Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZfor instructions and the latest information.

A	For the	2019 calendar		19, and ending		, 20
В	Check if a	pplicable	C Name of organization		D Em	ployer identification number
L	Addre	ess change	U/W GEORGE D. ELIEHMANN FBO CRANDALL LI	BRARY		
	Name	change	1215305309			<u>-6195747</u>
	Initial	return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Tele	ephone number
L	Final	return/terminated	P O BOX 2161			18)415-4401
_	Amen	ded return	City or town, state or province, country, and ZIP or foreign postal code	N	F Gro	oup Exemption
	Applie	cation pending	GLENS FALLS, NY 12801	<u> </u>	_	mber >
G		· · ·	X Cash Accrual Other (specify) ▶	H Che	x ► X	if the organization is not
t	Website	e: ▶ <u>N/A</u>		 '		tach Schedule B
<u>J</u>		pt status (check only	y one) - X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	527 (For	n 990, 9	90-EZ, or 990-PF).
		organization:	Corporation Trust Association Other			
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 of			
(Pa	art II, col	umn (B)) are \$50	00,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	▶ \$	<u> </u>
Р	art I	Revenue,	Expenses, and Changes in Net Assets or Fund Ba	lances (see the	instru	
		Check if th	ne organization used Schedule O to respond to any quest	on in this Part I		X
η,	1	Contributions,	gifts, grants, and similar amounts received		1	
ベヘ	2	Program servi	ce revenue including government fees and contracts		2	
1,	3	Membership d	dues and assessments		3	
	4	Investment ind	come		4	5,960
	5 a	Gross amount	from sale of assets other than inventory 5a	5,631.		
	Ь	Less cost or o	ther basis and sales expenses 5b	5,700.		
	c	Gain or (loss) f	from sale of assets other than inventory (subtract line 5b from line 5a)		5c	-69
	6		undraising events			
	a	Gross income	from gaming (attach Schedule G if greater than			
ě						
Revenue	Ь	Gross income	from fundraising events (not including \$ of contribu	tions		
e Be			ng events reported on line 1) (attach Schedule G if the			
			ross income and contributions exceeds \$15,000) 6b			
	c	_	penses from gaming and fundraising events 6c	-		
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and su	btract		
					6d	
	7 a	•	inventory, less returns and allowances 7a			.,
	Ь		oods sold			
	c	-	(loss) from sales of inventory (subtract line 7b from line 7a)		7c	
•	8	•	(describe in Schedule O)		8	_
5	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	5,891
	10		nilar amounts paid (list in Schedule O)		10	7,792
	111		o or for members		11	.,,,,,
so.	1		compensation, and employee benefits		12	<u> </u>
<u>š</u>	13		es and other payments to independent contractors		13	357
Expenses	14		nt, utilities, and maintenance		14	
Ä	15		cations, postage, and shipping		15	
	16		s (describe in Schedule O)		16	403
	17	-	es. Add lines 10 through 16		17	8,552
	18		cit) for the year (subtract line 17 from line 9)		18	-2,661
ets	19		und balances at beginning of year (from line 27, column (A)) (must agre			-2,001
Net Assets	'		und balances at beginning of year (from line 27, column (A)) (must agre ure reported on prior year's return)		19	166,706
*	20		in net assets or fund balances (explain in Schedule O)		20	227
ž	21	•	und balances at end of year. Combine lines 18 through 20		21	164,272
For			Act Notice, see the separate instructions.	<u> </u>	41	Form 990-EZ (2019)
	, apern	ore readefield	not receive, see the separate instructions.	SEAR!	/F.S.	FORM 3 30-EZ (2019)
				RECEN	/ED	1

