible]

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q	X	
1r		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) BRUCE L. CRARY FOUNDATION	Q	335,000.
(2)		
(3)		
(4)		
(5)		
(6)		

Organizations

Grantee 990 - Part 2

more.

Grantees receiving \$5000 or

Tax Year 6/30/2009
Region: USA

Name, address, and zip Valuation Descr Grant Method Non-cash	EIN Purpose of Grant	IRC Code	Cash Grant	Non-Cash
Adirondack Center for Writing Prison Writing Project PO Box 265 Paul Smith's College Paul Smiths, NY 12970	01-0562418	501(C)3	15,000	
Adirondack Center for Writing For general operating support PO Box 265 Paul Smith's College Paul Smiths, NY 12970	01-0562418	501(C)3	1,000	
Adirondack Center for Writing Poetry Workshop PO Box 265 Paul Smith's College Paul Smiths, NY 12970	01-0562418	501(C)3	320	
Adirondack Center for Writing For general operating support PO Box 265 Paul Smith's College Paul Smiths, NY 12970	01-0562418	501(C)3	4,535	
Adirondack Center for Writing Poetry Workshop PO Box 265 Paul Smith's College Paul Smiths, NY 12970	01-0562418	501(C)3	400	

Adirondack Center for Writing High School Writing Retreat PO Box 265 Paul Smith's College Paul Smiths, NY 12970	01-0562418	501(C)3	1,500
Adirondack Center for Writing For general operating support PO Box 265 Paul Smith's College Paul Smiths, NY 12970	01-0562418	501(C)3	14,441
Adirondack Chapter of the Nature For general operating support Conservancy and Adirondack Land Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	500
Adirondack Chapter of the Nature For general operating support Conservancy and Adirondack Land Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	700
Adirondack Chapter of the Nature For general operating support Conservancy and Adirondack Land Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	10,000

Page 2

Organizations

more

Adirondack Community Trust

Grantee 990 - Part 2

Grantees receiving \$5000 or

Tax Year 6/30/2009
Region: USA

Name, address, and zip Valuation Descr	EIN Purpose of Grant	IRC Code	Cash Grant Grant	Non-Cash Method
Non-cash				
Adirondack Chapter of the Nature Finch Pruyn Project Conservancy and Adirondack Land Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	20,000	
Adirondack Chapter of the Nature Capital Gift for "Heart Conservancy and Adirondack Land of the Adirondacks" acquisitions Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	1,500	
Adirondack Chapter of the Nature For general operating support Conservancy and Adirondack Land Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	1,500	
Adirondack Chapter of the Nature For general operating support Conservancy and Adirondack Land Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	1,000	
Adirondack Chapter of the Nature For general operating support Conservancy and Adirondack Land	53-0242652	501(C)3	750	

Box 65
Keene Valley, NY 12943

Adirondack Chapter of the Nature For general operating support Conservancy and Adirondack Land Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	250
--	------------	---------	-----

Adirondack Chapter of the Nature Finch Pruyn Project Conservancy and Adirondack Land Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	50,000
--	------------	---------	--------

Adirondack Chapter of the Nature For general operating support Conservancy and Adirondack Land Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	10,000
--	------------	---------	--------

Adirondack Chapter of the Nature For general operating support Conservancy and Adirondack Land Box 65 Keene Valley, NY 12943	53-0242652	501(C)3	1,000
--	------------	---------	-------

Adirondack Council, Inc. For general operating support Conservancy and Adirondack Land	14-1594386	501(C)3	5,000
--	------------	---------	-------

103 Hand Ave., Suite 3
PO Box D-2
Elizabethtown, NY 12932

Page 3

Adirondack Community Trust

Organizations

more

Grantee 990 - Part 2

Grantees receiving \$5000 or

Tax Year 6/30/2009
Region USA

Name, address, and zip Valuation Descr	EIN Purpose of Grant	IRC Code	Cash Grant Grant	Non-Cash Method
Non-cash				
-----	-----	-----	-----	-----
Adirondack Council, Inc. For general operating support 103 Hand Ave., Suite 3 PO Box D-2 Elizabethtown, NY 12932	14-1594386	501(C)3	1,500	
Adirondack Council, Inc. Annual Appeal 103 Hand Ave , Suite 3 PO Box D-2 Elizabethtown, NY 12932	14-1594386	501(C)3	10,000	
Adirondack Council, Inc For general operating support 103 Hand Ave., Suite 3 PO Box D-2 Elizabethtown, NY 12932	14-1594386	501(C)3	1,000	
Adirondack Council, Inc For general operating support 103 Hand Ave , Suite 3 PO Box D-2	14-1594386	501(C)3	250	

