401 E. State St., Suite 500 Ithaca, NY 14850 (607) 272-4444

39 Church St. Cortland, NY 13045 (607) 753-7439

2 N. Franklin St., Suite 330 Watkins Glen, NY 14891 (607) 535-4443



The Highest Standard

2 State St., Suite 300 Rochester, NY 14614 (585) 454-6996 (800) 232-9547 www.inserocpa.com

NOVEMBER 16, 2020

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC. 201 EAST GREEN STREET NO. 500 ITHACA, NY 14850

CLIENT COPY

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC .:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2019 FORM 990

2019 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

D. Leslie Jourgin INSERO & CO. CPAS, LLP

www.inserocpa.com

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2019

PREPARED FOR:

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC. 201 EAST GREEN STREET NO. 500 ITHACA, NY 14850

CLIENT COPY

PREPARED BY:

INSERO & CO. CPAS, LLP 401 E. STATE STREET, SUITE 500 ITHACA, NY 14850

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form	8868
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(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

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

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 print	Name of exempt organization or other filer, see instru ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.			Taxpayer	identification	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 201 EAST GREEN STREET, NO.		ions.			
instructions.	City, town or post office, state, and ZIP code. For a for ITHACA, NY 14850	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separat	te application for each return)			0 1
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069 .			11
Form 990	D-T (trust other than above) DIRECTOR OF FII	06	Form 8870		<i>4</i> .	12
• If this box 1 I re the	organization does not have an office or place of business is for a Group Return, enter the organization's four digit 	Group Exe and atta NOVEI anization's	mption Number (GEN), in the names and TINs of MBER 16, 2020 , to file return for:	f this is for all membe	r the whole gro ers the extension opt organization	on is for.
an	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.			3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069					0
	timated tax payments made. Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa				¢	0
	ng EFTPS (Electronic Federal Tax Payment System). See	the second s		3c	\$ d Earm 0070 F	0.
instruction	If you are going to make an electronic funds withdrawal ons.	(alrect del	Dity with this form 8868, see form 84	+53-EO an	a Form 88/9-E	O for payment
LHA F	For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 880	68 (Rev. 1-2020)

923841 12-30-19

			EXTENDED TO NOVEMBER 16			OMB No. 1545-0047			
Far	_ Q	QN	Return of Organization Exempt F			0040			
For (Re		uary 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Open to Public						
Depa	artment	of the Treasury	 Go to www.irs.gov/Form990 for instructions and 	-		Open to Public Inspection			
				ending		mopeouon			
_	Check if		Forganization	Jinanig	D Employer identifica	tion number			
	applicab	les.	HOL AND DRUG COUNCIL OF						
	Addr		KINS COUNTY, INC.						
	Name		usiness as		16-0906024	1			
	Initia returr	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final returr		EAST GREEN STREET 5	500	(607)274-6	5288			
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,701,802.			
	Amer		CA, NY 14850		H(a) Is this a group retu				
	Appli tion pend		nd address of principal officer: ANGELA SULLIVAN			Yes X No			
		SAME	AS C ABOVE		H(b) Are all subordinates inclu				
		empt status:		or 527		t. (see instructions)			
			ALCOHOLDRUGCOUNCIL.ORG X Corporation Trust Association Other		H(c) Group exemption r				
	-orm o art l	Summary	X Corporation	L Year	of formation: 1965 M S	state of legal domicile: IN I			
	1		e the organization's mission or most significant activities: $\underline{ ext{THE}}$ C		T. OFFFRG HODE	מאג י			
e	1		Y TO PEOPLE STRUGGLING WITH ADDICT	TON AN	ID STRENGTHEN				
Jan	2		x Fight the organization discontinued its operations or dispose						
Governance	3				3	8			
ŝ	4		ependent voting members of the governing body (Part VI, line 1b)			8			
න් ග	5		of individuals employed in calendar year 2019 (Part V, line 2a)			31			
Activities &	6		of volunteers (estimate if necessary)			10			
ctiv	7 a		d business revenue from Part VIII, column (C), line 12			0.			
_<	b		business taxable income from Form 990-T, line 39			0.			
					Prior Year	Current Year			
Ð	8	Contributions	and grants (Part VIII, line 1h)		1,232,105.	954,081.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		890,041.	747,288.			
sev.	10		come (Part VIII, column (A), lines 3, 4, and 7d)		390.	433.			
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,122,536.	1,701,802.			
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	<u> </u>	to or for members (Part IX, column (A), line 4)		1,212,713.	1,203,632.			
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright <u>127,62</u>	·····	1,212,713.	1,203,032.			
ens	16a	Protessional fi			0.	0.			
Expenses			es (Part IX, column (D), line 25)	.0.	471,223.	954,869.			
	17		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,683,936.	2,158,501.			
	19		expenses. Subtract line 18 from line 12		438,600.	-456,699.			
J.		10101001001033			ginning of Current Year	End of Year			
t Assets or	20	Total assets (F	Part X, line 16)		1,044,347.	688,595.			
ASS	21		(Part X, line 26)		102,108.	203,055.			
Net	22		fund balances. Subtract line 21 from line 20		942,239.	485,540.			
	art II	Signature		<u> </u>	· · · · · ·	·			
Unc	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my kr	nowledge and belief, it is			
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				