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	Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to re		on in this Part II			
	Check if the organization used ochedule of to re	sspond to any questi	(A) Beginning of year	· · · · ·		and of year
22	Cash, savings, and investments		166,70	06. 22	(-/-	164,272
23	Land and buildings			23		NON:
24	Other assets (describe in Schedule O)			24		NON
25	Total assets		166,70		_	164,272
26	Total liabilities (describe in Schedule 0)			26		NON
27	Net assets or fund balances (line 27 of column (B) must agree		166,70			164,272
Pai	rt III Statement of Program Service Accomplishme				Ex	penses
	Check if the organization used Schedule O to res	pond to any question	in this Part III	(Red		r section
Wha	at is the organization's primary exempt purpose? SEE SCHED	OULE O	·			d 501(c)(4)
as r pers	scribe the organization's program service accomplishments measured by expenses. In a clear and concise manner, de sons benefited, and other relevant information for each pro-	escribe the services pr gram title.	ovided, the number	s, oth	anization ers.)	s; optional for
28	The trust makes all distributions to t					
	pursuant to paragraph tenth B of the	<u>last will and t</u>	estament of			
	George Fliehmann.			_,		
	(Grants \$) If this amount include	es foreign grants, check h	ere · · · · · ▶	28a		
29				l		
	.					
				—		
	(Grants \$) If this amount include	es foreign grants, check h	ere · · · · · · •	29a		
30		· · · · · · · · · · · · · · · · · · ·				
				—]		
	10			— aa.		
	· · · · · · · · · · · · · · · · · · ·	es foreign grants, check h		30a		
	Other program services (describe in Schedule O)		F .			
	(Grants \$) If this amount include Total program service expenses (add lines 28a through 31a)	es foreign grants, check h		31a		
	rt IV List of Officers, Directors, Trustees, and Key Empl					-4 for Don't IV/
rai	Check if the organization used Schedule O to respon					
	Check if the organization accarded to to respon				<u></u>	· · · · · · · · ·
			I ICI Reportable	(d) Haalth	hanofite	
	(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contributions benefit pl deferred cor	to employee lans, and	(e) Estimated amount o other compensation
Glen	(a) Name and title ns Falls National Bank and Trust Company	hours per week	compensation (Forms W-2/1099-MISC)	contributions benefit pl	to employee lans, and	
Glen Trus	ns Falls National Bank and Trust Company	hours per week	compensation (Forms W-2/1099-MISC)	contributions benefit pl	to employee lans, and	other compensation
	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {If not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation
	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {If not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation
	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {If not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation
	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {If not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation
	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {If not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation
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	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {if not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation
	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {if not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation
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	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {if not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation
	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {if not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation
	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {if not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	
	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {if not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation
	ns Falls National Bank and Trust Company	hours per week	compensation {Forms W-2/1099-MISC) {if not paid, enter -0-}	contributions benefit pl	to employee lans, and mpensation	other compensation