Elizabethtown, NY 12932

Adirondack Economic Development Fund Closure - Agency Fund Corporation 67 Main Street, Suite 200 PO Box 747 Saranac Lake, NY 12983-0747	22-2243540	501(C)3	5,524
Adirondack Experience Fund Closure - Agency Fund 162 Adirondack Loj Rd Lake Placid, NY 12946	06-1726937	501(C)3	6,150
Adirondack Experience For general operating support 162 Adirondack Loj Rd. Lake Placid, NY 12946	06-1726937	501(C)3	1,000
Adirondack Experience For general operating support 162 Adirondack Loj Rd. Lake Placid, NY 12946	06-1726937	501(C)3	300
Adirondack Medical Center Foundation For general operating support PO Box 120 Lake Colby Dr. Saranac Lake, NY 12983-0471	16-1528554	501(C)3	250
Adirondack Medical Center Foundation Restricted gift to the "Julie PO Box 120 Fund" to support patients at Lake Colby Dr. AMC Oncology Unity in memory Saranac Lake, NY 12983-0471 of Julie A Lamy	16-1528554	501(C)3	500
Adirondack Medical Center Foundation For general operating support PO Box 120 Lake Colby Dr Saranac Lake, NY 12983	16-1528554	501(C)3	500

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Adirondack Community Trust

Grantee 990 - Part 2

Organizations

Grantees receiving \$5000 or

more.

Tax Year 6/30/2009
Region: USA

Name, address, and zip Valuation Descr	EIN Purpose of Grant	IRC Code	Cash Grant Grant	Non-Cash Method
Non-cash				
-----	-----	-----	-----	-----
Adirondack Medical Center Foundation For general operating support PO Box 120 Lake Colby Dr. Saranac Lake, NY 12983-0471	16-1528554	501(C)3	2,000	
Adirondack Medical Center Foundation For general operating support PO Box 120 Lake Colby Dr. Saranac Lake, NY 12983-0471	16-1528554	501(C)3	1,000	
Adirondack Medical Center Foundation For general operating support PO Box 120	16-1528554	501(C)3	1,000	

Lake Colby Dr
Saranac Lake, NY 12983-0471

Adirondack Museum Annual disbursement from Routes 28N & 30 Designated Fund PO Box 99 Blue Mountain Lake, NY 12812-0099	13-5635801	501 (C) 3	500
Adirondack Museum For general operating support Routes 28N & 30 PO Box 99 Blue Mountain Lake, NY 12812-0099	13-5635801	501 (C) 3	3,000
Adirondack Museum For general operating support Routes 28N & 30 PO Box 99 Blue Mountain Lake, NY 12812-0099	13-5635801	501 (C) 3	220
Adirondack Museum For general operating support Routes 28N & 30 PO Box 99 Blue Mountain Lake, NY 12812-0099	13-5635801	501 (C) 3	1,000
Adirondack Museum For general operating support Routes 28N & 30 PO Box 99 Blue Mountain Lake, NY 12812-0099	13-5635801	501 (C) 3	750
Adirondack Public Observatory Pass-through fund grant to P.O. Box 1332 build Phase 1 of observatory Tupper Lake, NY 12986 structure	77-0616930	501 (C) 3	41,292
Arts Guild of Old Forge, Inc. Garden Club 3260 State Route 28 PO Box 1144 Old Forge, NY 13420	16-1001728	501 (C) 3	15,000
ASPCA For general operating support Gift Processing Center P.O. Box 96929 Washington, DC 20077-7127	13-1623829	501 (C) 3	250

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Adirondack Community Trust

Organizations
more.