Sign	Signature of officer		Date	
Here		TIVE DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature / -	Date	Check PTIN
Paid	D. LESLIE SPURGIN	N. Leshe Spurgen	11/16/20	self-employed P01426295
Preparer		S, LLP	Firm's	s EIN ▶ 47-5324570
Use Only	Firm's address 🕨 401 E. STATE STR	EET, SUITE 500		
	ITHACA, NY 14850		Phon	e no.(607) 272-4444
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2019) TOMPKINS COUNTY, INC. ct III Statement of Program Service Accomplishments	16-0906024	Page
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE COUNCIL OFFERS HOPE AND RECOVERY TO PEO	PLE STRUGGLING WITH	
	ADDICTION AND STRENGTHENS OUR COMMUNITY THR	OUGH PREVENTION AND	
	EDUCATION PROGRAMS		
2	Did the organization undertake any significant program services during the year which		
	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conduct	s, any program services? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three large		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gran	ts and allocations to others, the total expenses, and	ł
	revenue, if any, for each program service reported.		2.0
4a	(Code:) (Expenses 1, 365, 762. including grants of \$) (Revenue \$ 709,7	34.
	OUTPATIENT CLINIC - THE OUTPATIENT CLINIC O		
	EVALUATIONS AND TREATMENT OPTIONS FOR INDIV CONCERNED OTHERS, REGARDING THE USE OF ALCO		D
	CONCERNED OTHERS, REGARDING THE USE OF ALCO	HOL AND DRUGS.	
	THE OUTPATIENT CLINIC IS FUNDED AND REGULAT	ED BY THE NYC OFFICE OF	
		SOPHY IS BASED ON THE	
	PREMISE THAT ADDICTION IS A TREATABLE DISEA		
	PSYCHOLOGICAL, SOCIAL AND SPIRITUAL COMPONE		
	DESIGNED OUR TREATMENT PROGRAMS TO ADDRESS	-	
	DEDIGNED OOK INEAIMENI INOGNAMS IO ADDREDS	HIODE FOOR FACTORD.	
	120 (10	1 0	46.
4b	(Code:) (Expenses \$ 138,618. including grants of \$ EDUCATION AND PREVENTION - THE EDUCATION AND		
	THE ORGANIZATION ARE MEANT TO RAISE AWARENE		
	ABOUT THE DISEASE OF ADDICTION AND TO PREVE		
	INCLUDE OUTREACH TO THE COMMUNITY ON VARIOU		
	SUBSTANCE USE TAILORED TO MEET SPECIFIC NEE.		тъ
	PRESENTATIONS, PANEL DISCUSSIONS, WEBSITE A		17
	PUBLIC SERVICE ADVERTISING, ETC. THE ORGANI		
	(BRIEF ALCOHOL SCREENING AND INTERVENTION F		
	PROGRAM. BASICS IS AN EVIDENCE-BASED PROGRA		
	YEARS AND USES A HARM REDUCTION APPROACH TO		
	ALCOHOL USE AND TO MAKE BETTER ALCOHOL-RELA		
4c	(Code:) (Expenses \$ 15 , 418 including grants of \$) (Revenue \$ 35,7	10.
-	IMPAIRED DRIVER PROGRAMTHE ORGANIZATION A		
	DRIVER PROGRAM WHICH IS A NYS DEPARTMENT OF		R
	PEOPLE CHARGED WITH IMPAIRED DRIVING OFFENS		
	IS TO PREVENT REPEAT IMPAIRED DRIVING OFFEN	SES. THE PROGRAM HELPS	
	MOTORISTS EXAMINE THEIR ARREST EXPERIENCE A	ND THE FACTORS THAT LED TO)
	IT AND HELPS THEM MAKE APPROPRIATE DRIVING	DECISIONS IN THE FUTURE. I	Т
	IS TAUGHT BY DMV-APPROVED INSTRUCTORS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ► 1,519,798.	· · · · · · · · · · · · · · · · · · ·	
		Form 99	0 (201
32002	2 01-20-20		
	2		
11	.16 769695 4083 2019.05000 A	LCOHOL AND DRUG COUNCIL 4	1083

ALCOHOL AND DRUG COUNCIL O	ALCOHOL	AND	DRUG	COUNCIL	OF
----------------------------	---------	-----	------	---------	----

			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 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
b	Schedule D, Parts XI and XII	12a	~	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		v
10	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	120		X
13 14a		14a		X
b 14-a	Did the organization maintain an office, employees, or agents outside of the United States?	1-10		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	0000	X
32003	01-20-20	Form	99 0	(2019)

932003 01-20-20

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TOMPKINS COUNTY, INC.

Par	T IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		X
26	,			
		26		x
27				
		27		x
28				
а				
		28a		x
b				x
-		28c		x
29				
		30		x
31				
0L		32		x
33				
00		33		x
34				
		34		x
352			<u>├</u> ──┤	
		000		<u> </u>
5		35h		1
36		000	<u>├</u> ──┤	<u> </u>
00		36		x
37		- 50	<u>├</u> ──┤	<u> </u>
57		37		x
38		- 57	<u>├</u> ──┤	<u> </u>
55	Notes All Forms 2020 Class and shared black order to be added a	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	1 00		L
			Yee	No
1-	Enter the number reported in Box 3 of Form 1096 Enter .0. if not applicable	7	103	140
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 39 Note: All Form 990 filers are				
any tax exempt bonds? 24c. d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 22d 25S Section 501(c)(a), 501(c)(a), and 501(c)(20) organizations. Did the organization engage 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-E2? If 'Yes,' complete Schedule L, Part I 25a D bit the organization aveas the tent transaction with a disqualified person in a prior year, and that the transaction these persons? If 'Yes,' complete Schedule L, Part I 25b D bit the organization aveant member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 21D did the organization aveant person in a prior year, and that the transaction with one of the oflowing parties (see Schedule L, Part II 26 21D did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee) thereo? I arran selection committee member, or to a 35% controlled entity (including an employee) conditions, and exceptions): 27 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "'se,' complete Schedule L, Part II 28 28 A family member of any individual described in line 28a? If 'yes,' complete Schedule L, Part II 28 29 Did the organization receive contributidors?				
C		10		
c Did the organization maintain an encow account other than a refunding escrow at any time during the year to defease any tax-sempt bonds? 246 d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 246 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? 1176; "complete Schedule L, Part I 25a 25a Bettion exploration to be reported on any of the organization's prior Forms 900 or 900-272? If "Yes," complete Schedule L, Part I 25b 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payable to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereol, 1 agrant selection committee member, or to a 135% controlled entity (including an employee thereol, 1 agrant selection committee member, or to a 135% controlled entity (including an employee thereol, 1 agrant selection committee member, or to a 136% controlled entity (including an employee thereol, 1 agrant selection committee member, or to a 135% controlled entity (including an employee) thereol or family member of any individual described in line 28a' III "Yes," complete Schedule L, Part III 26a 27 Was the organization previde this thereo for annity member of any individual described in line 28a' III "Yes," complete Schedule L, Part III 27a 28 Mas thereo organization receive contributions of art, historical treasures, or or	(2010)			
ສ 3∠ 004	Λ	issue with an outstanding principal amount of more than \$100,000 as of the ember 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X ax exempt bonds beyond a temporary period exception? 24b 24b unt other than a refunding escrow at any time during the year? 24d organizations. Did the organization engage in an excess benefit the year? If "Yes," complete Schedule L, Part I 25a X tx x, line 5 or 22, for receivables from or payables to any current exc, creator or founder, substantial contributor, or 35% 26 X assistance to any current or former officer, director, trustee, key employee, ency or founder, substantial contributor, or 35% 26 X unsaction with one of the following parties (see Schedule L, Part II 26 X unsaction with one of the following parties (see Schedule L, Part IV 27 X unsaction with one of the following parties (see Schedule L, Part IV 28a X unsaction with one of the following parties (see Schedule M 29 X art, historical treasures, or other similar assets, or qualified conservation 30 X solve and cease operations? If "Yes," complete Schedule M 28 X and or transfer more than 25% of its net assets? If "Yes," complete 31 X solve and cease operations? If "Yes," complete Schedule M, Part I 31 X solve and cease operations? If "Yes," complete Sche		