activitues (such as those reported on lines 2, 6a, and 7a, among others)? bif "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 35b. c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c. X 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b X bif "Yes," complete Schedule L, Part II, and enter the total amount involved 38b X 5 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a	Part.				
13 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0. 14 Were any asprificant changes make to the organizang or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organizations **name. Otherwee, explan the damage on Schedule 0. See instructions **. 15 Did the organization accuments at they reflect a change to the organizations **name. Otherwee, explanation accidence on the properties of the properties accidence of the properties accidence of the properties accidence on the same accidence of the properties and provate var exquirements during the year? If "Yes," complete Schedule 0. Part III **. 15 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete schedule 0. Part III **. 15 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax ver covered by this return? 15 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax ver covered by this return? 16 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax ver covered by this return? 17 Eves, "complete Schedule L. Part II, and enter the total amount involved. 18 Did the organization handless on a prior year and still outstanding at the end of the tax ver covered by this return? 18 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the orga		instructions for Part V./ Check in the organization used Schedule O to respond to any question in this	rant	_	No
detailed description of sech activity in Schedule O. 4 Were any significant changes made to the organizang or governing documents? If "Yes," statch a conformed copy, of the amended documents if they reflect a change to the organization's name. Otherwise, explain the copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the state of the copy of the amended documents if they reflect a change to the organization association of the copy o	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		1.00	
Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended occuments if they reflect a change to the organizations have conformed copy of the amended occuments if they reflect a change to the organizations have conformed copy of the amended occuments if they reflect a change to the organizations have unrolated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? If was the organization a section \$01cl(6l), \$01cl(6l), or \$01cl(6l) or ganization subject to section \$633(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedulce P. Part II III. If was the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedulce P. Part III. If was a complete organization disposition of the search of the year? If "Yes," complete Schedulce P. Part III. In Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?. If was, complete Schedule L, Part II, and enter the total amount involved. If was, complete Schedule L, Part II, and enter the total amount involved. If was, complete Schedule L, Part II, and enter the total amount involved. If was, section \$91cl(3l), 301cl(4l), and \$01cl(2l) organizations. Did the organization during the year under sections \$912 P. If was, section \$91cl(3l), \$01cl(4l), and \$01cl(2l) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections \$912 P. If was, section \$91cl(3l), \$01cl(4l), and \$01cl(2l) organizations. Enter amount of tax imposed on organization was not been reported on any of its prior forms \$90 P. or \$90.EZ? If "yes," complete Schedule L, Part I . If was, in the during the cal		· · · · · · · · · · · · · · · · · · ·	33		X
change on Schedule O. See instructions As Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 5a, and 7a, among others?) As If "wis to line 35a, has the organization flat form \$1.50 to the organization as exciton \$0.51 to (15), or \$0.51 (c)(15), or \$	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
155 bid the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others!) bif 'Yes' to line 35a, has the organization filed a form 890-T for the year! If 'Yes,' provide an explanation in Schedule 0. c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the yea? If 'Yes,' complete Schedule C, Part III . 35b		copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
b If "Yes' to line 35a, has the organization is esection 5016(4), 5016(51b, os 5016(61b) organization section 5016(31a), 5016(61b) organization section 5016(31a), 5016(61b) organization subject to section 5033(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35a				
the Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax mosets benefit transaction furing the year or did engage in an excess benefit transaction furing the year or organization in supplicable parts of Falls (12) organization in a prior year and is excessed in the instructions ▶ 237a 37b	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
during the year? If "Yes," complete applicable parts of Schedule N. 26 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
Enter amount of politucal expendatures, direct or indirect, as described in the instructions ▶ 27a	36				İ
b Did the organization file Form 1120-PQL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved. 38b Section 501(c)(17) organizations. Enter amount of tax imposed on the organization during the year under. section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E2T if 'Yes,' complete Schedule L, Part I . c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization has a year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 886-T. 1 List the states with which a copy of this return is filed ▶ New York 1 Located at ≥ 250 (£M STREET; (£MS PREET), £MS PREET,			36		_X
Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			 		<u></u> -
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .			37b		<u> X</u>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved. a Initiation fees and capital contributions included on line 9 a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization gape in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	38a				 -
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any off step prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 1 List the states with which a copy of this return is filed ▶ New York 1 List the states with which a copy of this return is filed ▶ New York 1 List the states with which a copy of this return is filed ▶ New York 1 List 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 2 b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. b Did the organization mes	L		38a		X
a Initiation fees and capital contributions included on line 9		· · · · · · · · · · · · · · · · · · ·	1		
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶; section 4912 ▶; section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed by the organization 41 List the states with which a copy of this return is filed ▶ New York 42 The organization's books are in care of ▶ CLENS FALLS NATIONAL BANK AND Located at ▶ 250 CLEN STREET; CLENS FALLS, NY Located at ▶ 250 CLEN STREET; CLENS FALLS, NY Located at ▶ 250 CLEN STREET; CLENS FALLS, NY Located at ▶ 250 CLEN STREET; CLENS FALLS, NY Located at ▶ 250 CLEN STREET; CLENS FALLS, NY Located at ▶ 250 CLEN STREET; CLENS FALLS, NY Located at ▶ 250 CLEN STREET; CLENS FALLS NATIONAL BANK AND Telephone no. ▶ (518)415-4401 Lif "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account in a foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed inst					
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ ;section 4912 ▶ ;section 4915 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			1		
section 4911			1		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ1 ff"ves," complete Schedule L, Part I					
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	b				
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T 41 List the states with which a copy of this return is filed ▶ New York 42a The organization's books are in care of ▶ GLENS FALLS NATIONAL BANK AND Located at ▶ 250 GLBN STREET; GLENS FALLS, NY b 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If "Yes," enter the name of the foreign country ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 44 and enter the amount of tax-exempt interest received or accrued during the tax year. 44 b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			_		
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
40c reimbursed by the organization . ▶ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . 40e					
All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	d	· · · · · · · · · · · · · · · · · · ·			
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ New York The organization's books are in care of ▶ GLENS PALLS NATIONAL BANK AND Located at ▶ 250 GLEN STREET; GLENS PALLS, NY 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? At any time during the calendar year, did the organization maintain an office outside the United States? At any time during the calendar year, did the organization maintain an office outside the United States? At any time during the calendar year, did the organization maintain any donor account year of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d Did the organization have a controlled entity within the meaning of section 512(b)(13)? Form 990 and Schedule R may need to be completed instead of form 910-EZ At a did the organization filed and the organization with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead o		· · · · · · · · · · · · · · · · · · ·			
List the states with which a copy of this return is filed ▶ New York The organization's books are in care of ▶ GLENS FALLS NATIONAL BANK AND			40-		
The organization's books are in care of ▶ GLENS FALLS NATIONAL BANK AND Located at ▶ 250 GLEN STREET; GLENS FALLS, NY 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?			40 <u>e</u>		
Located at ▶ 250 GLEN STREET; GLENS FALLS, NY 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?					
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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States?			•		
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?				Yes	No
If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?		· · · · · · · · · · · · · · · · · · ·	42b		Х
Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?					-
c At any time during the calendar year, did the organization maintain an office outside the United States?		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		Financial Accounts (FBAR).			
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ				▶	
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		1 (
completed instead of Form 990-EZ	44.	Did the commission assists and denote advised finale during the condition of West Form 000 access to		Yes	INO
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			440		
completed instead of Form 990-EZ			44a		
c Did the organization receive any payments for indoor tanning services during the year?			44h		- - -
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
explanation in Schedule O			7-70		<u>A</u>
Did the organization have a controlled entity within the meaning of section 512(b)(13)?			44d		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			_		X
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		· · · · · · · · · · · · · · · · · · ·			<u></u>
Form 990-EZ. See instructions					
		Form 990-EZ. See instructions	45b		X

