EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning and	ending				
B	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres	ADIRONDACK MEDICAL CENTER FOUNDATION					
	Name change	Doing business as		16-15285	54		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe			
	□Final return/	2233 STATE ROUTE 86, P.O. BOX 120		(518)897			
	termin ated			G Gross receipts \$	11,974,411.		
	Ameno	SARANAC DARE, NI 12903		H(a) Is this a group re			
	Applic tion pendir	α		for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1	list. See instructions		
		e: WWW.ADIRONDACKHEALTH.ORG		H(c) Group exemptio			
		organization: X Corporation	L Year	of formation: 1997 N	M State of legal domicile: NY		
P	art I	Summary		AND ACCTOM	A D T D ONI D A CIV		
ě	1	Briefly describe the organization's mission or most significant activities: ${ t TO \ \ SI}$			ADIRONDACK		
Governance		Check this box if the organization discontinued its operations or dispose					
Je.	2			1	22		
ဇ္ဗ်	4	Number of independent voting members of the governing body (Part VI, line 1b)			19		
	1 -	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			3		
ţį		Total number of volunteers (estimate if necessary)			0		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,068,824.	4,030,215.		
	9	Program service revenue (Part VIII, line 2g)		0.	0.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		81,247.	1,185,386.		
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,150,071.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,063,950.	2,186,244.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		247,893.	275,850.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
a X	b	Total fundraising expenses (Part IX, column (D), line 25) 257,40		100 170			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		199,472.	338,754.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,511,315.	2,800,848.		
		Revenue less expenses. Subtract line 18 from line 12		638,756.	2,414,753.		
Assets or			Ве	ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		18,326,322. 22,041.	22,163,364.		
Net A	4	Total liabilities (Part X, line 26)		18,304,281.	2,500. 22,160,864.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		10,304,201.	22,100,004.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	Knowledge and belief, it is		
truo	, 001100	t, and complete: Books and of property (care than onlow) to become on an information of wi	non propuror	nas any knowledge.			
Sig	n	Signature of officer		Date			
Her		ROBERT BEIER, TREASURER					
	•	Type or print name and title					
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN		
Paid	i	KELLY A. REDMOND KELLY A. REDMONI) 1	1/08/22 if self-employ	P00443718		
Prep	oarer	Firm's name ► FUST CHARLES CHAMBERS LLP			16-1226221		
Use	Only	Firm's address 5784 WIDEWATERS PARKWAY					
		SYRACUSE, NY 13214-		Phone no. 31	<u>5-446-3600</u>		
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No		

Page 2

1	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: TO SUPPORT AND ASSIST ADIRONDACK MEDICAL CENTER, AN EXEMPT HEALTHCARE ORGANIZATION
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$\frac{2,090,672.}{\text{ including grants of } \frac{2,090,672.}{}\) (Revenue \$\frac{1}{2}\) FUTURE OF CARE CAMPAIGN - FUNDS WILL BE USED BY THE ADIRONDACK MEDICAL CENTER FOR TWO MAJOR CAPITAL PROJECTS. IN SARANAC LAKE, FUNDS WILL BE USED TOWARDS A RENOVATION AND EXPANSION OF THE SURGICAL SERVICES DEPARTMENT. IN LAKE PLACID, FUNDS WILL BE USED TO BUILD THE ADIRONDACK HEALTH - LAKE PLACID HEALTH AND MEDICAL FITNESS CENTER.
	COVID RELIEF FUND - FUNDS RAISED TO ASSIST ADIRONDACK HEALTH WITH EXPENSES RELATED TO COVID-19.
	INFECTIOUS DISEASE TESTING LAB - FUNDS RAISED TO RENOVATE LABORATORY SPACE AND TO PURCHASE 2 RHEONIX AND A ROCHE MACHINE TO PROCESS PCR TESTS IN-HOUSE IN A TIMELY MANNER.
	(Code:) (Expenses \$ 76,713. including grants of \$ 76,713.) (Revenue \$ 0THER GRANTS TO AMC - FUNDS PROVIDED TO DEPARTMENTS FOR GRANTS OF UP TO \$5,000 THAT ENHANCE THE PATIENT OR RESIDENT EXPERIENCE OR ENHANCE THE HEALING ENVIRONMENT.
	(Code:) (Expenses \$ 18,859 • including grants of \$ 18,859 •) (Revenue \$)
	COMMUNITY HEALTH, EDUCATION ETC THE ADIRONDACK MEDICAL CENTER FOUNDATION PROVIDED SCHOLARSHIPS TO NON-TRADITIONAL AND TRADITIONAL STUDENTS PURSUING A DEGREE IN REGISTERED NURSING AND RADIOLOGIC
	TECHNOLOGY PROGRAMS. COMMUNITY HEALTH OUTREACH INCLUDED A HEALTH MAGAZINE PUBLISHED TWICE/YEAR.
	Other program services (Describe on Schedule O.) (Expenses \$ 196, 274. including grants of \$) (Revenue \$)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	Schedule D, Parts XI and XII	12a		X
h		IZa		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	21	x
13	Did the appropriation projection of the control of the United Otelson	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
		_		_

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├─
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		├^
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL		X
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		X
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_ `	(gambling) winnings to prize winners?	1c	Х	
			aan	(2021)

Form 990 (2021) ADIRONDACK MEDICAL CENTER FOUNDATION

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

	o o i loonanaeay			г –					
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3								
	, , , , , , , , , , , , , , , , , , , ,	OI.	Х						
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ						
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	3a		х					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		<u> </u>					
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD							
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
h	If "Yes," enter the name of the foreign country	ти							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a									
	any contributions that were not tax deductible as charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
122	amounts due or received from them.) 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	ıza							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.	100							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes " complete Form 6069								

2021.05000 ADIRONDACK MEDICAL CENTER ADKMCFO1

ADIRONDACK MEDICAL CENTER FOUNDATION 16-1528554 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 22 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 19 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a

Section C. Disclosure

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

exempt status with respect to such arrangements?