Form 990 (2019)

2019.05000 ALCOHOL AND DRUG COUNCIL 4083___1

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ALCOHOL AND DRUG COUNCIL O	ALCOHOL	AND	DRUG	COUNCIL	OF
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Form	990 (2019) TOMPKINS COUNTY, INC. 16-0906	024	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
_	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		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).	-		v
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
al	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0		8		
9	Sponsoring organization have excess business holdings at any time during the year?			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see 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		X
	If "Yes," complete Form 4720, Schedule O.			

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Form **990** (2019)

932005 01-20-20

TOMPKINS COUNTY, INC.

Form 990 (2019)

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 Form 990 (2019)
 TOMPRING COUNTI, INC.
 TOMPRING COUNTI, INC.

 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.

_		Ι.	1	0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		8			
	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 0.			0			
	Enter the number of voting members included on line 1a, above, who are independent	1b	L	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			l	-		v
~	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3	Х	X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4	~	
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				_		
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		-				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	5	0				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code.)				
						Yes	
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha						
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	re filing the for	m?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	lescribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval		dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	rith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 50	1(c)(3)s	only)	availa	ble
	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 So	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	cy, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records 🕨				
	DIRECTOR OF FINANCE, MICHAEL LUCAS - (607)274-6288						
	201 EAST GREEN STREET, ITHACA, NY 14850						
					_	990	(004

ALCOHOL A	AND	DRUG	COUNCIL	OF.
TOMPKINS	COI	JNTY,	INC.	

Form 990 (2		TOMPKINS					16-0
Part VII	Compensation	of Officers, D	Directors, T	rustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independer	t Contract	ors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)) (C		(C)				(D)	(E)	(F)
Name and title	Average	(do	(do not check more				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer ar I	id a d I	Irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		æ	pensi		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional			t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHELLE FLINN	0.50	=	=	ò	ž	<u> </u>	F			
TREASURER (PART YEAR)		х		x				0.	0.	0.
(2) AMY SANTOBIANCO	0.50									
SECRETARY (PART YEAR)		х		x				0.	Ο.	0.
(3) NANCY BUSSIERES	0.50									
TRUSTEE		х						0.	Ο.	0.
(4) SHAWN MEYER	0.50									
TRUSTEE		Х						0.	Ο.	0.
(5) DOUGLAS FREEMAN	0.50									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) TARA JUDKINS	0.50									
TRUSTEE (PART YEAR)		Х						0.	0.	0.
(7) MICHELLE SHIPPOS	0.50									
PRESIDENT		Х		Х				0.	0.	0.
(8) TRICIA WALKER	0.50									
TRUSTEE (PART YEAR)		Х						0.	0.	0.
(9) ALLISON GRAFFIN	0.50								0	0
TRUSTEE/SECRETARY	0 50	Х		X				0.	0.	0.
(10) ALEX REMIZOWSKI	0.50	37		37					0	0
TRUSTEE/TREASURER		Х		Х		-		0.	0.	0.
(11) AMANDA VOORHEIS TRUSTEE	0.50	x						0.	0.	0.
(12) HENRY GRANISON	0.50	^			-	-		0.	0.	0.
TRUSTEE	0.50	x						0.	0.	0.
(13) ANGELA SULLIVAN	35.00									
EXECUTIVE DIRECTOR				x				100,264.	0.	7,234.
										000
932007 01-20-20				_	_					Form 990 (2019)