Form 9	0-EZ (2019)								Page 4
								Yes	No
46	Did the organization engage, directly or indirectly								ليبا
	to candidates for public office? If "Yes," complete	Schedule C	, Part I	• • • •	<u></u>		. 46		<u>X</u>
Part				47.406				19	
	All section 501(c)(3) organizations must	t answer d	uestions	47-490	and 52, a	na complete the t	ables to	r iine	S
	50 and 51.								
	Check if the organization used Schedule	O to resp	ond to a	ny ques	tion in this	Part VI			<u> </u>
47	Did the organization engage in lobbying activities	es or have	a section	501(h)	election in	effect during the ta	іх	Yes	No
	year? If "Yes," complete Schedule C, Part II								
48	Is the organization a school as described in section								<u>X</u>
49a	Did the organization make any transfers to an exe								
b	If "Yes," was the related organization a section 52								
50	Complete this table for the organization's five his	ghest comp	ensated	employe	es (other the	an officers, directors	s, trustee	s, an	d key
	employees) who each received more than \$100,0		erage		e organizatio	on. If there is none, (d) Health benefits,	enter "No	ne."	
	(a) Name and title of each employee	hours p	er week	com	pensation	contributions to employee benefit plans, and deferred	(e) Estima other co		
		devoted t	o position	(Forms W-	2/1099-MISC)	compensation	Other Co	iiihaus	auon_
none									
							ľ		
		_							
								_	
f 51	Total number of other employees paid over \$100,0 Complete this table for the organization's five h \$100,000 of compensation from the organization	nighest con	npensated			actors who each r	eceived	more	than
	(a) Name and business address of each independent contra	ctor		(b) Typ	e of service	(c) C	ompensatio	n	
NONE							<u> </u>		
ANDN			_						
			-						
			\dashv						
			+					-	
			-						
		_	_						
	Total number of other independent contractors ea		-			0			
52	Did the organization complete Schedule A?					ons must attach	a		1
	completed Schedule A					<u> </u>	► X Ye		No
	nalties of perjury, I declare that I have examined this return, inc ect, and complete. Declaration of preparer (other than officer) is t						ledge and I	belief, i	t is
	J 15 5 4 4								
n:	Joseph R. wastown					04/13/2020			
Sign Here	Signature of officer					Date			
nere		VICE PRESID	ENT						
	Type or print name and title				T				
Paid	Print/Type preparer's name Preparer's	signature	e u.	,	Date	Check ıf	PTIN		
repa	er CHRISTOPHER L. GILLAM	otopher	a. N	Hom	04/13/202	0 self-employed	P012	12487	!
Use O	Francis PDNCT (VOINC II C II D	•				Firm's EIN > 34-	5565596		
	Firm's address ► 40 WESTMINSTER ST, STE 800,	PROVIDENCE,	RI 0290	3		Phone no 401-457-	848		
May th	e IRS discuss this return with the preparer shown a	above? See	instructio	ns		 i	►X Ye	s	No
			•				Form 990		2012)