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

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

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

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

State the name, address, and telephone number of the person who possesses the organization's books and records ROBERT LABA - (518)891-4141

P.O. BOX 471, 2233 STATE ROUTE 86, SARANAC LAKE

Form **990** (2021)

12983

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

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

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

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

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Posi		l than c	no	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trust	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	99			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		99	n be n		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	rtio na	_	nploy	st cor	_	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5. ga <u>_</u> a
(1) EVE BURNS, DO	0.50									
TRUSTEE		Х						0.	430,765.	66,612
(2) SYLVIA GETMAN	1.00									
EX-OFFICIO		Х						0.	313,845.	68,673
(3) AARON KRAMER	1.00									
EX-OFFICIO		Х						0.	270,805.	11,118
(4) HANNAH HANFORD	40.00									
EXECUTIVE DIRECTOR		Х		Х				136,330.	0.	16,288
(5) DANIEL F. KELLEHER	1.00									_
CHAIR		Х		Х				0.	0.	0
(6) HEATHER BUMSTED	0.50								•	•
VICE CHAIR	0.50	Х		Х				0.	0.	0
(7) ERIN PERKINS	0.50	.,		.,					0	0
SECRETARY	1 00	Х		Х				0.	0.	0
(8) ROBERT J. BEIER TREASURER	1.00	Х		х				0.	0.	0
(9) JOHN S. BANTA, ESQ.	0.50	Λ		Δ				0.	0.	0
TRUSTEE	0.30	Х						0.	0.	0
(10) EDWARD BICKFORD	0.50								•	-
TRUSTEE		х						0.	0.	0
(11) KEVIN BRADY	0.50							-	-	-
TRUSTEE		Х						0.	0.	0
(12) WOODROW GANDY, M.D.	0.50									
TRUSTEE		Х						0.	0.	0
(13) JOAN H. GRABE	0.50									
TRUSTEE		Х						0.	0.	0
(14) MAGGIE HO, DO	0.50									
TRUSTEE		Х						0.	0.	0
(15) KELLY LARKIN, M.D.	0.50									
TRUSTEE		Х						0.	0.	0
(16) NINA MERRILL	0.50									
TRUSTEE		Х						0.	0.	0
(17) MATTHEW D. NORFOLK, ESQ.	0.50									_
TRUSTEE		Х						0.	0.	0 Form 990 (202

16-1528554

Section A. Officers, Directors, Trus	oloy	ees,	and	Hi								
(A)	(B)	(C) Position						(D)	(E)		(F	=)
Name and title	Average		not c	heck r	more	than o		Reportable	Reportable		Estimated	
	hours per week			ss per nd a di				compensation	compensation		amou	
	(list any	tor						from the	from related organizations		compe	ner nsation
	hours for	direc				٥		organization	(W-2/1099-MISC	- 1	•	the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)			zation
	organizations	Itrus	nal tru		oyee	om pe		1099-NEC)			and re	elated
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	zations
	line)	lnd	lns	0#!	Key	e Hig	휸			+		
(18) NICK POLITI	0.50	ļ										•
TRUSTEE	0.50	Х				_		0.		0.		0.
(19) NOELLE SHORT	0.50	. ,							,	\setminus		0
TRUSTEE (20) EDWARD UGHETTA	0.50	Х						0.		0.		0.
TRUSTEE	0.50	Х						0.	(o.		0.
(21) PETER VAN ETTEN	0.50	Δ						0.		' +		0.
TRUSTEE	0.30	Х						0.	(o.		0.
(22) SARAH WILSON	0.50	22				\vdash		0.		'` +		<u> </u>
TRUSTEE	· · · · ·	х						0.	(o.		0.
(23) SUSAN DELEHANTY	1.00								•			
EX-OFFICIO		х						0.	(o.		0.
		1										
1b Subtotal								136,330.			<u>162,</u>	691.
c Total from continuation sheets to Part VI	I, Section A						>	0.		2.		0.
d Total (add lines 1b and 1c)							<u> </u>	136,330.		<u> </u>	<u>162,</u>	691.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization												1 es No
0 5:11											10	es No
3 Did the organization list any former officer	*	,	,	•	,	,	_		•			x
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3	A
and related organizations greater than \$150	•							•	•		4 Σ	7
5 Did any person listed on line 1a receive or a										.		_
rendered to the organization? If "Yes." com	•				•			•			5	х
Section B. Independent Contractors	ipiete Scriedali	<i>- 0 1</i>	UI SL	<i>ICIT</i>	Jers	OII .					<u> </u>	
Complete this table for your five highest co	mpensated inc	lepe	nde	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsatic	n from	
the organization. Report compensation for												
(A)								(B)			(C)	
Name and business	address	N	INC	3				Description of s	ervices	Cor	mpensa	ation
							-					
2 Total number of independent contractors (i	ncluding but p	ot lin	niter	1 + 0 +	thor	ما مع	ted	ahove) who received me	ore than			
\$100,000 of compensation from the organi		J. 111			_))	เซน	above, who received his	J. G. HIGH			
\$ 100,000 of componential north the organi										Fr	orm 99	0 (2021)

132008 12-09-21

Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 111,884. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 3,918,331 1f 371,249 g Noncash contributions included in lines 1a-1f 4,030,215. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 20,989 20,989. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7,894,649. assets other than inventory b Less: cost or other basis 6,730,252. Other Revenue and sales expenses 7b c Gain or (loss) 7c 1,164,397. 1,164,397. 1164397. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 111,884. of contributions reported on line 1c). See Part IV, line 18 28,558. 28,558. **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

132009 12-09-21

Form **990** (2021)

1185386.

5,215,601.

12 Total revenue. See instructions

0.