E 000 (00	ALCOHOL A					IL	0	F		16-09	0060	124		8
Form 990 (20	19) TOMPKINS ection A. Officers, Directors, Trus						abor	+ 0			1000	124	Pa	age 8
	(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Pos heck ss per	C) itior more rson i		one n an	(D) Reportable compensation from	(Continued) (E) Reportable compensatio from related	I	am	(F) timate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	comp fro orga anc	oensa om the anizati I relate nizatio	e ion ed
			-											
			-											
			-											
			-											
			-						100,264.		0.		7 2	34.
	ar om continuation sheets to Part VI add lines 1b and 1c)	I, Section A							0.		0.		7,2	0.
2 Total n	umber of individuals (including but not not not not not not not not not no						e) wh	o re		000 of reportable	-		/_	1
3 Did the	organization list any former officer,											0	Yes	No X
4 For any	If "Yes," complete Schedule J for s individual listed on line 1a, is the su ated organizations greater than \$150	um of reportabl	e co	mpe	ensa	tion	and	otł	ner compensation from th	ne organization		3		X
5 Did any	person listed on line 1a receive or a d to the organization? <i>If "Yes," com</i>	accrue comper	nsati	on fr	rom	any	unre	elat	ed organization or individ	lual for services	_	5		X
	ndependent Contractors ete this table for your five highest co	mnensated inc	lono	nde	nt co	ontre	acto	re tl	hat received more than \$	100 000 of comr	ensat	ion fro	m	
-	anization. Report compensation for	-							n the organization's tax y					
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C omper		1
	umber of independent contractors (i 00 of compensation from the organi		ot lin	niteo	d to	thos (•	ted	above) who received mo	ore than				
											ī	Form 🤇	990 (2	2019)

932008 01-20-20

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

		(2019) TOMPKINS COUNT	Y, INC.			16-0906	024 Page 9
Pa	rt V						
		Check if Schedule O contains a response or	r note to any lin		(B)	(C)	
				(A) Total revenue	(B) Related or exempt		(D) Revenue excluded
				rotarrevende		business revenue	from tax under
<u> </u>			1 - 000				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns 1a	15,000.				
<u>S</u> rai		b Membership dues 1b					
s, (Am		c Fundraising events 1c					
lar Iar		d Related organizations 1d					
imi			41,310.				
rt S	1	F All other contributions, gifts, grants, and					
ibu			197,771.				
dor		Noncash contributions included in lines 1a-1f	1,780.				
aSu		n Total. Add lines 1a-1f	🕨	954,081.			
			Business Code				
e	2	MEDICAID REIMBURSEMENT	900099	476,795.	476,795. 112,264.		
θ	I	THIRD PARTY REIMB.	900099	112,264.	112,264.		
Se		C OTHER FEE FOR SERVICE	900099	100,300.	100,300.		
am		d CLIENT FEES	900099	48,004.	48,004.		
Program Service Revenue		e MISCELLANEOUS	900099	9,925.	9,925.		
Å	1	All other program service revenue					
		g Total. Add lines 2a-2f		747,288.			
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)	►	433.			433.
	4	Income from investment of tax-exempt bond pro	oceeds 🕨 🕨				
	5	Royalties	►				
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
	I	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	►				
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
ne		and sales expenses 7b					
evenue		c Gain or (loss)					
Ĕ		d Net gain or (loss)					
Other	8	a Gross income from fundraising events (not					
5		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
	I	b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11	a [
ane	I	b d					
ills: eve		c					
Alisc		d All other revenue					
~		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions	🕨	1,701,802.	747,288.	0.	433.
932009	9 01-2	0-20					Form 990 (2019)

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

	on 501(c)(3) and 501(c)(4) organizations must compl		er organizations must con	nplete column (A).	
	Check if Schedule O contains a response			· · ·	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,498.	66,032.	36,024.	5,442.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	882,381.	725,213.	70,350.	86,818.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25,954.	22,137.	2,234.	1,583.
9	Other employee benefits	112,249.	96,036.	9,352.	1,583. 6,861. 4,608.
10	Payroll taxes	75,550.	64,439.	6,503.	4,608.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	12,428.	10,702.	1,726.	
С	Accounting	12,100.		12,100.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		156 004	101 017	10 500	1 - 100
	column (A) amount, list line 11g expenses on Sch 0.)	156,804.	121,847.	19,528.	15,429.
12	Advertising and promotion	00.254	00 700	4.004	<u> </u>
13	Office expenses	29,354.	23,782.	4,964.	608.
14	Information technology	77,759.	69,504.	7,568.	687.
15	Royalties		220 770	225 704	
16		564,563.	228,779.	335,784.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,103.		1,103.	
20	Interest	1,105.		1,103.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	41,180.	41,180.		
22	. Г	14,625.	12,384.	2,241.	
23 24	Other expenses. Itemize expenses not covered	11/0251	12,5010	272110	
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	PROGRAM EXPENSES	25,250.	23,302.	83.	1,865.
b	STAFF DEVELOPMENT & TRA	7,769.	7,332.	363.	74.
c	EQUIPMENT	5,603.	4,863.	740.	
d	MISCELLANEOUS	3,488.		125.	3,363.
	All other expenses	2,843.	2,266.	287.	290.
25	Total functional expenses. Add lines 1 through 24e	2,158,501.	1,519,798.	511,075.	127,628.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2019)

Part IX Statement of Functional Expenses

14191116 769695 4083

2019.05000 ALCOHOL AND DRUG COUNCIL 4083___1

Form 990 (2019)

Form 990 (2019)

Part X Balance Sheet

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

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Par	τX	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			241.	1	1,104.
	2	Savings and temporary cash investments			613,266.	2	72,304.
	3	Pledges and grants receivable, net		25,131.	3	162,138.	
	4	Accounts receivable, net			89,795.	4	126,595.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
۴	9	B			165,937.	9	145,918.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	401,196.			
	b	Less: accumulated depreciation		220,660.	149,977.	10c	180,536.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed			1,044,347.	16	688,595.
	17	Accounts payable and accrued expenses			60,420.	17	134,660.
	18	Grants payable				18	
	19	Deferred revenue	5,170.	19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ŝ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
abi		controlled entity or family member of any of th	iese perso	ons		22	
	23	Secured mortgages and notes payable to unre	elated thir			23	20,000.
	24	Unsecured notes and loans payable to unrelat	ed third p	arties		24	
	25	Other liabilities (including federal income tax,)	payables t	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			36,518.	25	48,395.
	26	Total liabilities. Add lines 17 through 25			102,108.	26	203,055.
		Organizations that follow FASB ASC 958, cl	heck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			314,793.	27	205,856.
Ba	28	Net assets with donor restrictions			627,446.	28	279,684.
pur		Organizations that do not follow FASB ASC	958, che	ck here 🕨 🔄			
Ē		and complete lines 29 through 33.					
0 20	29	Capital stock or trust principal, or current func				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
t As	31	Retained earnings, endowment, accumulated				31	
Nei	32	Total net assets or fund balances		····· _	942,239.	32	485,540.
	33	Total liabilities and net assets/fund balances			1,044,347.	33	688,595.