Grantee 990 - Part 2

Grantees receiving \$5000 or

Tax Year 6/30/2009
Region: USA

Name, address, and zip Valuation Descr	EIN Purpose of Grant	IRC Code	Cash Grant Grant	Non-Cash Method
Non-cash				
ASPCA Humane Law Enforcement Program Gift Processing Center P.O. Box 96929 Washington, DC 20077-7127	13-1623829	501 (C) 3	25,000	

Bay Medical Foundation Lion's Den room at Bay Medical 615 N. Bonita Avenue Center Panama City, FL 32401	59-2130556	501(C)3	159,860
Creative Healing Connections, Inc. For July 2008 operating 680 Bartlett Carry Road expenses for Adirondack Arts & Tupper Lake, NY 12986 Healing Retreat	26-1788222	501(C)3	15,000
Creative Healing Connections, Inc. Room & Board & Miscellaneous 680 Bartlett Carry Road expenses related to 10th Tupper Lake, NY 12986 Annual Arts & Healing Retreat at Great Camp Sagamore 9.19-21.08	26-1788222	501(C)3	10,000
Creative Healing Connections, Inc For general operating support 680 Bartlett Carry Road Tupper Lake, NY 12986	26-1788222	501(C)3	500
Creative Healing Connections, Inc. For general operating support 680 Bartlett Carry Road Tupper Lake, NY 12986	26-1788222	501(C)3	250
Creative Healing Connections, Inc Fund Closure- Established 680 Bartlett Carry Road their own 501(c) 3 Tupper Lake, NY 12986	26-1788222	501(C)3	20,000
Creative Healing Connections, Inc. For general operating support 680 Bartlett Carry Road Tupper Lake, NY 12986	26-1788222	501(C)3	800
Essex County Adirondack Garden Club Annual disbursement to be used P.O Box 95 for project in the Colonial Essex, NY 12936 Garden	22-2348993	501(C)3	5,210
Fort Ticonderoga Association, Inc. For general operating support PO Box 390 Ticonderoga, NY 12883-0390	14-1440924	501(C)3	20,000
Fort Ticonderoga Association, Inc. For general operating support PO Box 390 Ticonderoga, NY 12883-0390	14-1440924	501(C)3	25,000
Friends of Mount Pisgah To support the new terrain 69 Mount Pisgah Lane park, expanding ski Saranac Lake, NY 12983 educational opportunities for kids in the Saranac Lake area	14-1722690	501(C)3	5,000

Organizations

more.

Grantee 990 - Part 2

Grantees receiving \$5000 or

Tax Year 6/30/2009

Region: USA

Name, address, and zip Valuation Descr	EIN Purpose of Grant	IRC Code	Cash Grant Grant	Non-Cash Method
Non-cash				
Indian Lake Theater, Inc. Operating capital 13 West Main Street P.O. Box 517 Indian Lake, NY 12842	26-1917553	APPLIED FOR 501(C)3	30,000	
Indian Lake Theater, Inc. Winter programming and 13 West Main Street planning P O. Box 517 Indian Lake, NY 12842	26-1917553	APPLIED FOR 501(C)3	20,000	
Kent Delord Garden Club Fund closure - Agency Fund 17 Cumberland Ave. Plattsburgh, NY 12901	14-1368176	501(C)3	9,011	
Lake Champlain Committee For general operating support 106 Main Street, Suite 200 Burlington, VT 05401-8434	22-2482466	501(C)3	500	
Lake Champlain Committee For general operating support 106 Main Street, Suite 200 Burlington, VT 05401-8434	22-2482466	501(C)3	4,970	
Lake Placid - North Elba Historical Capital to paint facility Society PO Box 189 Station Street Lake Placid, NY 12946	14-6032009	501(C)3	250	
Lake Placid - North Elba Historical Accessions Program Society PO Box 189 Station Street Lake Placid, NY 12946	14-6032009	501(C)3	2,000	
Lake Placid - North Elba Historical Fund Closure - Agency Fund Society PO Box 189 Station Street Lake Placid, NY 12946	14-6032009	501(C)3	7,175	
Lake Placid - North Elba Historical Society PO Box 189 Restricted Station Street to Capital Campaign Lake Placid, NY 12946	14-6032009	501(C)3	250	
Lake Placid - North Elba Historical Cornerstone Fund Project Society PO Box 189	14-6032009	501(C)3	1,650	

Station Street
Lake Placid, NY 12946

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Adirondack Community Trust

Organizations

Grantee 990 - Part 2

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Grantees receiving \$5000 or