Cooti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Secu	Check if Schedule O contains a response or note to any line in this Part IX										
_		(A)	this Part IX(B)	(C)	(D)						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations		СХРСПЗСЗ	general expenses	САРСПОСО						
'	and domestic governments. See Part IV, line 21	2,186,244.	2,186,244.								
_		2,100,244.	2,100,244.								
2	Grants and other assistance to domestic										
_	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	152 610	20 524	20 524	01 571						
_	trustees, and key employees	152,619.	30,524.	30,524.	91,571.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	0F 670	10 124	10 124	F7 400						
7	Other salaries and wages	95,670.	19,134.	19,134.	57,402.						
8	Pension plan accruals and contributions (include	2 106	420	420	1 210						
_	section 401(k) and 403(b) employer contributions)	2,196. 7,616.	439. 1,523.	439. 1,523.	1,318. 4,570. 10,649.						
9	Other employee benefits	/,010·	1,343.	1,543.	10.640						
10	Payroll taxes	17,749.	3,550.	3,550.	10,049.						
11	Fees for services (nonemployees):										
	Management										
	Legal	2 000		2 000							
	Accounting	3,000.		3,000.							
	Lobbying										
e	Professional fundraising services. See Part IV, line 17	0/ 100		04 100							
f	Investment management fees	84,190.		84,190.							
g	Other. (If line 11g amount exceeds 10% of line 25,	36,803.		4,803.	32 000						
	column (A), amount, list line 11g expenses on Sch 0.)	8,780.		4,003.	32,000. 8,780.						
12	Advertising and promotion	2,375.	475.	475.	1,425.						
13	Office expenses	4,313.	4/3.	475.	1,443.						
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials	3,771.		3,771.							
19	Conferences, conventions, and meetings	3,111.		3,1110							
20	Interest Payments to affiliates										
21	Payments to affiliates										
22 23	΄.										
23 24	Other expenses. Itemize expenses not covered										
24	above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)										
а	RESTRICTED GIFTS PAYOUT	131,110.	131,110.								
a b	ALL OTHER EXPENSES	42,423.	8,485.	8,485.	25,453.						
C	FUNDRAISING	21,131.	J, 103.	3,103.	21,131.						
d	DUES AND SUBSCRIPTIONS	5,171.	1,034.	1,034.	3,103.						
	All other expenses	-,-,-	_,	_,							
25	Total functional expenses. Add lines 1 through 24e	2,800,848.	2,382,518.	160,928.	257,402.						
26	Joint costs. Complete this line only if the organization	-,,	=,==,==,								
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
	' ' 1										

Form **990** (2021)

Га	IL A	Baidifice Stieet							
		Check if Schedule O contains a response or	note to	any	line in this Part X				
							(A) ing of year		(B) End of year
	1	Cash - non-interest-bearing					99,197.		478,332.
	2	Savings and temporary cash investments				3	12,872.	2	948,730.
	3	Pledges and grants receivable, net						3	
	4	Accounts receivable, net				2	48,032.	4	2,290,609.
	5	Loans and other receivables from any current							
		trustee, key employee, creator or founder, su							
		controlled entity or family member of any of t	these p	ersc	ns			5	
	6	Loans and other receivables from other disqu	ualified	pers	ons (as defined				
		under section 4958(f)(1)), and persons descri			6				
ß	7	Notes and loans receivable, net						7	
Assets	8	Inventories for sale or use						8	
ğ	9	Prepaid expenses and deferred charges						9	
	10a	Land, buildings, and equipment: cost or other	er						
		basis. Complete Part VI of Schedule D	1	0a					
	b	Less: accumulated depreciation	<u>1</u>	0b				10c	
	11	Investments - publicly traded securities				16,3	66,221.	11	18,442,117.
	12	Investments - other securities. See Part IV, Iir	ne 11					12	
	13	Investments - program-related. See Part IV, li	ine 11					13	
	14	Intangible assets						14	
	15	Other assets. See Part IV, line 11					0.	15	3,576.
	16	Total assets. Add lines 1 through 15 (must e	equal lii	ne 3	3)	18,3	26,322.	16	22,163,364.
	17							17	
	18							18	
	19	Deferred revenue					2,500.	19	2,500.
	20	Tax-exempt bond liabilities						20	
	21	Escrow or custodial account liability. Comple	ete Parl	t IV d	of Schedule D			21	
S	22	Loans and other payables to any current or for							
Liabilities		trustee, key employee, creator or founder, su							
jab		controlled entity or family member of any of t						22	
_	23	Secured mortgages and notes payable to un						23	
	24	Unsecured notes and loans payable to unrela						24	
	25	Other liabilities (including federal income tax,							
		parties, and other liabilities not included on li	ines 17	-24).	Complete Part X		10 541		
		of Schedule D					19,541.		0.
	26	Total liabilities. Add lines 17 through 25					22,041.	26	2,500.
S		Organizations that follow FASB ASC 958, o	check	here					
SC.		and complete lines 27, 28, 32, and 33.				10 2	25 242		10 000 055
<u>a</u>	27					10,2	35,243.	27	18,928,255.
Ö	28	Net assets with donor restrictions					69,038.	28	3,232,609.
Ĕ		Organizations that do not follow FASB ASC	C 958,	cne	ck nere 🕨 🔛				
户		and complete lines 29 through 33.						-00	
jts .	29	Capital stock or trust principal, or current fun						29	
SSE	30	Paid-in or capital surplus, or land, building, or						30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				10 2	04,281.	31	22,160,864.
ž	32	Total liebilities and not assets (fund balances					26,322.	32	22,160,864.
	33	Total liabilities and net assets/fund balances				1 10,3	40,344.	ব্য	22,103,304.

Pai	rt XI │ Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,21				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,80				
3	Revenue less expenses. Subtract line 2 from line 1	3	2,41	4,7	<u>53.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,30				
5	Net unrealized gains (losses) on investments	5	1,44	1,8	30.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	22,16	0,8	64.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X	$oxed{oxed}$		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	oxdot		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Forn	ո 990	(2021)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization ADIRONDACK MEDICAL CENTER FOUNDATION 16-1528554 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) ADIRONDACK MEDICAL 14-1731786 2,167,385 CENTER 3 Х

0.