8

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

U/I	W GEORGE D. FLIEHMANN	FBO CRANDAL	L LIBRARY			14-6	195747
Pai	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
The	organization is not a private fou	ndation because it	is: (For lines 1 throug	h 12, che	eck only	one box.)	15
1	A church, convention of ch	urches, or associat	tion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in sect	ion 170(b)(1)(A)(ii).	. (Attach Schedule E	Form 99	00 or 990)-EZ).)	
3	A hospital or a cooperative	•	•				
4	A medical research organi	zation operated in o	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and s					<u></u>	
5	An organization operated	for the benefit of	a college or universi	ty owner	d or ope	rated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (•					
6	A federal, state, or local go						
7	An organization that norm	•	•	pport fr	om a go	vernmental unit or fr	om the general public
_	described in section 170(t						
8	A community trust describ		•				
9	An agricultural research or	=					
	or university or a non-land-	grant college of ag	riculture (see instructi	ons). Ent	ter the na	ame, city, and state of	the college or
	university:				£	.athat	
10	An organization that norma	ally receives: (1) mo ited to its exempt fi	ore than 331/3% of its unctions - subject to c	support ertain ex	trom cor ceptions	itributions, membersh , and (2) no more thai	n 331/3% of its
	support from gross investing	nent income and ur	nrelated business taxa	ble incor	me (less	section 511 tax) from	businesses
11	acquired by the organization				•		
12	X An organization organized	•	•	,		, .	earny out the nurnoses
-	of one or more publicly su	•	•			·	, , ,
	Check the box in lines 12a						
2	Type I. A supporting org	•	• •			•	· · · · · ·
a	the supported organization	•	•	•		•	
	supporting organization.	•	•		,,011.1, 01		
ь	Type II. A supporting org	•			with its	supported organization	on(s), by having
_	control or management	•				• • •	
	organization(s). You mus	* * * * * * * * * * * * * * * * * * * *	-				
C	Type III functionally inte	•		ited in co	onnectio	n with, and functional	lly integrated with,
	its supported organizatio	n(s) (see instruction	ns). You must complet	te Part I	V, Sectio	ns A, D, and E.	
d	X Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
	that is not functionally in	tegrated. The orgar	nization generally mus	t satisfy	a distribu	ition requirement and	an attentiveness
	requirement (see instruct	ions). You must co	mplete Part IV, Secti	ons A aı	nd D, and	d Part V.	
е	Check this box if the orga	anization received a	written determination	n from th	ne IRS th	at it is a Type I, Type I	I, Type III
	functionally integrated, o			-	organizat	ion.	
f	Enter the number of supported	-					1
g	Provide the following informat	T		I			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
		-		Yes	No		
A)	SEE PART VI						
	SEE FART VI	 		 			
B)							
				 			