Tax Year 6/30/2009
Region USA

Name, address, and zip Valuation Descr	EIN Purpose of Grant	IRC Code	Cash Grant Grant	Non-Cash Method
Non-cash				
Lake Placid Center for the Arts For Capital 17 Algonquin Ave. Improvements Lake Placid, NY 12946	14-6030874	501(C)3	500	
Lake Placid Center for the Arts For general operating support 17 Algonquin Ave. Lake Placid, NY 12946	14-6030874	501(C)3	18,100	
Lake Placid Center for the Arts To be used for maintenance of 17 Algonquin Ave. lawns, gardens and outdoor Lake Placid, NY 12946 signage.	14-6030874	501(C)3	2,360	
Lake Placid Center for the Arts Annual disbursement to support 17 Algonquin Ave. performance in dance, Lake Placid, NY 12946 musicals, concerts, film, children's programming as well as maintenance of the theater, galleries, studios, and plant operations.	14-6030874	501(C)3	28,880	
Lake Placid Center for the Arts To support Frances Murdock's 17 Algonquin Ave. love of film and dance Lake Placid, NY 12946	14-6030874	501(C)3	1,500	
Lake Placid Center for the Arts Arts programming 17 Algonquin Ave. Lake Placid, NY 12946	14-6030874	501(C)3	10,500	
Lake Placid Center for the Arts For general operating support 17 Algonquin Ave. Lake Placid, NY 12946	14-6030874	501(C)3	800	
Lake Placid Center for the Arts For general operating support 17 Algonquin Ave Lake Placid, NY 12946	14-6030874	501(C)3	250	
Lake Placid Center for the Arts For general operating support	14-6030874	501(C)3	41,280	

17 Algonquin Ave.
Lake Placid, NY 12946

Lake Placid Center for the Arts For general operating support 17 Algonquin Ave. Lake Placid, NY 12946	14-6030874	501(C)3	1,000
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Lake Placid Center for the Arts For general operating support 17 Algonquin Ave. Lake Placid, NY 12946	14-6030874	501(C)3	250
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Lake Placid Center for the Arts Special programming 17 Algonquin Ave. Lake Placid, NY 12946	14-6030874	501(C)3	1,000
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Adirondack Community Trust

Organizations

Grantee 990 - Part 2

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Grantees receiving \$5000 or

Tax Year 6/30/2009
Region: USA

Name, address, and zip Valuation Descr	EIN Purpose of Grant	IRC Code	Cash Grant Grant	Non-Cash Method
Non-cash				
Lake Placid Central School District To support youth hockey 34 School Street program at LPCS Lake Placid, NY 12946	14-6001627	NYS Public School	1,111	
Lake Placid Central School District 2009 Scholarships 34 School Street Lake Placid, NY 12946	14-6001627	NYS Public School	35,000	
Lake Placid Central School District 2009 Scholarships 34 School Street Lake Placid, NY 12946	14-6001627	NYS Public School	5,000	
Lake Placid Central School District 2009 Scholarships 34 School Street Lake Placid, NY 12946	14-6001627	NYS Public School	1,000	
Lake Placid Central School District 2009 Scholarships 34 School Street Lake Placid, NY 12946	14-6001627	NYS Public School	3,500	
Lake Placid Sinfonietta, Inc. For general operating support PO Box 1303 Lake Placid, NY 12946	11-2608012	501(C)3	250	
Lake Placid Sinfonietta, Inc. Annual disbursement for PO Box 1303 operating expenses Lake Placid, NY 12946	11-2608012	501(C)3	3,400	
Lake Placid Sinfonietta, Inc. Music programming PO Box 1303	11-2608012	501(C)3	5,250	

Lake Placid, NY 12946

Lake Placid Sinfonietta, Inc. For general operating support PO Box 1303 Lake Placid, NY 12946	11-2608012	501(C)3	250
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Lake Placid Sinfonietta, Inc. For general operating support PO Box 1303 Lake Placid, NY 12946	11-2608012	501(C)3	350
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Lake Placid Sinfonietta, Inc. For general operating support PO Box 1303 Lake Placid, NY 12946	11-2608012	501(C)3	1,000
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Literacy Volunteers of Essex/Franklin Fund Closure - Agency Fund Counties 3265 Broad Street Port Henry, NY 12974	14-1680427	501(C)3	7,300
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Literacy Volunteers of Essex/Franklin For general operating support Counties 3265 Broad Street Port Henry, NY 12974	14-1680427	501(C)3	1,000
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Adirondack Community Trust

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Grantees receiving \$5000 or