2,167

385

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

<u>Se</u> c	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2011	(3) 2010	(0) 2010	(4) 2020	(0) 2021	(i) rotal
	Gross income from interest,						-
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	* * * * * * * * * * * * * * * * * * * *						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						
	·	ata (aaa inatuustis	 			12	
	Gross receipts from related activities, First 5 years. If the Form 990 is for th	•		iourth or fifth toy i			
13	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·			ightharpoonup
Sec	ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2021 (li			rolumn (f))		14	%
	Public support percentage from 2020		•	***		15	/ 0 %
	33 1/3% support test - 2021. If the o						
100	stop here. The organization qualifies	-					▶ □
h	33 1/3% support test - 2020. If the co		•			or more, check thi	
J	and stop here. The organization quali					or more, check un	
170	10% -facts-and-circumstances test	•	• •				
ı, a	and if the organization meets the facts						
				-		_	▶ □
L	meets the facts-and-circumstances te	~		• • •	-	70. and line 15 is:	
a	10% -facts-and-circumstances test						1U% UI
	more, and if the organization meets the				-	ration	. —
40	organization meets the facts-and-circu		-		•		\
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 17a, or 17b	, cneck this box ai	na see instructions	······· •

Schedule A (Form 990) 2021

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.)

Calendar year (or fiscal year teginning in) Calendar year (or f	quality under the tests listed be Section A. Public Support	ow, please comp	piete i ait ii.j				
1 Giffs, grants, contributions, and membership tees received. (Do not include any "nunsual grants.") 2 Gross necepts from achievations of the properties of the programment of the programment of seal vesses to the programment of the programm	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any 'unusual grants.') Gross recipits from admission, merchandise sold or services per formed, 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 levide 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's benefit and either paid to or expended on its behalf 6. Total. Add lines' 1 through 5 7. A mounts included on lines 1, 2, and 3 received from order organization without charge of the organization of the organization without charge of the organization o			, ,	, ,	,		
2 Gross receipts from admissions, merchandiss sold or services per formed, 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 or expended	membership fees received. (Do not						
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's transversing purpose 3 Gross receipts from activities that are not an unrelated trade or bus insiss under saction 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's benefit and either paid to or expended on its behalf 6 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of t	include any "unusual grants.")						
merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's transversing purpose 3 Gross receipts from activities that are not an unrelated trade or bus insiss under saction 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's benefit and either paid to or expended on its behalf 6 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 The value of t	2 Gross receipts from admissions						
any activity that is related to the organization's tax exempt purpose of organization's tax exempt purpose of organization's tax exempt purpose of the organization's the control tax exempt purpose of the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's benefit and either paid to or expended on its behalf or the organization's the organization without charge of the organization's benefit and either paid to or expended on its behalf organization's the organization without charge of the organization's the organization without charge of the organization's the organization without charge of the organization's the organization without charge organization organization without charge organization without charge organization without charge organization without charge organization organization without charge organization organizati	•						
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 7 A mounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 1, 2, and 3 received from disqualified persons but when the disqualified persons to the service of the value of services or fix of the annotation line 1 to the tray service of the value o							
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization to 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. Act lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b amounts included on lines 1, 2, and 3 received from disqualified persons b amounts included on lines 2 and 3 received from disqualified persons b amounts included on lines 2 and 3 received from other band organization without charge c Add lines 7a and 7b A public support. Released the greate of \$5,000 or 1% of the amounts on the 15 the layer. C Add lines 15 the layer. A mounts from the face of the part of the services of 10a Gross income from interest, dividends, payments received on securities loans, crets, royalties, and income from similar sources b Unrelated business trackled income (less section 51 traces) from businesses acquired after June 30, 1975 c Add lines 10 though of an ine 10b, whether or not the business is regularly carried on 10 Other income. Do not included on line 10b, whether or not the business is activities not included on line 10b, whether or not the business is regularly carried on 10 Other income. Do not included spail as 3 received from 2021 (line 10c, column (f), outh, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percentage from 2020 Schedule A, Part III, line 17 1 Investment income percent	, ,						
are not an unrelated trade or business insess 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 change 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1.2, and 3 received from disqualified persons by Amouts included on lines 2 and 3 received from disqualified persons by Amouts included on lines 3 and 3 received from disqualified persons by Amouts included on lines 3 and 3 received from disqualified persons by Amouts included on lines 3 and 3 received from disqualified persons by Amouts included on lines 3 and 3 received received by Amounts from 1 for	- · · · · - F						
iness under section 513 4 Tax revenues levied for the organization to 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 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines and a received from disqualified persons that exceed the years of \$5,000 or 1% of the amounts included on lines and a received from other than disqualitied person that exceed the years of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount on line 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of the 15 of the year of \$5,000 or 1% of the amount of \$5,000 or 1% of the amount of \$5,000 or 1% of the amount of \$5,000 or 1% of the 15 of the year of \$5,000 or 1% of the 15 of the year of \$5,000 or 1% of the 15 of the year of \$5,000 or 1% of the 15 of the year of \$5,000 or 1% of the 15 of the year of \$5,000 or 1% of the 15	·						
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 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons 9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the general of 5,000 or 16 of the amount on line 13 for the year. Add lines 7 and 7 b 9 Amble support, Galanties (tensines) Section B. Total Support Talendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total of Gross income from interest, dividends, payments received on securities lones, rents, royalties, and income from similar sources on securities lones, rents, royalties, and income from similar sources (less section 511 taxes) from businesses acquired after June 30, 1975 (c) Add lines 10 and 10b 11 Net income from minested business exterities not included on line 10b, regularly carried on 10 come from minested business exterities not included on line 10b, regularly carried on 10 come from some securities lones (less section 5.01 (c) (a) organization, check this box and stop here 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 (c) 15 (c) 15 (c) 16 (c) 2019 (d) 2020 (e) 2021 (f) Total 2020 (e) 2021 (f) 2020 (e) 2021 (f) Total 2020 (e) 2021 (f) 2020 (e)							
ization'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	iness under section 513						
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	4 Tax revenues levied for the organ-						
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a 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 b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than 150 tre lyear c Add lines 7 a and 7 b 8 Public support. (Subtrailing 7 tom line 5) 8 Public support. (Subtrailing 7 tom line 5) 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 5.1 taxes) from Unsulinesses acquired after June 30, 1975 c Add lines 10a and 10b. 11 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b. 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support. Assetiones, 10c, 11, and 12.) 14 First 5 years if the Form 190 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. 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 Institute of the public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 Institute of the public support tests - 2021. 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 15 the public support tests - 2021. If the organization did not check the box on line 14 or line	ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the great of 35,000 or 19% of the amount on line 13 for the year co. Add lines 7 and 7 by 5 the amount on line 13 for the year co. Add lines 7 and 7 by 5 the amount on line 13 for the year co. Add lines 7 and 7 by 5 the amount on line 13 for the year co. Add lines 7 and 7 by 5 the amount on line 13 for the year co. Add lines 7 and 7 by 5 the amounts from line 6 10a Gross income from intenet, dividends, payments received on securities loans, rents, royalties, and income from similar sources but on the securities loans, rents, royalties, and income from similar sources co. But on the securities loans, rents, royalties, and income from similar sources co. But of the securities loans are securities loans, rents, royalties, and income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on cline 10b, whether or not the business is regularly carried on cline 10b, whether or not the business is regularly carried on cline 10b, whether or not the business is regularly carried on cline 10b, whether or not the business is 10b, whethe	or expended on its behalf						
the organization without charge 6 Total. Add lines 1 through 5	5 The value of services or facilities						