Form 990 (2019)

932011 01-20-20

	ALCOHOL AND DRUG COUNCIL OF								
Form	990 (2019) TOMPKINS COUNTY, INC.	16	-0906024	Pad	ge 12				
	t 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	1,701	L,8	02.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,158	3,5	01.				
3	Revenue less expenses. Subtract line 2 from line 1	3	-456						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	942	2,2	39.				
5									
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	485	5,5	40.				
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 in Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	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:								
	X Separate basis 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	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit						
	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 requi	ed auc	lit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								
				000					

Form **990** (2019)

932012 01-20-20

SCHEDULE A	Dublic Cha						OMB No. 1545-0047	
(Form 990 or 990-EZ)		rity Status an					2010	
		ization is a section 501 47(a)(1) nonexempt cha			or a section		ZU 19	
Department of the Treasury		Attach to Form 990 or F					Open to Public	
Internal Revenue Service	Go to www.irs.gov	/Form990 for instruction	ons and th	ie latest ir	formation.		Inspection	
Name of the organization	ALCOHOL AND DRI	UG COUNCIL OF	7			Employer	identification number	
	TOMPKINS COUNT						6-0906024	
Part I Reason fo	r Public Charity Status (/	All organizations must co	mplete th	is part.) Se	e instructions	š		
The organization is not a p	rivate foundation because it is: (I	For lines 1 through 12, cl	neck only (one box.)				
1 🗌 A church, conve	ention of churches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2 A school descri	bed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 99	90-EZ).)				
3 A hospital or a d	cooperative hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4 A medical resea	arch organization operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,	
city, and state:								
5 An organization	operated for the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	d in	
section 170(b)	(1)(A)(iv). (Complete Part II.)							
	or local government or government	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X An organization	that normally receives a substant	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	ublic described in	
section 170(b)(1)(A)(vi). (Complete Part II.)							
8 A community tr	ust described in section 170(b)	(1)(A)(vi). (Complete Part	: II.)					
9 An agricultural r	esearch organization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college	
or university or	a non-land-grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
university:								
	that normally receives: (1) more							
	d to its exempt functions - subject						-	
	elated business taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
	9(a)(2). (Complete Part III.)							
	organized and operated exclusi		•					
	organized and operated exclusi	•			-		•	
	upported organizations describe						heck the box in	
	h 12d that describes the type of					-		
	porting organization operated, s	-	•	-			-	
	d organization(s) the power to req		majonty o	or the alrea		es or the su	pporting	
	You must complete Part IV, Se oporting organization supervised		ion with it	oupporto	d organizatio			
	nagement of the supporting orga				-		-	
	b). You must complete Part IV,		ine perso	115 11121 001		je ine supp	oned	
, Š	ionally integrated. A supporting		n connect	tion with	and functional	ly integrate	d with	
	organization(s) (see instructions)					ly integrate	a with,	
	functionally integrated. A supp	-			-	ted organiz	ation(s)	
	ictionally integrated. The organiz					Ũ	. ,	
	see instructions). You must con	0 ,			•	anatonin		
	ox if the organization received a v	•				I. Type III		
	tegrated, or Type III non-function				.,	., ., .		
•	supported organizations	, , , , , , , , , , , , , , , , , , , ,	0 0					
g Provide the following	information about the supporte	d organization(s).						
(i) Name of support	ed (ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of		(vi) Amount of other	
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Total			000 57			1.1. A (=		
I HA For Paperwork Redu	ction Act Notice. see the Instru	uctions for Form 990 or	990-EZ.	932021 09-	25-19 Schei	aule A (For	m 990 or 990-EZ) 2019	

Schedule A (Form 990 or 990-EZ) 2 For Pape ce, s 13 2019.05000 ALCOHOL AND DRUG COUNCIL 4083___1

				TOMPKINS		
Part II	Sup	port Sche	dule fo	or Organizatio	ons Describe	d in Se

16-0906024 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	443,914.	544,599.	619,380.	1232105.	954,081.	3794079.		
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	442 014	544 500	610 000	1000105	054 001	2004000		
	Total. Add lines 1 through 3	443,914.	544,599.	619,380.	1232105.	954,081.	3794079.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						765 510		
	column (f)						765,512.		
	Public support. Subtract line 5 from line 4.						3028567.		
		(-) 0015	(1-) 0010	(-) 0017	(4) 0010	(-) 0010			
	ndar year (or fiscal year beginning in)	(a) 2015 443,914.	(b) 2016 544,599.	(c) 2017 619,380.	(d) 2018 1232105.	(e) 2019 954,081.	(f) Total 3794079.		
	Amounts from line 4 Gross income from interest.	445,914.	544,599.	019,300.	1232103.	JJ4,001.	5754075.		
0									
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources	88.	60.	82.	390.	433.	1,053.		
٥	Net income from unrelated business		00.	02.	550.		1,055.		
9	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						3795132.		
12		etc. (see instruction	ns)			12 4	,649,810.		
	First five years. If the Form 990 is for		,			· · · ·	,,.		
10	organization, check this box and stop	5	, , , , , ,	, , ,	,				
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2019 (I	ine 6. column (f) di	vided by line 11. c	olumn (f))		14	79.80 %		
	Public support percentage from 2018		•			15	87.13 %		
	33 1/3% support test - 2019. If the o					· · · · · · · · · · · · · · · · · · ·			
	stop here. The organization qualifies						N V		
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
17a	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	ization		
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	organization	-			
b	10% -facts-and-circumstances test								
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the)		
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨 📃								
					Sche	edule A (Form 990	or 990-EZ) 2019		

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 TOMPKINS COUNTY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge				_		
	Total. Add lines 1 through 5				_		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(-) 0015	(1-) 0010	(-) 0017	(1) 0010	(-) 0010	(0) Tabal
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves		•				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che			•	. ,	U U	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	3 09-25-19		1 4		Sch	edule A (Form 99	0 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 TOMPKINS COUNTY, INC.