Tax Year 6/30/2009
Region: USA

Name, address, and zip Valuation Descr	EIN Purpose of Grant	IRC Code	Cash Grant	Non-Cash Grant Method
Non-cash				
Mercy Care for the Adirondacks Annual disbursement from 185 Old Military Road Designated Fund Lake Placid, NY 12946	20-8720121	501(C)3	5,920	
Mercy Care for the Adirondacks For general operating support 185 Old Military Road Lake Placid, NY 12946	20-8720121	501(C)3	350	
Mercy Care for the Adirondacks For general operating support 185 Old Military Road Lake Placid, NY 12946	20-8720121	501(C)3	250	
Mercy Care for the Adirondacks For general operating support 185 Old Military Road Lake Placid, NY 12946	20-8720121	501(C)3	1,000	
National Sports Academy at Lake Placid Annual disbursement for 821 Mirror Lake Drive operating support Lake Placid, NY 12946	22-2627071	501(C)3	4,370	
National Sports Academy at Lake Placid Annual disbursement for 821 Mirror Lake Drive operating support Lake Placid, NY 12946	22-2627071	501(C)3	3,530	
National Sports Academy at Lake Placid	22-2627071	501(C)3	1,111	

To support youth hockey
821 Mirror Lake Drive
program at NSA
Lake Placid, NY 12946

Natural History Museum of the Climate Change Conference Adirondacks PO Box 897 45 Museum Drive Tupper Lake, NY 12986	14-1811534	501(C)3	1,000
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Natural History Museum of the Climate Change conference Adirondacks PO Box 897 45 Museum Drive Tupper Lake, NY 12986	14-1811534	501(C)3	220
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Natural History Museum of the Climate Change conference Adirondacks PO Box 897 45 Museum Drive Tupper Lake, NY 12986	14-1811534	501(C)3	1,000
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Natural History Museum of the Climate Change Conference Adirondacks PO Box 897 45 Museum Drive Tupper Lake, NY 12986	14-1811534	501(C)3	25,000
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Adirondack Community Trust

Organizations

Grantee 990 - Part 2

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Grantees receiving \$5000 or

Tax Year 6/30/2009
Region: USA

Name, address, and zip Valuation Descr Grant Method Non-cash	EIN Purpose of Grant	IRC Code	Cash Grant	Non-Cash
Natural History Museum of the Climate Change Conference Adirondacks PO Box 897 45 Museum Drive Tupper Lake, NY 12986	14-1811534	501(C)3	500	
Natural History Museum of the For general operating support Adirondacks PO Box 897 45 Museum Drive Tupper Lake, NY 12986	14-1811534	501(C)3	250	
Natural History Museum of the Family Art in Nature Adirondacks Program/Discovery Box PO Box 897 45 Museum Drive Tupper Lake, NY 12986	14-1811534	501(C)3	500	
Natural History Museum of the	14-1811534	501(C)3	5,000	

Climate Action Plan
Adirondacks
Implementation
PO Box 897
45 Museum Drive
Tupper Lake, NY 12986

Natural History Museum of the For ADKAP implementation Adirondacks PO Box 897 45 Museum Drive Tupper Lake, NY 12986	14-1811534	501(C)3	25,000
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NatureServe For operating support 1101 Wilson Blvd., 15th Floor Arlington, VA 22209	52-1884438	501(C)3	10,000
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North Country Public Radio Construction of new radio St. Lawrence University transmitter facility to serve Canton, NY 13617-1475 residents in Towns of Essex, Westport and Port Henry.	15-0532239	501(C)3	1,000
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North Country Public Radio Annual disbursement from St. Lawrence University Designated Fund Canton, NY 13617-1475	15-0532239	501(C)3	35,990
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North Country Public Radio For operating expenses. St. Lawrence University Canton, NY 13617-1475	15-0532239	501(C)3	1,000
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North Country Public Radio For general operating support St. Lawrence University Canton, NY 13617-1475	15-0532239	501(C)3	1,000
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Trust

Organizations

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Adirondack Community
Page 11
Grantee 990 - Part 2
Grantees receiving \$5000 or
Tax Year 6/30/2009
Region: USA

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash
Valuation Descr Purpose of Grant				
Grant Method Non-cash				
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North Country Public Radio For general operating support St. Lawrence University Canton, NY 13617-1475	15-0532239	501(C)3	2,500	
North Country Public Radio For general operating support St. Lawrence University Canton, NY 13617-1475	15-0532239	501(C)3	500	
North Country Public Radio For general operating support Lawrence University	15-0532239	501(C)3	5,000	