6 Total. Add lines 1 through 5	furnished by a governmental unit to						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 196 of the amount on line 13 for the year c Add lines 7 and 7 b was a second or 196 of the amount on line 13 for the year c Add lines 7 and 7 b was a second or 196 of the amount on line 13 for the year c Add lines 7 and 7 b was a second or 196 of the amount on line 13 for the year c Add lines 7 and 7 b was a second or 196 of the amounts from line 6 was a second or 196 of the	the organization without charge						
3 received from disqualified persons by Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$3.000 or 1% of the amount on line 13 for the year of 20 or 1% of the amount on line 13 for the year of 3.000 or 1% of the amount on line 13 for the year of 3.000 or 1% of the amount on line 13 for the year of 3.000 or 1% of the 3.000 or 1% of the year of 3.000 or 1% of the year of 3.000 or 1% of 1% of 3.000 or 1% of 1% of 3.000 or	6 Total. Add lines 1 through 5						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 12 for the year c Add lines 7a and 7b 8 Public support. Spitted line 7/t from line 5) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 10 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less sections 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support, (Add lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. If the organization of lot ort 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	- Г						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 12 for the year c Add lines 7a and 7b 8 Public support. Spitted line 7/t from line 5) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 10 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less sections 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support, (Add lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. If the organization of lot ort 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	, ,						
exceed the greater of \$5.000 or 7% of the amount on time 13 for the year c Add lines 7a and 7b 8 Public support. Selection B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (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 activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support, (Add lines, 10c, 1, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 16 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 15 a 31 1/3% support tests - 2020. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, a	· · · · · · · · · · · · · · · · · · ·						
amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtact line 7; from line 8) 8 Public support. Salendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (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 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (add lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2020 Schedule A, Part III, line 15 16 Public support percentage from 2020 Schedule A, Part III, line 17 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 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 15 33 1/3% support tests - 2020. If the organization did not check a box on line 14, and line 16 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	· ·						
C Add lines 7a and 7b 8 Public support. Spection B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (ff) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, ernts, royalities, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support, Adal imes y lot, 1, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 ▶ 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 13 1/3% support tests - 2020. 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 16 is more than 33 1/3%, check t							
Section B. Total Support Section B. Total Support Section B. Total Support Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 bins 10 in 18 is not 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 in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organizat							
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9. Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13. Total support, (Aedlines, 10b, 11, and 12) 14. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 15. Public support percentage from 2020 Schedule A, Part III, line 15 16. Section D. Computation of Investment Income Percentage 17. Investment income percentage from 2020 Schedule A, Part III, line 17 18. Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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 16 is more							
Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10e, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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	8 Public support. (Subtract line 7c from line 6.)						
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2020 Schedule A, Part III, line 15 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 31 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 D 33 1/3% support tests - 2020. 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			T		Г	T	1
10a Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19 3 31/3% support tests - 2021. 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 In 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization In 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization In 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization In 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	· · · · · · · · · · · · · · · · · · ·	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 11 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2021. 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 - 2020. 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 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization A							
securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 19a 33 1/3% support tests - 2021. 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 1							
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. If the organization idi 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 - 2020. If the organization idi 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							
(less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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 Possible of the properties of the pro							
acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on great part of loss from the sale of capital assets (Explain in Part VI.) 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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 1	b Unrelated business taxable income						
c Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19 a 33 1/3% support tests - 2021. 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 1 a 31/3% support tests - 2020. 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	(less section 511 taxes) from businesses						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19 33 1/3% support tests - 2021. 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 10 33 1/3% support tests - 2020. 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	acquired after June 30, 1975						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 1							
activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 1 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 1 Investment income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A,	activities not included on line 10b,						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 19 Investment income percentage from 2020 Schedule A, Part III, line 15 In							
or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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							
13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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 1							
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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 1	, , ,						
Check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 19 Investment income percentage from 2020 Schedule A, Part III, line 19 Investment income percentage from 2020 Schedule A, Part III, line 19 Investment income percentage from 2020 Schedule A, Part III, line 15 Investment income percentage from 2020 Schedule A, Part III, line 19 Investment income percentage from 2020 Schedule A, Part III, line 19 Investment income percentage from 2020 Schedule A, Part III,							
Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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 • Investment income percentage from 2020 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, 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 • Investment income percentage from 2020 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2021. 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	•	J		,	•	() ()	<i>'</i> —
15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 13, column (f)) Investment income percentage from 2020 Schedule A, Part III, line 13, column (f) Investment income percentage from 2020 Schedule A, Part III, line 13, column (f) Investment income percentage from 2020 Schedule A, Part III, line 13, column (f) Investment income percentage from 2020 Schedule A, Part III, line 13, column (f) Investment income percentage from 2020 Schedule A, Part III, line 13, column (f)							<u></u>
16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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	Section C. Computation of Public	Support Per	rcentage				
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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	15 Public support percentage for 2021 (lir	ne 8, column (f), c	divided by line 13,	column (f))		15	(
17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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	16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	
18 Investment income percentage from 2020 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2021. 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 - 2020. 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	Section D. Computation of Invest	ment Income	e Percentage				
Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment income percentage from 2020 Schedule A, Part III, line 17 Investment incom	17 Investment income percentage for 202	21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	1
19a 33 1/3% support tests - 2021. 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 - 2020. 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							
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 - 2020. 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							
b 33 1/3% support tests - 2020. 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							▶□
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		=	-		• •		L
. .	• • • • • • • • • • • • • • • • • • • •	•			•	•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4	Х	
1	Λ	
		Х
2		
20		Х
3a		
3b		
30		
3c		
30		
4a		Х
4 a		- 21
4b		
7.0		
4c		
70		
5a		Х
Ja		
5b		
5c		
6		Х
_		
7		Х
8		Х
9a		X
9b		Х
9с		X
10a		Х
10b		
ıle A (Forr	n 990)	2021