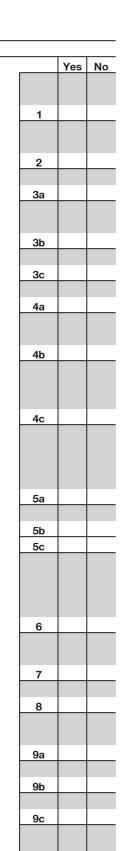
Part IV Supporting Organizations

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

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 (b) and (c) 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")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

10a

10b

16

 Schedule A (Form 990 or 990-EZ) 2019 TOMPKINS COUNTY, INC.
 16-0906024 Page 5

 Part IV
 Supporting Organizations (continued)

			Vaa	Ne
44	Les the exercited executed a gift or contribution from any of the following nervore?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
d	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
h	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		L
360	alon D. Type i Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
<u></u>	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the second sec	uctions)),	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	the rule played by the organization in this regard.			

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932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

14191116 769695 4083

Schedule A (Form 990 or 990 EZ) 2019 TOMPKINS COUNTY , INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% 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 .035 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Sche Par	dule A (Form 990 or 990-EZ) 2019 TOMPKINS COUN tV Type III Non-Functionally Integrated 509(6-0906024 Page 7
Secti	on D - Distributions		(oontindod)	Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

				COUNCIL O	F		
Schedule A	(Form 990 or 990-EZ) 2019	TOMPKINS	COUNTY,	INC.		16-0906024	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, l Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	5a, 6, 9a, 9b, 9c IV, Section E, lir	c, 11a, 11b, and 11 nes 1c, 2a, 2b, 3a, a	c; Part IV, Section B, Iir and 3b; Part V, line 1; P	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pai	C, rt V,
932028 09-25-	9				Sch	edule A (Form 990 or 990-I	EZ) 2019
					• • • •	,	

Schedule B

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of the organizatio		Employer identification number
	ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.	16-0906024
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 50	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.
General Rule		
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a) any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou -EZ, line 1. Complete Parts I and II.	or 16b, and that received from

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

ALCOHOL AND DRUG COUNCIL OF TOMPKINS COUNTY, INC.

Page **2**

16-0906024

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS 109 SOUTH UNION STREET 4TH FLOOR ROCHESTER, NY 146071893	\$346,925.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	TOMPKINS COUNTY - GENERAL FUND 201 E. GREEN STREET, 6TH FLOOR ITHACA, NY 14850	\$72,780.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CARE COMPASS NETWORK 33 LEWIS ROAD BINGHAMTON, NY 13905	\$356,438.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	FOUNDATION SOURCE 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809	\$50,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4 RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. 150 BROADWAY STE 301 MENANDS, NY 12204	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$	Person Payroll Oncash Occurrence (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

NS COUNTY, INC. Noncash Property (see instructions). Use duplicate copies of Pa (b) Description of noncash property given		- 0 9 0 6 0 2 4 (d) Date received
(b)	(c) FMV (or estimate)	
	FMV (or estimate)	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(b) FMV (or estimate) (See instructions.)

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

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923453 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

14191116 769695 4083

Page 3

Employ r identific tion number

Schedule B (Form 990)	990-EZ, or 990-PF) (2019)

Page **4**

Name of org			Employer identification number
	L AND DRUG COUNCIL OF NS COUNTY, INC.		16-0906024
	Exclusively religious, charitable, etc., contribut	a) through (e) and the following line e charitable, etc., contributions of \$1,000 c	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 . -		(e) Transfer of g	
-	Transferee's name, address, a		Relationship of transferor to transferee
923454 11-06-19	9		Schedule B (Form 990, 990-EZ, or 990-PF) (2019