Canton, NY 13617-1475

North Country Public Radio For general operating support St. Lawrence University Canton, NY 13617-1475	15-0532239	501(C)3	250
North Elba Community Christmas Fund Annual Contribution 2693 Main Street Lake Placid, NY 12946	14-1675577	NY Municipality	800
North Elba Community Christmas Fund Operating support 2693 Main Street Lake Placid, NY 12946	14-1675577	NY Municipality	9,700
Northern Lights School Fund Closure - Agency Funds P O. Box 228 57 Church Street Saranac Lake, NY 12983	16-1522782	501(C)3	8,846
Northwood School Special project to enhance the PO Box 1070 focus on academic excellence Lake Placid, NY 12946 for students involved in competitive athletics	14-1401103	501(C)3	8,000
Northwood School To support youth hockey PO Box 1070 program at Northwood School Lake Placid, NY 12946	14-1401103	501(C)3	1,111
Pendragon, Inc Operating expenses & upgrading 15 Brandy Brook Ave. of heating equipment Saranac Lake, NY 12983-2031	22-2717124	501(C)3	1,830
Pendragon, Inc. Operating expenses & upgrading 15 Brandy Brook Ave. of heating equipment Saranac Lake, NY 12983-2031	22-2717124	501(C)3	870
Pendragon, Inc. Operating expenses & upgrading 15 Brandy Brook Ave. of heating equipment Saranac Lake, NY 12983-2031	22-2717124	501(C)3	550

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Adirondack Community Trust

Organizations

Grantee 990 - Part 2

more.

Grantees receiving \$5000 or

Tax Year 6/30/2009
Region: USA

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash
Valuation Descr	Purpose of Grant			
Grant Method Non-cash				
Pendragon, Inc. Operating expenses & upgrading 15 Brandy Brook Ave	22-2717124	501(C)3	1,120	

of heating equipment
Saranac Lake, NY 12983-2031

Pendragon, Inc
Operating expenses & upgrading
15 Brandy Brook Ave.
of heating equipment
Saranac Lake, NY 12983-2031

22-2717124

501(C)3

950

Piano by Nature
For Operating expenses
P.O. Box 73
Elizabethtown, NY 12932

36-4649204

APPLIED
FOR
501(C)3

5,000

Plattsburgh Rotary Club
For Plattsburgh Rotary Club
P.O. Box 86
Centennial Park
Plattsburgh, NY 12901

14-0972225

501(C)3

34,500

Residents' Committee to Protect the
For Operating Expenses
Adirondacks
P.O. Box 1180
Saranac Lake, NY 12983

14-1744508

501(C)3

5,401

Residents' Committee to Protect the
For general operating support
Adirondacks
P.O. Box 1180
Saranac Lake, NY 12983

14-1744508

501(C)3

3,000

Residents' Committee to Protect the
For general operating support
Adirondacks
P.O. Box 1180
Saranac Lake, NY 12983

14-1744508

501(C)3

800

Residents' Committee to Protect the
For general operating support
Adirondacks
P.O. Box 1180
Saranac Lake, NY 12983

14-1744508

501(C)3

300

Residents' Committee to Protect the
RCPA/Association to Protect
Adirondacks
Adirondacks Merger
P O Box 1180
Saranac Lake, NY 12983

14-1744508

501(C)3

30,000

Sagamore Institute of the Adirondacks,
For general operating support
Inc.
PO Box 40

23-7401872

501(C)3

10,000

Raquette Lake, NY 13436

Salvation Army Coeur d'Alene Kroc Center
Building of a Youth
Kroc Development Office
Recreational Center
P O. Box 3939
Coeur D Alene, ID 83816