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		X
b	A fam	nily member of a person described on line 11a above?	11b		Х
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		Х
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
	more direct effect organ	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		A	
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		37
Sact	super	vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		X
Seci	1011	o. Type ii Supporting Organizations			
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	_		
Soot	the su	upported organization(s). D. All Type III Supporting Organizations	1		
Jeci	.1011 L	b. All Type III Supporting Organizations			
				Yes	No
		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	-	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	suppo	orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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 governmental entity (see ins	truction		
		ties Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of itc	supported organizations? If "Voc " describe in Part VI the role played by the organization in this regard	3h	I	

2021.05000 ADIRONDACK MEDICAL CENTER ADKMCF01

	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

c Excess from 2019d Excess from 2020e Excess from 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ADIRONDACK MEDICAL CENTER FOUNDATION

Employer identification number 16-1528554

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff	•	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it I Staff and volunteer hours devoted to monitoring, inspecting, h		
6	Starr and volunteer flours devoted to monitoring, inspecting, in	andling of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion essements during the year
•	S	ing of violations, and emoroning conservat	non casements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	n)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	ÿ	
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	s.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

132051 10-28-21

Schedule D (Form 990) 2021

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (R), line 10c.)							

Schedule D (Form 990) 2021

	(Form 990) 2021	ADIRONDACK	MEDICAL	CENTER	FOUNDATION	16-1528554 Page
Part VII		Other Securities.	F 000 F	5 4 D. / . C 4 -	Ub. O F 000 D V. II	Co
(-) December		ganization answered "Yes"				
		egory (including name of security)	(b) Book	value	(c) Method of Valuation	: Cost or end-of-year market value
	held equity interest	:S				
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F) (G)						
(H)						
	h) must agual Form 0	90, Part X, col. (B) line 12.)				
		- Program Related.	l			
7 0 7 7	J	ganization answered "Yes"	on Form 990. F	Part IV. line 1	Ic. See Form 990. Part X. li	ine 13.
	(a) Description of	-	(b) Book			n: Cost or end-of-year market value
(1)	(4, 2000), p. 1011		(3) 200.1	1 41 41 41	(c) monioù er ranadien	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 9	90, Part X, col. (B) line 13.)				
Part IX	Other Assets.		•			
	Complete if the or	rganization answered "Yes"	on Form 990, F	Part IV, line 1	ld. See Form 990, Part X, li	line 15.
		(a)	Description			(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal F	Form 990, Part X, col. (B) lin	e 15.)			
Part X	Other Liabiliti	es.				
	Complete if the or	rganization answered "Yes"	on Form 990, F	Part IV, line 1	le or 11f. See Form 990, Pa	art X, line 25.
1.	(a) I	Description of liability				(b) Book value
(1) Fed	eral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(0)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(9)

ADIRONDACK HEALTH (PREVIOUSLY DEFINED AS THE COLLECTIVE ENTITY) QUALIFIES AS NOT-FOR-PROFIT CORPORATIONS AND ARE EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ADIRONDACK HEALTH AND THE FOUNDATION HAVE BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE (IRS) AS ENTITIES THAT ARE NOT PRIVATE FOUNDATIONS.

AS OF DECEMBER 31, 2021 AND 2020, ADIRONDACK HEALTH DID NOT HAVE ANY

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

	ACK MEDICAL CENTER	FOU	MDA	ATTON	16-1528	554	
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts fundraiser from activity fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)							
		Yes	No				
- Tabal							
Total Ist all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration	

132081 10-21-21

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA (event type)	(event type)	(total number)	col. (c))
ηne			(event type)	(event type)	(total Hambol)	
Revenue	1	Gross receipts	140,442.			140,442.
	2	Less: Contributions	111,884.			111,884.
	3	Gross income (line 1 minus line 2)	28,558.			28,558.
	4	Cash prizes				
ű		Noncash prizes	1,577.			1,577.
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	2,132.			2,132.
	8	Entertainment	5,950.			5,950.
	9	Other direct expenses	18,899.			18,899.
	10	- · · - · · · · · · · · · · · · · · · ·			>	28,558.
Dr	11 irt l	Net income summary. Subtract line 10 from lin		000 Dat N/ Eas 40		0.
Г	II L I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		Ç . 0,000 0 0 000 <u></u> , 0 0	(a) Dinas	(b) Pull tabs/instant	(a) Other remains	(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	_					
		ter the state(s) in which the organization condu				Yes No
		the organization licensed to conduct gaming ac No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:	•			Yes No
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 ADIRONDACK MEDICAL CENTER FOUNDATION 16 -	1528554	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	/ 6
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	/0
17	the the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	· · · · · · · · · · · · · · · · · · ·		
	Name ▶		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —	
~	organization's own exempt activities during the tax year > \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 III, III 100 0, V	55, 105,
_	135, 136, 16, and 175, as applicable. Also provide any additional information. See instituctions.		