	HEDULE D		al Financial State				1545-004 - 1 ೧	47
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on F , 11a, 11b, 11c, 11d, 11e, 11f,	-orm 990, 12a, or 12b.		ZU	IJ)
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the late			Open t Inspec		lic
	e of the organizatio				Employe	r identificatio	on nui	nber
	-	TOMPKINS COUNTY, II			1	6-0906	024	
Pa	rt I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar	r Funds or Ac	counts.	Complete if	the	
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor advised funds	s (b) Funds an	d other acco	unts	
1		d of year						
2		contributions to (during year)						
3		grants from (during year)						
4		end of year						
5	-	n inform all donors and donor advisors in v	-			Vee		No
6		n's property, subject to the organization's n inform all grantees, donors, and donor a				Yes		
0	Ũ	oses and not for the benefit of the donor o	0 0					
		te benefit?				Yes		No
Pa		ation Easements. Complete if the org						
1		ervation easements held by the organization						
		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	ervation of a histo	rically impo	rtant land are	a	
		natural habitat	·	ervation of a certi				
	Preservation	of open space						
2	Complete lines 2a t	through 2d if the organization held a qualif	ied conservation contribution in	the form of a cor	nservation e	asement on t	the las	t
	day of the tax year.				Held	at the End of t	he Tax	Year
а	Total number of co	nservation easements			2a			
b	Total acreage restri	icted by conservation easements			2b			
С	Number of conserv	ation easements on a certified historic stru	ucture included in (a)		2c			
d	Number of conserv	ation easements included in (c) acquired a	fter 7/25/06, and not on a histo	ric structure				
	listed in the Nationa	al Register			2d			
3	Number of conserv	ation easements modified, transferred, rel	eased, extinguished, or terminat	ted by the organiz	zation during	g the tax		
	year 🕨							
4		where property subject to conservation eas						
5		ion have a written policy regarding the per						٦
~		prcement of the conservation easements it						No
6	Stan and volunteer	hours devoted to monitoring, inspecting,	nandling of violations, and enfol	rcing conservatio	n easements	s during the y	year	
7			ling of violations, and onforcing	oopoor ation ooo	omonto dur	ing the year		
7	► \$	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation eas	ements dur	ing the year		
8		ation easement reported on line 2(d) abov	a satisfy the requirements of se	ction 170(b)(4)(B)	i)			
Ŭ		4)(B)(ii)?	•			Yes		No
9		e how the organization reports conservation						
•		include, if applicable, the text of the footn		-		the		
		punting for conservation easements.	3					
Pa	rt III Organiza	tions Maintaining Collections of	Art, Historical Treasure	s, or Other S	imilar As	sets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue st	atement and bala	nce sheet w	vorks		
	of art, historical trea	asures, or other similar assets held for pub	lic exhibition, education, or rese	earch in furtheran	ce of public			
	service, provide in I	Part XIII the text of the footnote to its finar	icial statements that describes t	these items.				
b		elected, as permitted under FASB ASC 95						
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or resear	rch in furtherance	of public se	ervice,		
		ng amounts relating to these items:						
		led on Form 990, Part VIII, line 1			► \$ <u></u>			
_	.,							
2		received or held works of art, historical trea		or financial gain, p	provide			
	-	nts required to be reported under FASB A	-					
		on Form 990, Part VIII, line 1			► \$			
		Form 990, Part X					n 000	2010
		duction Act Notice, see the Instructions	0 101 FUTH 390.		Sche	dule D (Forr	າ ອອບ)	2019
93205	1 10-02-19		25					

Schedule D (Form 990) 2019 TOMPKINS COUNTY, INC. 16-0906024 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue 3 Using the organization's accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a b b c Debilic exhibition d Loan or exchange program b c Debilic exhibition d Loan or exchange program b Scholarly research e Other Other c Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Image: State S	d) No
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Other 4 Provide a description of the organization's collections and explain how they further the organization's collection? Yes Fairt IV Escrow and Custodial Arrangements. Complete if the organization and explain how they further the organization and explain how they further the organization and explain the arrangement in Part XIII and complete the following table: Yes Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1d c Beginning balance 1d 1d 1e 1ft d Distributions during the year 1d 1e 1ft 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 1d d Additions during the year 1d 1e 1ft 1e d Additions during the year 1d 1e 1ft	No
collection items (check all that apply): d Loan or exchange program a Dublic exhibition e Other b Scholarly research e Other c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? me b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d 1d c Beginning the year 1d 1d 1d for the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 1e c Beginning balance 1d 1d 1d 1d 1d c H "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII	No
a Public exhibition d Loan or exchange program e Other e Other e Other e Other e Other e O	No
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1a d Additions during the year 1a f Ending balance 1a a Distributions during the year 1a d Id didance 1a e Distributions during the year 1a f Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 20.	No
c ☐ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
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to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contribution of Contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Contributions during the year c Beginning balance Image: Contributions during the year Image: Contributions during the year d Additions during the year Image: Contributions during the year Image: Contributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Contributions contributions contributions are contributions as been provided on Part XIII Image: Contributions contributions contributions contributions contributions contributions contributions contributions contributions Image: Contributions contending and programs contreation answered "Yes	No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	No
on Form 990, Part X?	No
b If "Yes," explain the arrangement in Part XIII and complete the following table:	No
c Beginning balance Ic d Additions during the year Id e Distributions during the year Id f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (d) Three years back (e) Four year c Other expenditures for facilities (a) (a) (b) Prior year (c) Two years back (d) Three years back (e) Four year g	
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f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four year c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (e) Four year d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four year e Other expenditures for facilities (b) Prior year (c) Two years back (e) Four year g End of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four year 2 Provide the estimated percentage of the current y	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year 1a Beginning of year balance	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year e Other expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year f Administrative expenses (a) Current year (b) Prior year (c) Two years back (c) Two years back (c) Two years back (d) Two y	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four year c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four year d Grants or scholarships (c) Two years back (d) Three years back (e) Four year e Other expenditures for facilities (c) Two years back (d) Three years back (e) Four year f Administrative expenses (c) Two years back (c) Two	ure back
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year b Contributions	ure back
1a Beginning of year balance	ire hook
b Contributions	II S DOUK
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs	
d Grants or scholarships	
e Other expenditures for facilities and programs	
and programs	
f Administrative expenses	
g End of year balance	
 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment % 	
a Board designated or quasi-endowment ▶% b Permanent endowment ▶%	
b Permanent endowment ▶%	
c Term endowment	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by:	s No
(i) Unrelated organizations 3a(i)	<u> </u>
(ii) Related organizations 3a(ii)	<u> </u>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	
Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value	lue
1a Land	
b Buildings	
c Leasehold improvements 97,124. 35,161. 61,	963.
d Equipment 231,374. 185,499. 45,	875.
e Other	698.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	536.

Schedule D (Form 990) 2019

ALCOHOL	AND	DRUG	COUNCIL	OF
TOMPKINS	COU	JNTY,	INC.	

Schedule D (Form 990) 2019 TOMPKINS Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	ō.
1. (a) Description of liability	(b) Book value
	1

(1) Federal income taxes	
(2) COMPENSATED ABSENCES	48,395.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	48,395.