91-0565002

501(C)3

10,000

Region: USA

Name, address, and zip Valuation Descr Grant Method Non-cash	EIN Purpose of Grant	IRC Code	Cash Grant	Non-Cash
Salvation Army Coeur d'Alene Kroc Center For continuing support of Kroc Development Office youth sports and fitness P.O. Box 3939 activity programs hosted Coeur D Alene, ID 83816 through the Kroc Center.	91-0565002	501(C)3	10,000	
St Agnes Church Cemetery Maintenance 169 Hillcrest Avenue Lake Placid, NY 12946	14-1341171	501(c)3	5,500	
St. Eustace Episcopal Church To be used for maintenance P O Box 1374 only. Lake Placid, NY 12946	14-6022889	501(C)3	4,930	
St. Eustace Episcopal Church Annual disbursement from P.O. Box 1374 Designated Fund Lake Placid, NY 12946	14-6022889	501(C)3	250	
St. Eustace Episcopal Church Annual Disbursement from P.O. Box 1374 designated fund to support Lake Placid, NY 12946 musical programs, the choir, and organ maintenance, recognizing Lou Lockwood's love of music.	14-6022889	501(C)3	1,190	
St. Eustace Episcopal Church Annual Gift P O. Box 1374 Lake Placid, NY 12946	14-6022889	501(C)3	1,000	
St. Eustace Episcopal Church Musical programs, the choir P.O. Box 1374 and organ maintenance Lake Placid, NY 12946 recognizing Lou Lockwood's love of music	14-6022889	501(C)3	2,500	
St. Lawrence University International Travel Award 23 Romoda Drive Canton, NY 13617	15-0532239	501(c)3	6,000	
St Lawrence University Unrestricted support 23 Romoda Drive Canton, NY 13617	15-0532239	501(c)3	15,000	
Town of Essex Essex Initiatives- P.O. Box 335 Beautification 35 Main Street	14-6002176	NYS Municipality	900	

Committee-operating expenses
Essex, NY 12936

Town of Essex	14-6002176	NYS	100
Essex Initiatives-			
P.O. Box 335		Municipality	
Beautification Committee-			
35 Main Street			
Operating expenses			
Essex, NY 12936			

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Adirondack Community Trust

Organizations

Grantee 990 - Part 2

more.

Grantees receiving \$5000 or

Tax Year 6/30/2009
Region: USA

Name, address, and zip Valuation Descr Grant Method Non-cash	EIN Purpose of Grant	IRC Code	Cash Grant	Non-Cash
Town of Essex Playground Committee P.O. Box 335 35 Main Street Essex, NY 12936	14-6002176	NYS Municipality	1,150	
Town of Essex Whallonsburg Grange Project P.O. Box 335 35 Main Street Essex, NY 12936	14-6002176	NYS Municipality	16,975	
Town of Essex Whallonsburg Grange Project P.O. Box 335 35 Main Street Essex, NY 12936	14-6002176	NYS Municipality	4,365	
Town of North Elba Lake Placid Sport Court 2693 Main Street project Lake Placid, NY 12946	14-6002342	NYS Municipality	111,990	
Town of North Elba Lake Placid Sport Court 2693 Main Street project Lake Placid, NY 12946	14-6002342	NYS Municipality	76,990	
Town of North Elba Lake Placid Sport Court 2693 Main Street project Lake Placid, NY 12946	14-6002342	NYS Municipality	5,008	
Town of North Elba Lake Placid Sport Court 2693 Main Street Project Lake Placid, NY 12946	14-6002342	NYS Municipality	13,031	
Town of North Elba Lake Placid Sport Court 2693 Main Street Project Lake Placid, NY 12946	14-6002342	NYS Municipality	608	

Town of North Elba Lake Placid Sport Court 2693 Main Street project Lake Placid, NY 12946	14-6002342	NYS Municipality	4,413
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Town of North Elba To support a new clear net for 2693 Main Street Lake Placid Sport Court Lake Placid, NY 12946	14-6002342	NYS Municipality	1,600
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Tupper Lake Central School District 2009 Scholarships 294 Hosley Avenue Tupper Lake, NY 12986	15-6002402	NYS Public School	900
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Tupper Lake Central School District 2009 Scholarships 294 Hosley Avenue Tupper Lake, NY 12986	15-6002402	NYS Public School	13,000
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Tupper Lake Central School District 2009 Scholarships 294 Hosley Avenue Tupper Lake, NY 12986	15-6002402	NYS	250
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Adirondack Community Trust

Organizations

Grantee 990 - Part 2

more.