Schedule G	(Form 990)	ADIRONDACK	MEDICAL	CENTER	FOUNDATION	16-1528554	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)					
		(55.11.11.15.5)					
_							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Inspection

► Go to www.irs.gov/Form990 for the latest information.

			9.90% 0.111550 0.06.6	THE INCOME			
Name of the organization ADIRON	ADIRONDACK MEDICAL	CENTER	FOUNDATION				Employer identification number $16-1528554$
Part I General Information on Grants and Assistance	rants and Assistance						
1 Does the organization maintain records to substantiate the amount of	ecords to substantiate the		or assistance, the	grantees' eligibility	for the grants or assis	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	, '
criteria used to award the grants or assistance?	or assistance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	on's procedures for moni	toring the use of grant f	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nce to Domestic Organi e than \$5,000. Part II can	zations and Domestic	Governments. Conal space is neede	omplete if the orga ed.	inization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any od if additional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	ation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADIRONDACK MEDICAL CENTER P.O. BOX 471, 2233 STATE ROUTE SARANAC LAKE, NY 12983	E 86 14-1731786	501(C)(3)	0.	2,090,672.	FMV		GRANT FOR FUTURE CAPITAL PROJECTS
ADIRONDACK MEDICAL CENTER P.O. BOX 471, 2233 STATE ROUTE SARANAC LAKE, NY 12983	E 86 14-1731786	501(C)(3)	0.	76,713.	FMV		OTHER GRANTS & ASSISTANCE
2 Enter total number of section 501 (c)(3) and government organizations	I(c)(3) and government or		isted in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	izations listed in the line	1 table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Notice, see the Instruct	ions for Form 990.					Schedule I (Form 990) 2021

16-1528554

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2021

Part III Grants and Oth

(d) Amount of non- (e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other)			(b); and any other additional information.		PURCHASE ORDER OR RECEIPT	APPROVAL TO SHOW THE GRANT	GRANT CHECK.	A FOUNDATION BOARD	
(c) Amount of cash grant			e 2; Part III, column		SUBMIT A PURC	FOR	THE	RESENTATION AT	
(b) Number of recipients			uired in Part I, lin		TO	FOUNDATION	TO RECEIVING	A PRESEN	THE GRANT.
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	PART I, LINE 2:	PROTOCOL CALLS FOR A GRANT RECIPIENT	TO THE EXECUTIVE DIRECTOR OF THE FC	WILL BE USED APPROPRIATELY, PRIOR 1	GRANT RECIPIENTS ARE ASKED TO MAKE	MEETING TO DISCUSS THEIR USE OF THE

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Employer identification number

16-1528554

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

ADIRONDACK MEDICAL CENTER FOUNDATION

Pa	rt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		х
	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) EVE BURNS, DO	Ξ	0	0	0	0	0	0	0
TRUSTEE	≘	430,765.	0	0	66,432.	180.	497,377.	0
(2) SYLVIA GETMAN	Ξ		0.	0.	• 0	0.		0
EX-OFFICIO	(E)	313,84	0.	0.	.09 ,283.	8,390.	382,518.	50,000.
(3) AARON KRAMER	Ξ		0	0	• 0	0	0	0
EX-OFFICIO	∷	264,	5,910.	0	10,938.	180.	281,923.	0
(4) HANNAH HANFORD	Ξ	136	0	0	.609,9	9,679.	ı -	0
EXECUTIVE DIRECTOR	≘	0	0	0	0	0	0	0
	Ξ							
	∷≣							
	€							
	≘							
	≘							
	∷							
	Ξ							
	(iii)							
	(i)							
	<u>(ii</u>							
	(i)							
	<u> </u>							
	(i)							
	▣							
	Ξ							
	<u> </u>							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	(ii)							
							- PodoS	Sebedule 1 (Eogm 000) 2021

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

ADIRONDACK MEDICAL CENTER FOUNDATION

Employer identification number 16-1528554

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of det noncash contribut			
		applicable		Form 990, Part VIII, line 1g	Horicasii contribu	lion amo	Junts	,
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	13	371,249.	FMV			
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 organiz	-	•					
	for which the organization completed Form 828	3, Part V, L	onee Acknowledg	ement 29				
00-	During the constitution of	4. 11 41		and and the David I. Command Manager		Y	'es	No
зua	During the year, did the organization receive by							
	must hold for at least three years from the date		•	•		20-		Х
L	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that ro	auires the review o	of any nonetandard contribut	ions?	21		Х
31	Does the organization have a gift acceptance p					31	\dashv	
ozd						32a		Х
b	contributions? If "Yes," describe in Part II.					32d		
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked			
00	describe in Part II.	,,uiiiii (C) 101	a type of property	To willon column (a) is chec	mou,			
	333330 III I WILLIII							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M	1 (Form 990) 2021 ADIRONDACK MEDICAL CENTER FOUNDATION	16-1528554	Page 2
Part II	1 (Form 990) 2021 ADIRONDACK MEDICAL CENTER FOUNDATION Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution of the part for any additional information.	d 33. and whether the organizat	tion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a c	combination of both. Also comp	olete
	this part for any additional information.	·	
-			

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ADIRONDACK MEDICAL CENTER FOUNDATION