C)							
				†			
D)							
-\	•						
E)							
ota	II		l	I			I

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

Schedule A (Form 990 or 990-EZ) 2019

Par	t II Support Schedule for Orga	anizations De	scribed in S	ections 1700)(1)(Δ)(iv) and	d 170(b)(1)(A	N/vi) 2
	(Complete only if you checke						
	Part III. If the organization fai						,
Sec	tion A. Public Support				<u> </u>		N/A
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
			1	1		,,,,	
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf		ļ				
3	The value of services or facilities				1		
	furnished by a governmental unit to the				/	1	
	organization without charge			 	 		<u> </u>
4	Total. Add lines 1 through 3				 	-	
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f),				4		
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		•			•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c)/2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	sımılar sources	·		ļ.			
9	Net income from unrelated business			ĺ		İ	
	activities, whether or not the business						
	is regularly carried on		<i></i>		<u> </u>		
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						· · · · · · · · · · · · · · · · · · ·
12	Gross receipts from related activities, etc. (se	ee instructions)				12	·
13	First five years. If the Form 990 is for	//					501(c)(3)
	organization, check this box and stop here	<u> </u>		<u> </u>			▶
	tion C. Computation of Public Supp	ort Percenta	ge				
14	Public support percentage for 2019/(lin						%
15	Public support percentage from 2/018	Schedule A, Pa	rt II, line 14			15	%_
16a	331/3% support test - 2019. If the org						
_	box and stop here. The organization qu						
b	331/3% support test - 20/18. If the org						
17-	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization Part VI how the organization meets the						
	organization			_	•		• • • • • • • • • • • • • • • • • • • •
ь	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization						-
	supported organization				-	•	· · · · · ·
18	Private foundation. If the organization						
	instructions						
							90 or 990-EZ) 2019

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

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

Sec	tion A. Public Support		*					N/A/
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e	2019	(f) Total
1	Gifts, grants, contributions, and membership fees	1			_			
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise			1				
	sold or services performed, or facilities					i		
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an					/		
	unrelated trade or business under section 513 .							
4	Tax revenues levied for the				/			
	organization's benefit and either paid to							
	or expended on its behalf			•				
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5			Į.	/			
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
Ь	Amounts included on lines 2 and 3							
	received from other than disqualified persons that exceed the greater of \$5,000		1					
	or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)				•		•	
<u>Sect</u>	tion B. Total Support			"				
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(е	2019	(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 of							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 8, 10c, 11,							
	and 12.)					Ĺ		
14	First five years. If the Form 990 is for	_			•			
	organization, check this box and stop here .			<u> </u>			<i>.</i>	<u></u>
Sect	ion C. Computation of Public Supp	ort Percenta	ge					
15	Public support percentage for 2019 (line 8,		-			15		%_
16	Public support percentage from 2018 Scheo			<u></u>		16		<u> </u>
Sect	ion D. Computation of Investment	Income Perc	entage					
17	Investment income percentage for 2019 (lin		•			17		<u> </u>
18	Investment income percentage from 2018 S					_18		<u></u>
19a	331/3% support tests - 2019. If the or	ganızatıon did r	not check the bo	x on line 14, ar	nd line 15 is mo	ore tha	ın 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and stop	p here. The orga	anization qualifies	as a publicly	suppo	ted organı	zation . ►
b	331/3% support tests - 2018. If the orga	anization did not	t check a box on	line 14 or line 1	9a, and line 16	ıs mo	re than 33	1/3%, and
	line 18 is not more than 331/3%, check		· ·	_			_	. —
20	Private foundation. If the organization of	lid not check a	box on line 1	4, 19a, or 19b,				
JSA					S	chedul	e A (Form 99	30 or 990-EZ) 2019