Grantees receiving \$5000 or

Tax Year 6/30/2009
Region: USA

Name, address, and zip Valuation Descr Grant Method Non-cash	EIN Purpose of Grant	IRC Code	Cash Grant	Non-Cash
Tupper Lake Central School District 2009 Scholarships 294 Hosley Avenue Tupper Lake, NY 12986	15-6002402	NYS Public School	1,000	
Tupper Lake Central School District 2009 Scholarships 294 Hosley Avenue Tupper Lake, NY 12986	15-6002402	NYS Public School	4,000	
Tupper Lake Public Library Annual disbursement from 42 Park Street Designated Fund Tupper Lake, NY 12986	15-6011803	501(C) 3	12,830	
Upper Jay Art Center To support general operating 12198 Route 9N expenses Upper Jay, NY 12987	56-2665332	APPLIED FOR 501(C) 3	4,925	
Upper Jay Art Center For general operating support 12198 Route 9N Upper Jay, NY 12987	56-2665332	APPLIED FOR 501(C) 3	4,882	
Upper Valley Teacher Institute For general operating support One Court Street, Suite 210 Lebanon, NH 03766	02-0423502	501(C) 3	7,000	
Wildlife Conservation Society For general operating support for the	13-740011	501(C) 3	1,000	

7 Brandy Brook Lane
Adirondack Program
Saranac Lake, NY 12983

Wildlife Conservation Society Adirondack Loon Program 7 Brandy Brook Lane Saranac Lake, NY 12983	13-1740011	501(C) 3	350
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Wildlife Conservation Society For general operating support 7 Brandy Brook Lane Saranac Lake, NY 12983	13-1740011	501(C) 3	500
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Wildlife Conservation Society For general operating support for loon conservation program Saranac Lake, NY 12983	13-1740011	501(C) 3	300
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Wildlife Conservation Society To support Jerry Jenkins in 7 Brandy Brook Lane writing his book- "Climate Saranac Lake, NY 12983 Change in the Adirondacks. The	13-1740011	501(C) 3	10,000
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Science of the Issue and A

Call to Action"

Wildlife Conservation Society Adirondack Carbon Offset Fund 7 Brandy Brook Lane Feasibility Analysis Saranac Lake, NY 12983	13-1740011	501(C) 3	3,000
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Wildlife Conservation Society Adirondack Cooperative Loon 7 Brandy Brook Lane Program Saranac Lake, NY 12983 Page 16	13-1740011	501(C) 3	2,000
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Adirondack Community Trust

Grantee 990 - Part 2

Grantees receiving \$5000 or

Tax Year 6/30/2009
Region: USA

Organizations

more.

Name, address, and zip Valuation Descr Grant Method Non-cash Non-cash	EIN Purpose of Grant cash	IRC Code	Cash Grant	Non-Cash
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Wildlife Conservation Society Operating support - Annual 7 Brandy Brook Lane Disbursement from Organization Saranac Lake, NY 12983 Fund	13-1740011	501(C) 3	1,200	
Wildside Excavating Henry's Woods Community P.O Box 42 Preserve Trailhead Special Lake Placid, NY 12946 Project			5,380	
Wildside Excavating Henry's Woods Community P O Box 42 Preserve Trailhead Special Lake Placid, NY 12946			9,844	

Project

Wildside Excavating
Henry's Woods Community
P.O Box 42
Preserve Trailhead Special
Lake Placid, NY 12946
Project

3,179

Wisconsin Sports Development Corporation 39-1476965
To underwrite hard costs for
313 W. Beltline Highway, #161
the 2008 Badger State Games
Madison, WI 53713
youth swimming, cycling and

501(C)3

35,000

hockey Also for the 2008

Health Initiatives programs of

Fit Kids, Shape up Wisconsin

Kids, and Lighten Up

Wisconsin

Totals

1,434,698

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Adirondack Community Trust

Individuals

Grantee 990 - Part 3

Tax Year 6/30/2009
Region: USA

Type of Grant Descr Non-cash Assistance	# Recipients	Amount of Cash Grants	Amount of non-cash Assistance	Method of Valuation
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Education	36	162,000		
Health	4	8,955		

Recreation

19

14,000

Totals

184,955

000

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 120-C firms), partnerships, REMICs, and trusts must use Form 004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*.

Type or print	Name of Exempt Organization ADIRONDACK COMMUNITY TRUST	Employer identification number 16-1535724
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. HEAVEN HILL FARM, P.O. BOX 288	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAKE PLACID, NY 12946	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

WILLIAM LAROCQUE

- The books are in the care of ► **2284 SARANAC AVE - LAKE PLACID, NY 12946**
Telephone No. ► **518-523-9904** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)