Employer identification number 16-1528554

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COSTS INCURRED WHILE PERFORMING ACTIVITIES IN ACCORDANCE WITH THE MISSION OF THE FOUNDATION. EXPENSES \$ 196,274. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: ADIRONDACK MEDICAL CENTER IS THE SOLE CORPORATE MEMBER OF THE FOUNDATION. FORM 990, PART VI, SECTION A, LINE 7A: ADIRONDACK MEDICAL CENTER IS THE SOLE CORPORATE MEMBER OF THE ADIRONDACK MEDICAL CENTER FOUNDATION. AS SUCH, ADIRONDACK MEDICAL CENTER APPROVES MEMBERS OF THE ADIRONDACK MEDICAL CENTER FOUNDATION'S BOARD OF TRUSTEES, BYLAWS AND ANNUAL BUDGET. FORM 990, PART VI, SECTION A, LINE 7B: CERTAIN DECISIONS MADE BY THE ADIRONDACK MEDICAL CENTER FOUNDATION'S BOARD OF TRUSTEES ARE SUBJECT TO APPROVAL BY THE BOARD OF TRUSTEES OF THE ADIRONDACK MEDICAL CENTER. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PRESENTED FOR REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES PRIOR TO FILING THE 990. FORM 990, PART VI, SECTION B, LINE 12C: STATEMENTS ARE REQUIRED ANNUALLY BY THE BOARD OF TRUSTEES.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization ADIRONDACK MEDICAL CENTER FOUNDATION	Employer identification number 16-1528554
FORM 990, PART VI, SECTION B, LINE 15:	
THE SALARY OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE	EXECUTIVE
COMMITTEE OF THE BOARD OF TRUSTEES WORKING IN CONJUNCTION	WITH THE
PRESIDENT/CEO OF ADIRONDACK MEDICAL CENTER BASED UPON THE	RECOMMENDATION OF
THE CHIEF HR OFFICER (CHRO). THE CHRO USES INDUSTRY SURVE	YS SUCH AS THE
IROQUOIS SURVEY, COMP DATA SURVEY AND ASSOCIATION OF HEALT	HCARE
PHILANTHROPY SALARY AND BENEFIT SURVEY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLIC	T OF INTEREST
POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST	•
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

Direct controlling 16-1528554 End-of-year assets **e** Total income ਰ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) ADIRONDACK MEDICAL CENTER FOUNDATION Primary activity Name, address, and EIN (if applicable) of disregarded entity Partl

(g) Section 512(b)(13) controlled Ŷ × × entity? Yes Direct controlling MEDICAL CENTER MEDICAL CENTER entity ADIRONDACK ADIRONDACK status (if section Public charity 501(c)(3)) LINE 3 BOX 11 Exempt Code section 501(C)(3) 501(C)(3) ਉ Legal domicile (state or foreign country) NEW YORK NEW YORK ACUTE, SKILLED NURSING AND ADIRONDACK MEDICAL CENTER Primary activity DUTPATIENT SERVICES SUPPORT AND ASSIST 9 47-5676016, P.O. BOX 471, 2233 STATE ROUTE ADIRONDACK HEALTH REGIONAL MEDICAL, P.C. ADIRONDACK MEDICAL CENTER - 14-1731786 P.O. BOX 471, 2233 STATE ROUTE 86 Name, address, and EIN of related organization 86, SARANAC LAKE, NY 12983 SARANAC LAKE, NY 12983

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

Part

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

Schedule R (Form 990) 2021

54

ADIRONDACK MEDICAL CENTER FOUNDATION Schedule R (Form 990) 2021

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 16-1528554

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

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

1			ı			l		ı	
(1) (13) (13) (14)	Š								
Sec 512(k contr	Yes								
(h) (i) Section Percentage 512(b)(13) ownership controlled entity?									
(g) Share of end-of-year	dssets								
(f) Share of total income									
(e) Type of entity (C corp, S corp,	or trust)								
(d) Direct controlling entity									
(c) Legal domicile (state or foreign	country)								
(b) Primary activity									
(a) Name, address, and EIN of related organization									

Schedule R (Form 990) 2021

Page 3

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

						\vdash	
e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedu During the tax year, did the organization engage in any of the following	chedule. owing transactions with or	ne or more rek	le. transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		Xes Xes	2
r (iv) rent fr	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				19		×
Gift, grant, or capital contribution to related organization(s)					a	×	
Gift, grant, or capital contribution from related organization(s)					10		×
Loans or loan guarantees to or for related organization(s)					7		⋈
Loans or loan guarantees by related organization(s)					1		⋈
					#		\sim
					19		×
					4		\sim
					ij.		~
Lease of facilities, equipment, or other assets to related organization(s)	ion(s)				Ę		×
							,
K Lease of facilities, equipment, or other assets from related organization.	zation(s)				¥	\dashv	∢
solicita	Performance of services or membership or fundraising solicitations for related organization(s)	(s)			=	×	
solicita	m Performance of services or membership or fundraising solicitations by related organization(s)	(s)			ᄪ		×
ssets v	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1h	×	
					9	×	
Reimbursement paid to related organization(s) for expenses					5	×	
Reimbursement paid by related organization(s) for expenses					4	×	۱, ۱
Other was proposed to the same and the same and the same is the sa					4	>	
S					= 4		
j si	If the answer to any of the above is "Yes," see the instructions for information on who must	t complete this	line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.			1
	Trau	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nt involved		
	-	-		Sche	Schedule R (Form 990) 2021	990) 20	8

Page 4

ADIRONDACK MEDICAL CENTER FOUNDATION Schedule R (Form 990) 2021

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

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

Schedule R (Form 990) 2021

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print ADIRONDACK MEDICAL CENTER FOUNDATION 16-1528554 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 2233 STATE ROUTE 86, P.O. BOX 120 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. SARANAC LAKE, NY 12983 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) ROBERT LABA - P.O. BOX 471, 2233 STATE ROUTE 86 -• The books are in the care of \blacktriangleright SARANAC LAKE, NY 12983 Telephone No. \blacktriangleright (518)891-4141 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 TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)