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part	rt V.)		_
<u>Secti</u>	on A. All Supporting Organizations		т	T
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	- <u>-</u> -	- - -	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status	1		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		X
2.	-	-	 	
34	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			<u> </u>
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		<u> </u>	<u> </u>
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	41		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		-
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
J u	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN	İ		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		1	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	İ		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7_		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	ł		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which,			<u> </u>
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		^
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		X
10-	Was the organization subject to the excess business holdings rules of section 4943 because of section			- * *
10 a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			_
	supporting organizations)? If "Yes," answer 10b below.	10a		Х
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			*
ą	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b	<u> </u>	Х
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	X
Section	on B. Type I Supporting Organizations N/A			T = -
	_		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ļ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		├─
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
		2	L	
Section	on C. Type II Supporting Organizations N/A			
	ſ		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Conti		1		L
Section	on D. All Type III Supporting Organizations		V	- Al-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of		•	
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	${X}$	
2	· •		^_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).			X
3				^
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		X
Section	n E. Type III Functionally Integrated Supporting Organizations N/A			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ions)	
а	The organization satisfied the Activities Test. Complete line 2 below.		,.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	instruc	tions)	
_			Yes	
2	Activities Test. Answer (a) and (b) below.			1
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			, i
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the estimation described in (a) constitute estimation that but for the experimentary's involvement one or more			
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 346. 69. 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 5,322. 5.960. 4 Add lines 1 through 3. 4 5,668. 6,029. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 289. 307. 7 7 Other expenses (see instructions) 50. 50. 8 5,329. 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 5,672. (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 236,931 267,411. 1b b Average monthly cash balances 10,582. 14,410. c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d 247,513. 281,821. e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 247,513. 281,821. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 3,713. 4,227. 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 243,800. 277,594. 6 9,716. 6 Multiply line 5 by .035. 8,533. 7 Recoveries of prior-year distributions 7 8 9,716. 8 Minimum Asset Amount (add line 7 to line 6) 8,533 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 5,329. 2 Enter 85% of line 1. 2 4,530. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 8,533. 4 Enter greater of line 2 or line 3. 4 8,533. 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 8,533. Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		·-	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			8,533.
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			8,533.
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014 NONE			
b	From 2015 NONE			
c	From 2016 NONE		.== =	
<u>d</u>	From 2017 NONE			
е	From 2018 NONE			i i
f	Total of lines 3a through e	NONE		
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			NONE
<u> i </u>	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	NONE		
4	Distributions for 2019 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
ь	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			1
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			8,533.
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.	NONE		
8	Breakdown of line 7:			
a_	Excess from 2015 NONE			
<u>b</u>	Excess from 2016 NONE		<u>-</u>	<u> </u>
C	Excess from 2017 NONE			<u> </u>
<u>d</u>	Excess from 2018 NONE			
е	Excess from 2019			1

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

Schedule A (Form 990 or 990-EZ) 2019

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section

TOTAL OTHER SUPPORT:

NONE

Name of the organization

U/W GEORGE D. FLIEHMANN FBO CRANDALL LIBRARY

14-6195747

FORM 990EZ, PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

RECIPIENT NAME:

CRANDALL PUBLIC LIBRARY ATTN: KATHLEEN NAFTALY

ADDRESS:

251 Glen Street

GLENS FALLS, NY 12801

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL PURPOSES

Name of the organization U/W GEORGE D. FLIEHMANN FBO CRANDALL LIBRARY	Employer identification number 14-6195747
FORM 990-EZ, PAGE 1, PART I, LINE 16 - OTHER EXPENSE	
DESCRIPTION	AMOUNT
Tax Preparation Fee (non-allocable) State Income Taxes Foreign Taxes on Qualified Foreign	334. 50. 19.
TOTAL	403.

Page 2

Name of the organization

U/W GEORGE D. FLIEHMANN FBO CRANDALL LIBRARY

Employer identification number

14-6195747

FORM 990EZ, PAGE 2, PART II, LINE 22 - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH · INVESTMENTS - OTHER	19,086. 147,620.	11,284. 152,988.
TOTALS	166,706.	164,272.

TOTAL

277.

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Name of the organization

U/W GEORGE D. FLIEHMANN FBO CRANDALL LIBRARY

FORM 990EZ, PAGE 1, PART I, LINE 20-OTHER DECREASES IN FUND BALANCES

DESCRIPTION

AMOUNT

INCOME PAID IN 2020 TAXED IN 2019

TOTAL

Page 2

Employer identification number
14-6195747

AH-6195747

AMOUNT

50.

=========

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

To support the Crandall Public Library programs and events in service of the community.