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

Schedule D (Form 990) 2019

	ALCOHOL AND DRUG COUNCIL O	F		
Sche	dule D (Form 990) 2019 TOMPKINS COUNTY, INC.		16-0	906024 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenu	le per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	1,701,802.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			1,701,802.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			1,701,802.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expen	ses per Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements			2,158,501.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			2,158,501.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			2,158,501.
Pa	rt XIII Supplemental Information.			

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

932054 10-02-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

INC.



16-0906024

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

ALCOHOL AND DRUG COUNCIL OF

COMMUNITY THROUGH PREVENTION AND EDUCATION PROGRAMS.

TOMPKINS COUNTY,

FORM 990, PART VI, SECTION A, LINE 4:

CHANGES TO THE BY-LAWS INCLUDED INCREASING THE MINIMUM NUMBER OF BOARD

MEMBERS TO 10, A MINIMUM AGE REQUIREMENT OF 18, A BOARD MEMBER TO BE

APPOINTED BY TOMPKINS COUNTY, A PROVISION FOR BOARD MEMBER REMOVAL FOR

"CAUSE" AND REVISIONS TO BOARD AUTHORITY AND DUTIES.

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

THE RETURN IS FORWARDED TO THE BOARD FOR REVIEW, ELECTRONICALLY, PRIOR TO BEING FILED.

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

THE ORGANIZATION REQUIRES ALL NEW MANAGERS, OR EMPLOYEES INVOLVED IN

PURCHASING, AND BOARD MEMBERS TO READ THE CONFLICT OF INTEREST POLICY AND

SIGN AN ACKNOWLEDGEMENT. ADDITIONALLY, THE ORGANIZATION REQUIRES ANNUAL

SIGNED STATEMENTS FROM ALL BOARD MEMBERS.

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

SALARIES FOR THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT ARE COMPARED TO

PREVAILING SALARIES IN THE AREA FOR SIMILAR POSITIONS AND ARE SUBJECT TO

BOARD APPROVAL. THE PRESIDENT OF THE BOARD OF TRUSTEES AND/OR THE CHAIR OF

THE PERSONNEL COMMITTEE CONDUCT ANNUAL PERFORMANCE EVALUATIONS OF THE

EXECUTIVE DIRECTOR ON THE APPROXIMATE ANNIVERSARY DATE FROM START OF

 EMPLOYMENT. THIS IS BASED ON THE GOALS AND OBJECTIVES OUTLINED FOR THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211 09-06-19
 932211

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Schedule O (Form 990 or 9	990-EZ) (2019)							Page 2	
Name of the organization		AND DRUG COUNTY, II				Employer iden 16-090			
EVALUATION PE	RIOD. THE	EXECUTIVE	DIRECTOR	CONDUCTS	SIMILAR	REVIEWS	OF '	ГОР	

MANAGEMENT.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX

MANAGEMENT AND GENERAL EXPENSES WERE UNUSUALLY HIGH IN 2019 BECAUSE OF

PROPERTY EXPENSES THAT WERE NOT ABLE TO BE ALLOCATED TO PROGRAM

EXPENSES SINCE THE DETOX PROGRAMS WERE NOT UP AND RUNNING YET.

FORM 990, PAGE 12, PART XI, LINE 2C

THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS NOT CHANGED

FROM THE PRIOR YEAR.

REPORT	
MORTIZATION	
TION AND A	
DEPRECIAI	
2019	

10
PAGE
990
FORM

Current Year Ending Deduction Accumulated	33,748. 185,499.	7,432. 35,161.			220,660													
Current Sec 179 Expense	-																	
Beginning Accumulated Depreciation	151,751.	27,729.			179,480.													
Basis For Depreciation	231,374.	97,124.		72,698.	72,698. 401,196.	72,698. 401,196.	72,698. 401,196.	72,698. 401,196.	72,698. 401,196.	72,698. 401,196.	72,698. 401,196.	72,698. 401,196.	72,698. 401,196.	72,698. 401,196.	72,698. 401,196.	72,698.	72,698. 401,196.	72,698. 401,196.
Reduction In Basis																		
Section 179 Expense																		
Bus % Excl																		
Unadjusted Cost Or Basis	231,374.	97 124			4													
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Life	5.00	39,00	•	000.	000.	0000.	000.	0000	0000	000	000	000	000	000	000 · · · · · · · · · · · · · · · · · ·	000	000	
Method	SL	ť	л Х	SL	NC R		RC	NC 2F	R R	R R								
Date Acquired	VARIOUS	VARIOUS		VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS
Description	FURNITURE & EQUIPMENT	DUNAMETO GOMT O TOTATO AN T	LEASEHOLD IMPROVEMENTS	LEASERULD INFRUVEMENTS CONSTRUCTION IN PROGRESS	LEASEHOLD LMFROVEMENTS CONSTRUCTION IN PROGRESS * TOTAL 990 PAGE 10 DEPR	LEASEHOLU LAFROVEMENTS CONSTRUCTION IN PROGRESS * TOTAL 990 PAGE 10 DEPR	CONSTRUCTION IN PROGRESS * TOTAL 990 PAGE 10 DEPR	CONSTRUCTION IN PROGRESS * TOTAL 990 PAGE 10 DEPR	CONSTRUCTION IN PROGRESS	CONSTRUCTION IN PROGRESS	CONSTRUCTION IN PROGRESS	CONSTRUCTION IN PROGRESS * TOTAL 990 PAGE 10 DEPR	CONSTRUCTION IN PROGRESS	* TOTAL 990 PAGE 10 DEPR	CONSTRUCTION IN PROGRESS * TOTAL 990 PAGE 10 DEPR	* TOTAL 990 PAGE 10 DEPR	* TOTAL 990 PAGE 10 DEPR	* TOTAL 990 PAGE 10 DEPR
	1 FUR	2 LEA		3 CON														

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

(D) - Asset disposed

928111 04-01-19